

IV. EXPOSURE DEFINITION

Situations constituting possible significant communicable disease exposure 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. Prolonged contact (close contact for a minimum of 4 hours) face to face in areas with restricted ventilation with patients who have tuberculosis or meningitis

V. CENTER FOR DISEASE CONTROL RECOMMENDATIONS

The CDC recommends initiation of HIV prophylaxis following significant exposures within hours. The possibly exposed individual should contact his or her employer's Infection Control Officer/Designated Officer as soon as possible to determine if there has been an exposure and for follow up recommendations. 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. Refer to employer's internal notification requirements and internal policy for direction and advice on reporting, evaluation and treatment.
- 2. 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 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 another health treatment facilities for risk assessments and determination of need for prophylactic treatment.
- 3. Assure that exposed individual has completed and appropriately distributed a Contra Costa Health Services "Notification of Possible Communicable Disease Exposure" Form.
 - 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 distributing the notification form (EMS6).

VII. RECEIVING HOSPITAL RESPONSIBILITIES - SOURCE PATIENT

- A. Evaluate source patient for any history, signs or symptoms of a communicable disease.
- B. Obtain consent to, and collect blood and other specimens 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
 - Hepatitis B virus (HBV) or hepatitis C virus (HCV), www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
 - Meningococcal disease, www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.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/hivcntr

IX. HEALTH SERVICES PUBLIC HEALTH DIVISION RESPONSIBILITIES

Upon notification, the Health Services Public Health Division will:

- A. Verify the exposure is significant and contacts 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 exposure are significant, they should contact the Public Health Division's Communicable Disease Program.

Monday through Friday, 0800 – 1700:	(925) 313-6740
After hours, weekends and holidays, page at:	(925)-975-6508.