

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, HOSPITALS)

SUBJECT: **COMMUNICABLE DISEASE EXPOSURE
AND TESTING**

REFERENCE NO. 836

PURPOSE: To provide guidelines for EMS personnel exposed to blood, airborne biological agents, or other potentially infectious material.

AUTHORITY: California Health and Safety Code, Division 105, Chapter 3.5, Sections 120260-120263

California Health and Safety Code, Sections 1797.188 -189, 120980, 121050-121070

U.S. Department of Labor-Occupational Safety and Health Administration
Bloodborne Pathogens Standard 1910.1030 6-8-2011

California Occupational Safety and Health Standards Exposure Control Plan for
Bloodborne Pathogens (2001)

Ryan White HIV/AIDS Treatment Modernization Act of 2006

Code of Federal Regulations, Title 45, Section 164.512.b.4 (October 2007)

California Code of Regulations, Title 8, Section 5193 and 5199

DEFINITIONS:

Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP): A disease or pathogen for which droplet or airborne precautions are required such as tuberculosis (TB), Severe Acute Respiratory Syndrome coronavirus 2 (SARS Co-V-2) (COVID-19), and pertussis.

Airborne infectious disease (AirID): 1) An ATD transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles; 2) a novel (unknown ATP) disease process suspected of being transmitted as above.

Attending physician of the source patient: Any physician or surgeon who provides health care services to the source patient.

Available blood or patient sample: Blood, other tissue, or material legally obtained in the course of providing health care services and in the possession of the physician or other health care provider of the source patient **prior to the release of the source patient from the physician's or health care provider's facility.**

Body Substance Isolation (BSI): A method of infection control designed to approach all body fluids as being potentially infectious. It is the preferred infection control concept for EMS personnel.

Certifying physician: Any physician consulted by the exposed individual for the exposure incident.

Communicable disease: Any disease that is transferable through an exposure incident, as determined by the certifying physician.

EFFECTIVE: 01-01-95

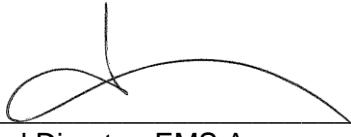
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SUPERSEDES: 04-01-22

APPROVED:


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Designated Infection Control Officer: An official or officer designated by the prehospital emergency medical services provider or private ambulance company. This person is responsible for coordinating communicable disease exposure and testing procedures for EMS personnel.

Exposed individual: Any individual health care provider, first responder, or any other person, including, but not limited to, any employee, volunteer, or contracted agent of any health care provider, who is exposed, within the scope of their employment, to the blood or other potentially infectious materials of a source patient.

Exposure certification: A determination by the certifying physician on the exposure's significance.

Health facility infection control officer: The official or officer who has been designated by the health facility to communicate with a designated officer, or his or her designee.

Legal representative: For purposes of giving consent to communicable disease testing, whenever the word "source patient" is used herein, it shall also be deemed to mean the source patient's legal representative.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by personnel for protection from exposure to blood or other potentially infectious material. See "universal infection control precautions".

Significant exposure: Direct contact with blood or other potentially infectious materials of a patient in a manner that is capable of transmitting a communicable disease.

Source patient: Any person receiving health care services whose blood or other potentially infectious material is the source of a significant exposure to prehospital care personnel.

Standard Precautions: A combination of the major features of Universal Precautions and Body Substance Isolation based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.

Universal Infection Control Precautions: A method of infection control in which human blood and certain human body fluids are treated as if known to be infectious for blood borne pathogens.

Urgency reporting requirement: A disease required to be reported immediately by telephone or reported by telephone within one working day pursuant to subdivisions (h) and (i) of Section 2500 of Title 17 of the California Code of Regulations.

PRINCIPLES:

1. EMS personnel must observe "body substance isolation" in situations where there is a potential for contact with blood, body fluids, or other potentially infectious material.
2. EMS personnel are frequently exposed to blood and other potentially infectious materials of patients whose communicable disease infection status is unknown. EMS personnel who experience a significant exposure to these substances are permitted, under certain conditions, to learn the communicable disease infection status of the source patient.

3. Early knowledge of infection with a communicable disease is important to allow exposed persons to make informed health care decisions and take measures to reduce the transmission of the infection to others.
4. A health care provider shall not draw blood, or a patient sample for the sole purpose of communicable disease testing, if the source patient refuses communicable disease testing. If the source patient's communicable disease status is unknown and the patient refuses communicable disease testing, only available blood or patient sample may be tested for any communicable disease.
5. California law prohibits an exposed individual from attempting to directly obtain informed consent to communicable disease testing from a source patient.
6. EMS personnel exposed/infected with airborne infectious disease shall follow their departmental policies and procedures.

POLICY:

- I. Designated Infection Control Officer (DICO)
 - A. EMS provider agencies must appoint a DICO. The DICO , or his or her designee, shall be available either onsite or on call 24 hours per day as determined by the EMS Provider.
 - B. An employer of prehospital emergency medical care personnel that maintains an internet web site shall post the title and telephone number of the DICO or the facility's infection control officer in a conspicuous location on its internet web site accessible from the home page.
- II. Infection Control Officer
 - A. The health facility infection control officer, or his or her designee, shall be available either onsite or on call 24 hours per day as determined by the health facility.
 - B. A health facility that maintains an internet web site shall post the title and telephone number of the health facility infection control officer in a conspicuous location on its internet web site accessible from the home page.
- III. Evaluation and Certification of an Exposure
 - A. In the event of an exposure to blood or other potentially infectious material of a patient, exposed EMS personnel are to follow the post-exposure protocol of their provider agency, including the completion of the Ref. No. 836.2, Communicable Disease Exposure and Notification Form, or the equivalent.
 1. The exposed individual shall make a written request for exposure certification within 72 hours of the exposure and a physician should promptly evaluate the exposure.

2. No physician or other exposed individual shall certify their own exposure; however, an employing physician may certify the exposure of one of their employees.
 3. **EMS personnel with a significant exposure should seek medical evaluation and treatment immediately.**
- B. The certifying physician shall provide written certification of the significance of the exposure within 72 hours of the request. The certification shall include the nature and extent of the exposure.
- C. The health facility infection control officer shall notify:
1. The exposed individual's DICO; and,
 2. The Los Angeles County Health Officer or designee at (213) 240-7941 from 8 a.m. to 5 p.m. Monday through Friday, or (213) 974-1234 during non-business hours and ask for the on-call physician.
- D. The DICO shall immediately notify their employee health officer if the reportable communicable disease or condition has an urgency reporting requirement based on Title 17 List of Reportable Diseases and Conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition.
- E. The exposed individual shall be counseled regarding the likelihood of transmission, limitations of the tests performed, need for follow up testing, and the procedures that the exposed individual must follow regardless of the source patient's test results.
- F. Within 72 hours of certifying the exposure as significant, the certifying physician shall provide written certification to the source patient's attending physician. The certification shall: a) indicate that a significant exposure has occurred, b) request information regarding the communicable disease status of the source patient and the availability of blood or other patient samples. The source patient's attending physician shall respond to the request for information within three working days.
- G. **Many source patients are discharged from the emergency department; therefore, the exposure certification should be made available immediately to the emergency department where the source patient is being treated. This may allow the source patient to consent to communicable disease testing while still in the emergency department.**
- IV. Communicable Disease Status of Source Patient
- A. Known Communicable Disease Status
1. If the source patient's communicable disease status is known, the source patient's attending physician shall obtain consent to disclose the

communicable disease status to the exposed individual.

2. If the source patient cannot be contacted, or refuses to consent to the disclosure, then the exposed individual may be informed of the communicable disease status by the attending physician as soon as possible after the exposure has been certified as significant.

B. Unknown Communicable Disease Status

1. The source patient shall be given an opportunity to give a voluntary, written, informed consent to test for communicable diseases, if the communicable disease status of the source patient is unknown, blood or other patient samples are available, and the exposed individual has tested negative on a baseline test for communicable diseases,
2. The source patient shall be provided with medically appropriate pretest counseling and referred to appropriate post-test counseling and follow-up, if necessary. The source patient shall be offered medically appropriate counseling whether or not he or she consents to testing.
3. Within 72 hours after receiving a written certification of significant exposure, the source patient's attending physician shall make a good faith effort to notify the source patient about the significant exposure. A good faith effort to notify includes, but is not limited to, a documented attempt to locate the source patient by telephone or by first-class mail with certificate of mailing. An attempt to locate the source patient and the results of that attempt shall be documented in the source patient's medical record.
4. An inability to contact the source patient after a good faith effort, or the inability of the source patient to provide informed consent **shall constitute a refusal of consent** provided all the following conditions are met:
 - a. The source patient has no authorized legal representative,
 - b. The source patient is incapable of giving consent, and
 - c. In the opinion of the attending physician, the source patient will be unable to grant informed consent within the 72-hour period required to respond.
5. **If the source patient refuses consent to test for communicable diseases, any available blood or patient sample of the source patient may be tested. The source patient shall be informed that the available blood or patient sample will be tested despite their refusal, and the exposed individual shall be informed of the results regarding communicable diseases.**
6. If the source patient is deceased, consent to perform a test for any communicable disease on any blood or patient sample of the source patient legally obtained in the course of providing health care services at

the time of the exposure shall be deemed granted.

7. The source patient shall have the option not to be informed of the test result. If a source patient refuses to provide informed consent to communicable disease testing and refuses to learn the results of testing, documentation of the refusal shall be signed. The source patient's refusal to sign shall be construed as a refusal to be informed of the test results. Test results shall only be placed in the source patient's medical record when the patient has agreed in writing to be informed of the results. If the source patient refuses to be informed of the test results, the test results shall only be provided to the exposed individual in accordance with applicable Federal and State occupational health and safety standards.

V. Confidentiality and Liability

- A. The exposed individual shall be informed that any identifying information about the communicable disease test results and medical information regarding the communicable disease status of the source patient shall be kept confidential and may not be further disclosed, except as authorized by law. The exposed individual shall be informed of the civil and criminal penalties for which they would be **personally** liable for violating Health and Safety Code Section 120980.
- B. The costs for communicable disease testing and counseling of the exposed individual, and/or the source patient, shall be borne by the employer of the exposed individual.
- C. The source patient's identity shall be encoded on the communicable disease test result record.
- D. If the health care provider has acted in good faith in complying with Health and Safety Code Chapter 3.5, the health care provider shall not be subject to civil or criminal liability or professional disciplinary action for:
 1. Performing communicable disease tests on the available blood or patient sample of the source patient.
 2. Disclosing the communicable disease status of a source patient to the source patient, the source patient's attending physician, the certifying physician, the exposed individual, or any attending physician of the exposed individual.
- E. Any health care provider, first responder or any exposed individual who willfully performs or permits the performance of a test for communicable disease on a source patient that results in economic, bodily, or psychological harm to the source patient, without adhering to the procedure set forth in Health and Safety Code Chapter 3.5 is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year, or a fine not to exceed ten thousand dollars (\$10,000), or both.

VI. Coroner's Cases

If the source patient is pronounced dead in the field, the County Medical

Examiner/Coroner may test for any communicable disease when an autopsy is performed. The certifying physician or the exposed EMS personnel's employer shall notify the County Medical Examiner/Coroner of the exposure. If the County Medical Examiner/Coroner confirms a diagnosis of any communicable disease in the source patient, they shall notify the County Health Officer, who in turn shall apprise the exposed individual of the source patient's communicable disease status. The County Medical Examiner/Coroner shall adhere to the procedure defined in Health and Safety Code 1797.189 in carrying out this process.

VII. Source Patient in Custody or Charged with a Crime

If the source patient is in custody or charged with a crime and refuses to voluntarily consent to communicable disease testing, Health and Safety Code 121060, 121060.1, and 121065 allows for the exposed health care provider to petition the court. The court may require the source patient to provide three specimens of blood to be tested for HIV, hepatitis B, and hepatitis C by court order (Ref. No. 836.3).

VIII. Aerosol Transmissible Disease

Provider agencies shall have written procedures to be followed in the event of an exposure incident in accordance with the California Code of Regulations, Title 8, Section 5199.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 836.1, **Communicable Disease Exposure and Testing Flow Chart**

Ref. No. 836.2, **Communicable Disease Exposure and Notification Report Form**

Ref. No. 836.3, **Court Petition for Order to Test Accused Blood**

Reportable Diseases and Conditions:

<http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>