



EMS PERSONNEL COMMUNICABLE DISEASE EXPOSURE FOLLOW UP

Effective: January 7, 2025
Replaces: November 19, 2019

I. Purpose

The purpose of this policy is to communicate the intent of and to operationalize Senate Bill 432 regarding responsibilities in the follow up of communicable disease exposures of EMS personnel. Healthcare facility infection control officers are required by law to give notice to an EMS provider agency designated infection control officer and county health officer when it has been determined that a reportable communicable disease exposure has occurred involving EMS personnel of public or private EMS provider agencies.

Health and Safety Code Sections 1797.188 (as amended by SB 432) and 120262
Santa Clara County Public Health Department Infectious Disease and Response Branch
Communicable Disease Exposure Response
Reportable Diseases and Conditions, Title 17, CCR, Section 2500:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

II. Definitions

- A. **Airborne pathogen:** Diseases that can be spread through inhalation of a respirable aerosol on which the pathogen can survive and that can remain suspended in air for prolonged period (hours).
- B. **Blood borne pathogen:** Diseases that can only be spread by direct contact between certain bodily fluids (specifically blood) and mucous membranes or non-intact skin. These include HIV, HBV, HCV, and other less common diseases. Such exposures may happen in the context of certain occupations such as Emergency Medical Services.
- C. **Blood borne pathogen exposure:** Any event in which an *infectious* bodily fluid of one person comes into contact with the mucus membrane or non-intact skin of another person such as accidental needle stick or blood splash to the eye or mouth.
- D. **Bodily fluid:** May apply to any fluid from a human including but not limited to blood, urine, feces, saliva, vomitus, bile, semen, vaginal fluid, amniotic fluid, breast milk, cerebral-spinal fluid. Different bodily fluids may carry different diseases with different degrees of infectiousness if the human source of the fluid is infected by or a carrier of said disease.
- E. **Bodily fluid exposure:** May refer to any event in which the bodily fluid of one person comes in contact with another person, although typically used to describe an event when said fluid contacts another person's mucus membrane or non-intact skin, as such exposures have higher risk of blood borne pathogen transmission.
- F. **DICO:** Designated Infection Control Officer EMS provider agency serving as the designated officer as required by the Ryan White Act (Public Law 111-87) and NFPA 1581.



- G. **Exposure:** Exposure can occur when a susceptible person inhales or comes into contact with an airborne, droplet or contact pathogen.
 - 1. A **protected exposure** occurs when the EMS provider has immunity to the pathogen and/or is wearing PPE appropriate for the route of exposure. Usually further follow up and post-exposure prophylaxis is not necessary.
 - 2. An **unprotected exposure** occurs when the EMS provider is not wearing PPE appropriate for the route of exposure and/or does not have immunity to the pathogen. Follow up and post-exposure prophylaxis or surveillance may be necessary. There must be a pathogen of a communicable disease, a route of contact with that pathogen and a susceptibility to the pathogen for an exposure to occur.
- H. **HC ICO:** Healthcare facility Infection Control Officer
- I. **Needle stick:** Used here to refer to instances when a hollow bore or non-hollow bore sharp object such as a syringe needle penetrates the skin of a healthcare professional or other person. Such a sharp medical device may have first come into contact with another person's bodily fluids, allowing for parenteral bodily fluid exposure (exposure or injection of one person's blood or other bodily fluid under another person's skin, risking disease transmission.)
- J. **Occupational PEP (oPEP):** PEP assessment and provision for a potential pathogen exposure that occurred in the course of employment or volunteer work such as an accidental needle stick or blood splash to a mucous membrane.
- K. **PH IC:** Santa Clara County Public Health Infection Control
- L. **Post-Exposure Prophylaxis (PEP):** The provision of medications, vaccinations, or other medical interventions *after* an exposure to a particular disease to prevent infection with this disease.
- M. **Reportable communicable disease or condition:** diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4, Title 17 of the California Code of Regulations.
- N. **Source patient/person:** The individual who may possess one or more pathogens and whose blood or other bodily fluid may have come in contact with the exposed patient/person such that there is risk of transmission of disease.

III. Policy

If EMS personnel are exposed or believed to be exposed to a communicable disease the following steps shall be followed:

- 1. Potentially exposed personnel will notify their supervisor.
- 2. Potentially exposed personnel shall register as a patient at the hospital emergency department where a source patient has been transported or shall register as a patient at a healthcare facility or occupational medicine clinic as determined by their supervisor for the purpose of evaluating the suspected exposure.
- 3. If no exposure to a communicable disease is determined to have occurred by a physician or other qualified healthcare provider, the personnel will follow any medical advice given, complete reports as required by their employer and return to duty.



4. If a communicable disease exposure is determined to have occurred, exposed personnel will receive treatment, laboratory tests, counseling and post-exposure prophylaxis as appropriate by healthcare providers at the treating healthcare facility in accordance with local Public Health, infectious disease, State or National guidelines. Examples of that testing and post-exposure prophylaxis, as clinically indicated, include but are not limited to:
 - a. Rapid HIV testing and HBV, HCV of a source patient
 - b. HIV, HCV, HBsAb at baseline for exposed EMS provider
 - c. Offer antiretroviral post-exposure prophylaxis as clinically indicated
 - d. Disease-specific testing and post-exposure prophylaxis as indicated
5. The infection control officer (or designee) of the treating healthcare facility or emergency department nurse manager is required to be notified by the treating healthcare providers of the exposure.
6. The supervisor of exposed personnel shall notify the designated infection control officer of the employing agency (DICO). The DICO of the employing agency or the supervisor of the exposed personnel shall then coordinate with the healthcare providers on treatment and follow up of the exposed employee.
7. The infection control officer (or designee) of the treating healthcare facility or emergency department nurse manager is required to notify the Santa Clara County Public Health Communicable Disease Investigator of a reportable disease exposure to determine whether any public health actions are required and to assist with post-exposure prophylaxis, treatment and follow up recommendations. (Communicable Disease Investigator during business hours: 408-792-3720 or Health Officer on call after business hours through County Communications).
8. The infection control officer (or designee) of the treating healthcare facility is required to communicate the findings of any laboratory tests or clinical findings from the source patient that are pertinent to the employee exposure, without revealing source patient protected health information, to exposed personnel and/or the healthcare provider performing follow up with exposed personnel.
9. The treating healthcare facility infection control officer (or designee) is required to be available 24 hours per day.
10. The employer's designated infection control officer (or designee) is required to be available 24 hours per day.
11. The exposed employee's supervisor is required to comply with the Cal-OSHA Injury and Illness Prevention Program.
12. Documentation: In addition to the treating healthcare facility health record and documentation required by an employer of EMS personnel, the Blood Borne Pathogen Exposure Response Form (Schedule A) is required to be completed by the treating healthcare facility with a copy sent to the Communicable Disease Investigator (email address will be provided by the investigator handling the case).



IV. Special Circumstances

- A. Source patient is deceased:
 - 1. A request can be made to the County of Santa Clara Office of the Medical Examiner-Coroner for source patient specimen collection and testing by the Santa Clara County Public Health Laboratory using the Blood Borne Pathogen Exposure Response Form.
 - 2. Public Health staff are required to communicate the laboratory findings to exposed personnel and/or their healthcare provider following up on the exposure.
- B. Source patient is in law enforcement custody:
 - 1. The law enforcement agency having custody of the source person can offer that source person an opportunity to consent to testing.
 - 2. If the source person does not consent to testing the Health Officer on call can mandate testing for a significant exposure that cannot be managed using clinical information alone in coordination with the treating healthcare facility.
- C. Consultations on communicable disease exposures involving EMS personnel are available made through the Public Health Officer on call or the EMS Agency Medical Director.

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V. Flowchart

