



INFECTIOUS DISEASE PRECAUTIONS AND EXPOSURE MANAGEMENT FOR EMS PERSONNEL

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189. www.leginfo.ca.gov
[Bloodborne pathogens](http://www.leginfo.ca.gov) - 1910.1030, U.S. Department of Labor. www.osha.gov/SLTC/bloodbornepathogens/

II. PURPOSE

To provide guidelines and procedures for EMS prehospital personnel, to reduce risk of infectious disease exposure to themselves and patients, and to evaluate and report suspected exposures to communicable diseases.

- A. Although the presence of disease causing agents may or may not be known, these agents may be present in body fluids and substances. Even apparently healthy persons may carry and be capable of transmitting disease.
- B. Precautions identified in this policy are intended to provide prehospital personnel with information to safely care for all patients, regardless of disease status.

III. EXPOSURE RISK REDUCTION

A. **Prehospital Personnel.** Prehospital personnel shall:

- 1. Follow employer's policies/procedures for infection control to protect both patients and themselves.
- 2. **Use universal precautions in all patient contacts.** Additional barrier precautions are to be used based on the potential for exposure to body fluids and substances.
- 3. Wash hands, prior to and following patient contact at a minimum regardless of the use of gloves or other barrier precautions. Thorough hand washing with soap and water is the most effective infection control activity for prehospital personnel. Waterless hand sanitizers are an option if soap and water are not available.

B. **Provider Agency.** Each provider agency shall:

- 1. Comply with all federal, state, and local regulations regarding infectious disease precautions.
- 2. Establish and maintain a written exposure control plan designed to eliminate or minimize employee exposure. This plan shall include a procedure to be used if an employee is possibly exposed to a communicable disease and this plan shall be made easily accessible.
- 3. Designate an infection control officer to evaluate and respond to possible infectious disease exposure of provider agency's prehospital personnel.
- 4. Make available equipment, supplies and training necessary for prehospital personnel to reasonably protect themselves and their patients against infectious disease exposure.

C. **Receiving Facility.** Receiving hospitals should have staff procedures for:

- 1. Assisting possibly exposed prehospital personnel in assessing the significance of the exposure, and the need for and provision of prophylaxis.
- 2. Obtaining the appropriate testing to determine whether or not the source patient is infected with a communicable disease.

IV. EXPOSURE DEFINITION

A significant communicable disease exposure is defined by criteria set by the Centers for Disease Control (CDC) and the Local Public Health Department and may include:



- A. Contact with patient's blood, bodily tissue, or other body fluids containing visible blood on **non-intact** skin (e.g. open wound; exposed skin that is chapped, abraded, affected with a rash) and/or **mucous membranes** (e.g., eye, mouth)
- B. Contaminated (used) needle stick injury
- C. Unprotected mouth-to-mouth resuscitation
- D. Face-to-face contact in areas with restricted ventilation with patients who have airborne communicable diseases (e.g. H1N1, Avian flu, tuberculosis or meningitis)
- E. If extent of exposure is in question contact Contra Costa Health Service's Public Health Department for additional guidance.

V. CENTER FOR DISEASE CONTROL RECOMMENDATIONS

CDC recommendations should be used for HIV prophylaxis following significant exposures. Provider agencies, designated officers, occupational injury treatment centers, and emergency department staffs are expected to coordinate efforts to ensure prompt treatment for affected prehospital personnel.

VI. RESPONSIBILITIES IN A CASE OF SUSPECTED EXPOSURE

- A. **Individual** that may have been exposed shall:
 - 1. Contact his or her employer's Infection Control Officer/Designated Officer as soon as possible to determine the extent of the exposure and if follow-up recommendations including prophylaxis are required.
 - 2. Refer to employer's internal notification requirements and internal policy for direction and advice on reporting, evaluation and treatment.
 - 3. Complete a Contra Costa Health Services "Notification of Possible Communicable Disease Exposure" Form (EMS6). Submit form to appropriate parties according to instructions on the form.
 - a. This form will provide the hospital and Public Health with source patient information as well as contact information for the possibly exposed individual.
 - b. If the possibly exposed individual does not respond to the hospital that received the patient, the individual should follow his/her provider agency procedures for form distribution.
- B. **Employer** of the individual that may have been exposed should:
 - 1. Assess the potential exposure to determine that exposure meets the definition as defined above.
 - 2. Assure individuals with suspected exposures are instructed to report immediately to emergency departments, or nother health treatment facilities for risk assessments and determination of need for prophylactic treatment.
 - 3. Assure that exposed individual has completed a Contra Costa Health Services-Public Health "Notification of Possible Communicable Disease Exposure" form (EMS-6) available at www.cccems.org. Fax completed form to Public Heath at 925-313-6465.
 - a. In situations where the exposed individual does not report to the hospital that received the source patient, the form should be faxed to the Emergency Department Charge Nurse in the source patient receiving hospital.
 - b. The exposed individual or his/her provider agency is responsible for confirming that the faxed form was received according to provider agency policy.

NOTE: On significant exposures, the Public Health Division's Communicable Disease Program should be notified by phone, in addition to completing and faxing the notification form (EMS-6).

VII. RECEIVING HOSPITAL RESPONSILITIES – SOURCE PATIENT

- A. Evaluate source patient for any history, signs or symptoms of a communicable disease.
- B. Obtain consent to, and collect appropriate specimens (e.g. blood, sputum) from the source patient necessary to determine potential risk to the exposed person.



- C. Expedite the testing process (select the tests with rapid turn around in mind), to the extent possible, in consideration of the exposed individual's concerns and the need for continued prophylactic care.
- D. **Promptly report any reportable communicable diseases found in the source patient to the Public Health Division's Communicable Disease Program at 925-313-6740, Monday through Friday, 0800 - 1700. After hours, weekends and holidays page at 925-975-6508 as well as on the CMR form as required by law.**

VIII. RECEIVING HOSPITAL RESPONSIBILITIES – EXPOSED INDIVIDUAL

- A. Receiving hospitals must assist prehospital personnel who have had significant exposures.
- B. Receiving hospital emergency department staff shall:
 - 1. Actively assist exposed prehospital personnel in evaluating risk and recommending and/or providing appropriate prophylactic care when indicated.
 - 2. Obtain blood and necessary tests from the exposed prehospital person necessary to determine base line status.
- C. Emergency departments are expected to follow CDC guidelines when managing prehospital exposure to potentially infectious substances. The CDC websites listed below are current as of the effective date of this policy, however, **check the EMS Agency website at www.cccems.org to assure the latest information.**
 - HIV: www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm
 - H1N1: www.cdc.gov/h1n1flu/
 - Hepatitis B virus (HBV) or hepatitis C virus (HCV): www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
 - Meningococcal disease: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5631a3.htm>
 - Tuberculosis MMWR, December 16, 2005: www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm

Additional exposure management resources:

- National Clinicians' Post-exposure Prophylaxis Hotline (PEpline) run by University of California-San Francisco: Phone: 888-448-4911; www.ucsf.edu/hivcntrVII

IX. HEALTH SERVICES PUBLIC HEALTH DIVISION RESPONSIBILITIES

Upon notification, the Health Services Public Health Division will:

- A. Verify the exposure is significant and contact the receiving hospital(s) and the prehospital employer's designated officer for infection control.
- B. Notify the exposed person of any recommended disease prevention/prophylaxis needed and provide a written opinion and evaluation of the exposure, as well as identify any medical condition(s) resulting from the exposure that may require further evaluation or treatment.

If exposed individuals have immediate concerns about possible exposures, or if the exposures are significant, they should contact the Public Health Division's Communicable Disease Program at:

Monday through Friday, 0800 – 1700 at 925-313-6740

After hours, weekends and holidays, page at 925-975-6508

**CONTRA COSTA HEALTH SERVICES-PUBLIC HEALTH
 NOTIFICATION OF POSSIBLE COMMUNICABLE DISEASE EXPOSURE
 (Complete all information below – PLEASE PRINT)**

PERSON POTENTIALLY EXPOSED	
Name:	Work Phone ()
Employer:	Home Phone ()
Employer address:	
<input type="checkbox"/> Completed hepatitis B vaccination series: <input type="checkbox"/> Partial hepatitis B series: <input type="checkbox"/> No hepatitis B vaccinations	
SOURCE PERSON FOR POTENTIAL EXPOSURE:	
Name:	Home phone: ()
Address:	
INCIDENT REPORT:	
Location of Incident:	Date of Incident:
	Time of Incident:
Person transported to:	Ambulance #
	Incident #
TYPE OF EXPOSURE:	
<input type="checkbox"/> * Mouth to Mouth resuscitation – without protective device <input type="checkbox"/> * Needle stick injury - with a used/non sterile needle <input type="checkbox"/> * Blood or secretions splashed into → <input type="checkbox"/> Eyes <input type="checkbox"/> Mouth <input type="checkbox"/> Wound <input type="checkbox"/> * Meningitis <input type="checkbox"/> Close exposure to a person with TB → <input type="checkbox"/> Known TB <input type="checkbox"/> Suspected TB <input type="checkbox"/> Other risk exposure → Please describe _____	
*Notify Public Health immediately by phone (925) 313-6740 during work hours. After hours and holidays page (925) 975-6508	
Precautions/equipment used during this exposure: <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Face shield <input type="checkbox"/> Eye protection <input type="checkbox"/> N95 mask <input type="checkbox"/> Other: _____	
How soon after the potential exposure were you able to cleanse the exposure site? _____	
Other information regarding exposure: _____	
Occupational Health Provider:	Address:
Name of person completing this form: PRINT	Phone
PUBLIC HEALTH FOLLOW UP:	
<input type="checkbox"/> No reportable communicable disease identified in source person	
<input type="checkbox"/> Recommendations given to: <input type="checkbox"/> Employee Date: _____ <input type="checkbox"/> Employer Date: _____	
Actions taken by Public Health: <input type="checkbox"/> EMS-7 mailed to: _____ By: _____ Date: _____ <input type="checkbox"/> Other actions: _____	
Public Health follow up by: Name:	Phone: ()

Fax a copy of this form to Public Health (925) 313-6465

Original to Public Health
 Copy to health facility receiving patient
 Copy to employee
 Copy to Infection Control Officer
EMS – 6 (3/07)