

APPROVED: Signature On File In EMS Office  
Executive Director  
  
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Medical Director

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## **SIGNIFICANT EXPOSURE REPORTING FOR MARIPOSA COUNTY**

### **I. AUTHORITY**

Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189

### **II. DEFINITION**

- A. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified as qualified to provide prehospital emergency medical care pursuant to Division 2.5, California Health and Safety Code.
- B. "Reportable disease or condition" or "a disease or condition listed as reportable" means those diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4 of Title 17 of the California Administrative Code, as may be amended from time to time.
- C. "Health Care Facility" is any hospital authorized to receive patients from the EMS system.
- D. "Provider Agency" means an Agency that provides prehospital emergency medical care.
- E. "Significant Exposure" is defined as an unprotected exposure to body fluid secretions or airborne contact.
- 1) Examples of exposure may include the following:
- a) A healthcare provider without a protective mask or with a protective mask that DOES NOT meet OSHA Regulations that is in close proximity to a suspected tuberculosis patient without an OSHA regulated protective mask: or
  - b) A suspected meningitis patient without an OSHA regulated protective mask: or
  - c) Body fluid entering the healthcare providers body by:
    - 1) Needle stick,
    - 2) Laceration by contaminated object,
    - 3) Mucous membrane or eyes, or
    - 4) Open wound or non-intact skin (e.g. rash from poison oak)
- F. "Bystanders/Good Samaritans" is defined as someone who voluntarily helps someone else who is in distress.

III. PURPOSE

To provide a procedure to be followed when individuals have received a potential significant exposure to blood, body fluids, and/or a known reportable communicable disease.

IV. POLICY

Pre-hospital emergency medical care personnel shall have access to appropriate follow-up information after reporting a potential significant exposure. Employers of Prehospital Emergency Medical Care Personnel are advised to be familiar with and comply with OSHA CFR 1910.

V. PROCEDURE

- A. Prehospital emergency medical care personnel who suspect that they have had a significant exposure shall **immediately** notify their appropriate supervisor and the emergency department of the receiving health care facility and shall complete and submit a “Significant Exposure Reporting Form” (See example of Form attached to this policy). A separate report form must be completed for each agency. This form should also be used for bystanders/Good Samaritans who have a possible significant exposure.
- B. The Significant Exposure Reporting Form shall be submitted to the health care facility receiving the source patient as soon as possible or to the Chief Medical Examiner/Coroner at the time of delivery of a deceased person. The completion of this form is the responsibility of the person/agency requesting notification. However completion of this form should not delay the collection of appropriate patient blood samples for testing.
- C. Timely delivery of this form to the Emergency Department receiving the source individual and the health facility treating the exposed individual may be accomplished in the following manner:
  - 1) In person by the transporting ambulance personnel, or reporting party/agency,
  - 2) Fax it to the receiving and treating facility (alert the receiving and treating facility ED prior to faxing) (J.C.Fremont Hospital ED Fax 966-8233), or
- D. Once a Significant Exposure Reporting Form has been received by a health care facility (or the Chief Medical Examiner/Coroner in the event of a death), the health care facility will engage all appropriate internal policies and procedures dealing with significant exposures. The health care facility will follow-up with the reporting party/agency as soon as possible, ideally within 24 hours with the results of the tests and appropriate action(s) to be taken.
- E. Prehospital personnel should seek prophylactic medical treatment and/or advice per their agency/employer's policy. Reference can be made to J.C. Fremont’s Policy #IC-3 “Management of Accident Exposure to Blood/Body Fluids”. **Payment for any treatments/tests is the responsibility of the employing agency. Payment for medical expenses should be available through workers' compensation insurance.** Bystanders/Good Samaritans will be responsible for their own medical costs.
- F. Nothing in this policy shall be construed to authorize the disclosure of confidential medical information by the health facility or any of the prehospital emergency medical care personnel except as otherwise authorized by law.

**EXPOSURE REPORTING FORM**

Submit to Emergency Department (with patient if possible) or Coroner if appropriate  
*ED: Please forward (fax) to Public Health Department Immediately (Fax 966-4929)*  
*Coroner: Please forward (fax) to Public Health Department (Fax 966-4929)*

Reporting Agency: \_\_\_\_\_ Unit #: \_\_\_\_\_

Agency Contact Person (Designated Officer): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Date exposure took place: \_\_\_\_\_

**Individuals exposed:**  
(separate for each)

**Nature of Exposure: (airborne or droplet or body fluid contamination)**


Details of exposure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source Patient name: \_\_\_\_\_ Transported \_\_\_\_\_

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**For Hospital Use Only**

No infectious disease documented as identified or suspected

Recommendations/Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up with Public Health Department required: YES \_\_\_\_ NO \_\_\_\_

**Initial follow-up with reporting agency**

Name of person notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hospital Infection Control Practitioner (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Coroner (signature): \_\_\_\_\_