

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director

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SUPERSEDES: 935.10 12/1998

SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

REVISED:  
REVIEW DATE: 5/1/2018

**SIGNIFICANT EXPOSURE REPORTING FOR CALAVERAS 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 any First Responder, Emergency Medical Technician, Paramedic, Registered Nurse, Mobile Intensive Care Nurse 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 based on patient diagnosis, patient delivery care activities, and use of personal protective equipment.
- D. “Health Facility” is any hospital authorized to receive patients from the EMS system.
- E. “Provider Agency” means an Agency that provides Prehospital Emergency Medical Care.
- F. “Significant Exposure” is defined as an unprotected exposure to acute communicable disease agents in the course of providing prehospital assessment or care.

III. PURPOSE

To provide a procedure for prehospital care personnel to report a suspected communicable disease exposure and receive timely notification and protective health recommendations.

#### IV. POLICY

- A. Pre-hospital personnel shall have access to appropriate follow-up information after reporting to a local receiving health facility or the Chief Medical Examiner/Coroner of a potential significant exposure.

#### V. PROCEDURE

- A. Prehospital Emergency Medical Care personnel

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 and shall complete and submit a "Possible Disease Exposure Report (See example of Form attached to this policy). A separate report form must be completed for each person exposed.

The Possible Disease Exposure Report Form shall be submitted to the patient's receiving health facility as soon as possible or to the Chief Medical Examiner/Coroner at the time of delivery of a deceased patient. The completion of this form is the responsibility of the person/agency requesting notification. Timely delivery of this form to the receiving health facility may be accomplished in the following manner: either by 1) the transporting ambulance personnel, 2) by faxing it to the health facility, or 3) it may be hand delivered by the reporting party/ agency.

- B. Health Facility Responsibility

The Health Facility or Coroner shall receive the Possible Disease Exposure Report from prehospital emergency medical care personnel/provider agency. The Health Facility or Coroner shall record if the patient is diagnosed with the reportable disease on the Possible Disease Exposure Report and submit the form via fax to the Calaveras County Public Health Department at (209) 754-4691.

Nothing in this procedure shall relieve the responsibility of the health facility, health facility laboratory, and physicians in reporting the suspected presence of an acute communicable disease to the Public Health Department in compliance with Title 17 disease reporting timeliness requirements and reporting via "Confidential Morbidity Report".

- C. Calaveras County Public Health Department (PHD) Responsibility

The PHD will notify the prehospital emergency medical care personnel/provider agency of the results of the health facility or Coroner determination. The PHD shall collect additional information from the prehospital emergency medical care personnel/

provider agency to determine the risk of disease exposure and provide protective health recommendations as needed.

D. Medical Treatment and Advice

Prehospital personnel may seek prophylactic medical treatment and/or advice per their agency/employer's policy. PAYMENT FOR ANY TREATMENT/TESTS IS THE RESPONSIBILITY OF THE EMPLOYING AGENCY. PAYMENT FOR MEDICAL EXPENSES SHOULD BE AVAILABLE THROUGH WORKERS' COMPENSATION INSURANCE.

E. Disclosure of Confidential Medical Information

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

**Possible Disease Exposure Report  
Prehospital/Emergency Medical Services  
Calaveras County**

MTSJ Hospital Fax Number (209)754-2952

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Date of Exposure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_ Transported to: \_\_\_\_\_

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Individual Providing Emergency Medical Care Agency: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Suspected Disease/Condition:  TB  Meningitis  Pertussis  Other \_\_\_\_\_

Nature of Exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Protective Equipment in Use:

- N95 or higher mask
- Standard Precautions (gloves, gown)
- Splash Protection
- Other: \_\_\_\_\_
- None

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**For Hospital or Coroner Use Only  
FAX to 754-4691 (Calaveras County Public Health Department)**

- Infectious disease not identified as suspected
- Infectious disease was identified: \_\_\_\_\_ Attach laboratory or other records.
- Notice to Public Health Department: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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**For Public Health Department Use Only**

Individual Notification by Public Health Department:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Person: \_\_\_\_\_

Public health recommendations issued:  Yes  No

Agency Notified: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Person: \_\_\_\_\_