IC-6 – First Responder or Funeral Service Worker Exposure to Infectious Disease(s)

Policy & Procedure

1. Any first responder or funeral services worker here forth referred to as “exposed” who believes he/she has suffered a significant exposure through contact with a patient may submit a written request to be notified of the presence of a contagious or infectious disease in the source patient and/or results of any test performed on the patient that determines the presence of a contagious or infectious disease. NOTE: this policy applies to First Responder Departments under UH Med control as listed in Attachment E

2. As required by Ohio Revised Code §3701.248, any UH system hospital is to respond to the exposed’s requests for information regarding the presence of contagious or infectious disease in a patient received by UH; or the results of any test performed on the patient to determine the presence of a contagious or infectious disease.

3. A request for notification does not obligate a UH system hospital to conduct testing for a contagious or infectious disease.

4. Infection Control or designee notifies any first responder or funeral services worker who has been identified as having been exposed to a contagious or infectious disease during an exposure investigation, based on testing performed on the patient received by a UH system hospital.

5. Testing Process:
   1. For exposures occurring during the course of in the field treatment by first responders, where the source patient is transported to a UH Emergency Department, the initial evaluation and treatment of the exposed, if indicated is performed by Emergency Department staff and documented in the EMR. Source patient blood specimens is drawn at that time.
   2. The exposed is instructed to follow up with Occupational Health the next business day

6. Request Process:
   1. Complete the “First Responder or Funeral Services Worker Request for Information” (see Attachment C). The form is obtained as determined by the system entity: from the Emergency Department, Infection Control, Employee Health or Nursing Supervisor.
6.2. Fax the completed form to Occupational Heath at the respective hospital or other location, as determined by the system entity.

7. **Response/Notification:**

1. Any notification to the exposed does not contain the name of the source patient.
2. The request for notification is valid for 10 business days after it is made. If necessary, the request is renewed in accordance with the same procedures and requirements of the original request.
3. Occupational Health will notify the exposed following determination of the presence of a contagious or infectious disease in the source patient, or after a confirmed positive test result, (see Attachment D- “Response to First Responder or Funeral Service Worker Request”.)
   1. Within two business days give verbal notification of this finding to the exposed and his/her supervisor.
   2. Within three business days provide written notification to the exposed and his/her supervisor.
4. The verbal notification and written response contains the following:
   1. Name of the disease.
   2. Its signs and symptoms.
   3. Date of the exposure.
   4. Incubation period.
   5. Mode of transmission.
   6. Medical precautions necessary to prevent transmission to other persons.
   7. Appropriate prophylaxis, treatment for, and counseling about the disease.
5. If the entity is unable to provide the requested information because the source patient has been transferred to another healthcare facility or has been discharged, as determined by the system entity, Infection Control, Nursing supervisor or EMS liaison assists the exposed in locating the patient and securing the requested information from the health care facility that treated or is treating the patient.
6. If the source patient has died, as determined by the system entity, Infection Control, Nursing supervisor or EMS liaison provides the exposed with the name and address of the coroner who received the patient.
7. If at the end of the 10-day request period no test has been performed to determine the presence of a contagious or infectious disease, no diagnosis has been made, or the result of the test is negative, as determined by the system entity, Occupational Health, Infection Control, Nursing supervisor or EMS liaison notifies the exposed accordingly.

8. **Renewal of Request:**

1. The exposed individual who believes he/she has sustained a significant exposure through contact with a source patient may renew his/her request for notification by submitting another Employee/Emergency Medical or Funeral Services Worker Request for Information.
8.2. On receipt of a second "First Responder or Funeral Services Worker Request for Information", as determined by the system entity, Occupational Health, Infection Control Nursing supervisor or EMS liaison implements the above procedure.

**Attachments**

A. Contagious or Infectious Diseases Likely to be transmitted by Air or Blood.
B. Definition of HIV Exposure.
C. Request for Information.
D. Response to First Responder or Funeral Service Worker Request
E. Departments Under UH Medical Control
F. Workflow for First Responder or Funeral Service Worker Exposure Treatment

1 “Emergency medical service”: means any of the services described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of the Ohio Revised Code that are performed by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics.

2 “Funeral services worker”: person licensed as funeral director or embalmer under Ohio Revised Code Chapter 4714 or an individual responsible for the direct final disposition of a deceased person.

3 “Significant exposure”: 
   A. Exposure to a contagious or infectious disease as listed in Attachment A.
   B. A percutaneous or mucous membrane exposure to blood, semen, vaginal secretions; or spinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid of another person.

4 “Patient”: A person, whether dead or alive, who has been treated, handled, or transported for medical care by an emergency medical services worker or a deceased person whose body is handled by a funeral services worker.

5 “Contagious or infectious diseases”: Diseases specified by the Ohio Administrative Code. See Attachment A.

Electronically approved by
Tom Zenty, President and Chief Executive Officer of UH – November 16, 2017
William L. Annable, Chief Quality Officer – November 15, 2017
ATTACHMENT A

(OAC 3701-3-022) Contagious or Infectious Diseases Likely to be Transmitted by Air or Blood During the Normal Course of a First Responder’s Duties:

(1) Crimean-Congo hemorrhagic fever;
(2) Diphtheria;
(3) Ebola hemorrhagic fever;
(4) Fifth disease (human parvovirus infection);
(5) Hansen disease (leprosy);
(6) Acute or chronic infection with hepatitis B virus;
(7) Acute or chronic infection with hepatitis C virus;
(8) Infection with hepatitis D virus (delta hepatitis);
(9) Human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS);
(10) Infection with human t-lymphotropic virus (HTLV-1 and HTLV-2);
(11) Lassa fever;
(12) Leishmaniasis, visceral (Kala-Azar);
(13) Leptospirosis;
(14) Marburg hemorrhagic fever;
(15) Measles (rubeola);
(16) Meningococcal disease (Neisseria meningitidis);
(17) Mumps (infectious parotitis);
(18) Pertussis (whooping cough);
(19) Pneumonic plague (Yersinia pestis);
(20) Rabies;
(21) Rubella (German measles);
(22) Severe acute respiratory syndrome (SARS)
(23) Tuberculosis; and
(24) Varicella (herpes zoster) infection, including chickenpox and shingles.

In addition to the above, the Ryan White HIV/AIDS Treatment Extension Act 2009, Section 2695 of Part G (adapted from National Institute for Occupational Safety and Health) also includes the following contagious or infectious diseases those exposed must be notified of:

(1) Anthrax, cutaneous (Bacillus anthracis)
(2) Disseminated zoster
(3) Novel Influenza A viruses
(4) Vaccinia

Please be aware that you will not normally know that the patient has one of the above diseases. Once the hospital becomes aware that a patient has a disease listed above, they will contact everyone involved in the patient's care.
Please review what is a potential exposure

ATTACHMENT B
Definition of Exposure

A. HIV post exposure prophylaxis is recommended for emergency medical or funeral service workers exposed to source person with known HIV or for those whom there is a reasonable suspicion of HIV infection.

B. Exposures that may put emergency medical or funeral service workers at risk for HIV infection are:
   1. Percutaneous injury:
      a) Needle stick
      b) Cut with contaminated sharp object

   2. Contact of mucous membrane or non-intact skin with blood, tissue or other body fluids that are potentially infectious.
      a) Non-intact skin is exposed skin that is:
         1. Chapped
         2. Abraded
         3. Afflicted with dermatitis

      b) Potentially infectious body fluids:
         1. Blood
         2. Semen
         3. Vaginal secretions
         4. CSF
         5. Synovial fluid
         6. Pleural fluid
         7. Peritoneal fluid
         8. Pericardial fluid
         9. Amniotic fluid

      c) Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are NOT CONSIDERED potentially infectious UNLESS THEY ARE VISIBLY BLOODY.

   3. Direct contact (without barrier protection) to concentrated HIV virus in a research laboratory

   4. Human bites
I. First Responder or Funeral Services Worker Information

Name: ___________________________ Home phone: ________________

Home Address: ____________________________

Employer Name: ___________________________ Work Number ________________________

Supervisor of injured worker: ____________________________

II. Exposure Information

Exposure Date: __________ Exposure Time: _______ Exposure Location: ______________

Manner of Exposure: ____________________________

III. Source Patient Information:

Name of Patient: ___________________________ MR Number: ________________________

Home address (for Pre-Hospital providers): ____________________________

Patient’s DOB: ________________

Signature ____________________________

Employee/First Responder/Funeral Service Worker

IV. Injury Assessment: To Be Completed By ED Nurse:

Describe location of exposure and any physical findings:

________________________________________

________________________________________

Signature: ____________________________ Date: ________________________

UH ED Nurse

FAX THIS FORM TO OCCUPATIONAL HEALTH @ specific hospital:

Occupational Health locations:

Ashland: 2212 Mifflin, Suite 215; Ashland
Elyria: 39000 Center Ridge Rd; North Ridgeville
Geauga: 13221 Ravenna Rd, Suite 10; Chardon
Geneva: 870 West Main Street; Geneva
Parma: 6115 Powers Blvd, Suite 200; Parma
Portage: 3957 Loomis Parkway, Ravenna

UH CMC Occupational Health Fax # is 216-844-3990

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RESPONSE TO FIRST RESPONDER OR FUNERAL SERVICE WORKERS REQUEST FOR NOTIFICATION

VERBAL NOTIFICATION GIVEN:

To: ____________________________________________________________

Date: ___________________________ Time: _____________________________

By Whom: ________________________________________________________

(Signature/Title)

WRITTEN NOTIFICATION SENT:

To: ___________________________ and _____________________________

(Name of Exposed) (Name of Supervisor)

Date: ___________________________

Date and Type of Exposure: _________________________________________

Name of disease: ____________________________________________________

   Incubation period: _______________________________________________

   Signs and symptoms: ______________________________________________

   _______________________________________________________________

   Mode of transmission: _____________________________________________

   Precautions necessary to prevent transmission to others: _______________

   __________________________________________________________________

   Prophylaxis and/or treatment (if applicable): ___________________________

   __________________________________________________________________

Other follow-up: ___________________________________________________

Signature/Title of person_____________________________________________
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ATTACHMENT F:
Workflow for First Responder or Funeral Service Worker Exposure Treatment

First responder or funeral service worker "Exposed" presents to ED

SOURCE TESTING:
- Rapid HIV
- Hepatitis C antibody
- Hepatitis B surface antigen

If source known
- Hep B positive
- HepB DNA and HepB antigen

Is source high risk for HIV or known HIV positive?

EXPOSED PROVIDER TESTING
- HIV antibody
- Hepatitis C antibody
- Hepatitis B antibody
- Chemistry panel
- CBC/diff
- Comprehensive metabolic panel
- HCG blood (female)

ED staff treats exposed injury, if any, and performs assessment of source patient

Complete Attachment "First Responder or Funeral Service Worker Request for Information"

Direct exposed provider to follow up the next working day with Occupational Health

OCCUPATIONAL HEALTH will perform all necessary testing on exposed and will inform exposed individual and their supervisor both verbally and written format

ED to order: Antiretroviral meds for HIV for 3 days:
- Truvada one tablet daily
- Isentress 400mg one tablet/day
- Ondansetron 4mg one–two tabs pm nausea every 12h

If hospital pharmacy does not carry these meds, write script for exposed to pick up at their pharmacy. Exposed to save all receipts for W/dimbursement

Direct exposed provider to follow up the next working day with Occupational Health

EXPOSED PROVIDER TESTING:
- HIV antibody
- Hepatitis C antibody
- Hepatitis B antibody
- Chemistry panel
- Hepatic function panel

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