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SIGNIFICANT AEROSOLIZED EXPOSURE REPORTING FOR AMADOR COUNTY

I. **AUTHORITY**

Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189, 1797.200.

II. **DEFINITION**

- A. **"Prehospital Emergency Medical Care Personnel"** means any First Responder, EMT, Paramedic, RN, or Physician who functions as a part of the EMS system.
- 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. **"Exposed"** means at risk for contracting a disease, as defined by regulations of the State Department of Health Services.
- D. **"Health Facility"** means a health facility, as defined in Section 1250, California Health and Safety Code, including a publicly operated facility.
- E. **"Provider Agency"** means an Agency that provides Pre-hospital Emergency Medical Care.
- F. **Significant Exposure** is defined as an unprotected exposure to airborne or aerosolized droplet contact or secretions.

III. **PURPOSE**

To provide a procedure by which the above sections of the law can be fulfilled, should a prehospital emergency medical care personnel be exposed to a reportable aerosolized communicable disease.

IV. **POLICY**

- A. Each Provider Agency shall develop and implement a policy for notifying the county health officer of significant aerosolized exposures to prehospital emergency medical care personnel. Each Provider Agency who has any employee with occupational exposure shall provide the employee with medical services for tuberculosis and other aerosolized transmittable diseases in accordance with applicable public health guidelines, for the type of work setting and disease and also complying with OSHA Regulations 5199.

V. **PROCEDURE**

- A. Prehospital emergency medical care personnel who suspect that they have been significantly exposed to a patient shall immediately notify their appropriate agency supervisor and shall complete and submit a "Significant Aerosolized Exposure Report Form" (See Attachment A). A separate form shall be completed for each person exposed.
1. To determine if a Prehospital Emergency Medical Care Provider has had an unprotected aerosolized exposure, ask if the responder was near the patient without appropriate PPE.
 2. Document details of the exposure on the "Significant Aerosolized Exposure Report Form" including
 - procedures performed,
 - location of exposure (in an enclosed room, back of the ambulance, etc.),
 - was the patient coughing/sneezing,
 - distance from the patient,
 - duration of the exposure,
 - types PPE used (gloves, gown, goggles, simple mask, N-95 mask) and
 - any other pertinent information to assist in Public Health evaluation of the exposure.
- B. A copy of the Significant Aerosolized Exposure Report Form shall be submitted to the Public Health Department and the Chief Medical Examiner/Coroner (if the patient is deceased). The Provider Agency Supervisor shall assure that this form is completed and delivered to these agencies in a timely manner.
- C. The Public Health Department shall determine whether there has been significant exposure and shall document certification on the Significant Aerosolized Exposure Report form. Public Health will notify the prehospital personnel of the certification determination. Provider Agency Supervisor should contact Amador County Public Health within 24 hours of the incident to ensure that the process has been started.
- D. If prehospital personnel are advised to seek prophylactic medical treatment and/or advice, then PAYMENT FOR ANY TREATMENT/TESTS IS THE RESPONSIBILITY OF THE EMPLOYING AGENCY. PAYMENT FOR MEDICAL

EXPENSES SHOULD BE AVAILABLE THROUGH WORKERS' COMPENSATION INSURANCE. If an employee is offered and refuses Tdap or Influenza immunization, any subsequent exposures to these diseases may not be covered by Worker's Compensation.

- E. Nothing in this policy shall be construed to authorize the further disclosure of confidential medical information by the health facility, public health department or any of the prehospital emergency medical care personnel except as otherwise authorized by law.

Attachment A

SIGNIFICANT AEROSOLIZED EXPOSURE REPORTING FORM

Please fax to Amador Public Health 209-223-1562

Reporting Agency: _____ Unit #: _____

Agency Contact Person (Designated Officer): _____

Telephone #: _____

Agency Address: _____

Form completed by: _____ Date submitted: _____

Date and Location exposure took place: _____

Name and Title of Individual exposed:

Name

Title

Details of exposure (give details such as i.e. patient actively coughing, sneezing; distance to patient; length of time of exposure, etc.): _____

Source Patient name: _____ D.O.B.: _____

Transported to: _____

For Public Health Use Only

1. No infectious disease documented as identified or suspected
 2. Follow-up required: YES _____ NO _____ Where: _____
 3. Recommendations/Comments: _____
- _____

Initial follow-up:

Name of Person Notified at Reporting Agency: _____

Date: _____ Time: _____

Deputy Coroner Notified _____ Date: _____

* If patient is deceased and not transported to health care facility.

Date: _____

Signature