

ROME MEMORIAL HOSPITAL

TITLE: NOTIFICATION OF EXPOSURE TO COMMUNICABLE DISEASE TO
EMERGENCY RESPONSE PERSONNEL

POLICY NUMBER: IC-A-18

ISSUE DATE: 7/05

**LAST REVISION
DATE:** 7/05

APPLIES TO: INFECTION CONTROL

**APPROVED
BY:** INFECTION CONTROL

Policy: It is the policy of Rome Memorial Hospital that the provisions of Title IV, Subtitle B of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Ryan White Act) will be complied with according to the following policy and procedure.

Procedure:

Air Borne Diseases/Uncommon or Rare Diseases

1. When a patient is diagnosed with an airborne disease or an uncommon or rare disease as listed in this policy, the chart will be reviewed by the Director of Infection Control or designee to determine if the patient was transported by Emergency Response Employee.
2. If the patient was transported by ERE, the Director of Infection Control or designee will notify the Designated Officers (DO) of the ERE's organization in writing, that a possible exposure to an airborne disease has taken place. This notification will be made as soon as practicable but no later than 48 hours after the diagnosis is made.
3. The Director of Infection Control or designee will notify the ERE's DO that written notification has been sent.
4. The notification will include:
 - a. The name of the infectious disease involved.
 - b. The date on which the victim of the emergency involved was transported by ERE's to the facility.

Exposure Information Requests

1. When a request for a determination whether an ERE was exposed to a bloodborne or other disease listed in this policy is received from a Designated Officer, the Director of Infection Control or designee will:
 - a. Determine if there is sufficient information in the request to identify the patient suspected of having an infectious disease.
 - b. If the patient can be identified, the medical record will be reviewed for:
 - i. Results of tests diagnostic for any of the diseases listed in this policy.
 - ii. Sign or symptoms compatible with and of the diseases list in this policy.
 - iii. If the exposure involved blood or bloody fluid and the source patient is available, the source patient will be approached for HIV, HBV and HCV testing. Every attempt will be made to provide rapid HIV testing.
 - c. If it is determined that the patient is infected with any of the diseases listed in this policy, the Director of Infection Control or designee will review the information sent with the request to determine if the ERE was exposed.

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2. Determine whether the ERE was in circumstances in which there is a significant risk of becoming infected with the etiologic agent for the disease with which the patient is infected. Assess the following:
 - a. The nature of the risk (how the disease is transmitted);
 - b. The duration of the risk (how long is the carrier infectious);
 - c. The severity of the risk (what is the potential harm to others); and
 - d. The probabilities the disease will be transmitted and will cause varying degrees of harm.
3. If it is determined that the ERE was exposed, the Director of Infection Control or designee will notify the Designated Officer in writing as soon as is practicable, but not later than 48 hours after receiving the request, that the ERE was exposed to a listed disease. Every attempt will be made to do this within a 1-2 hour window to facilitate decision making for PEP.
4. If the information provided by the Designated Officer is insufficient to make a determination, the Director of Infection Control or designee must notify the Designated Officer in writing as soon as practicable but not later than 48 hours after receiving the request. Every attempt will be made to do this within a 1-2 hour window to facilitate decision making for PEP.
5. If it is determined that no exposure took place, the Director of Infection Control or designee will notify the Designated Officer as soon as practicable but not later than 48 hours after receiving the request. Every attempt will be made to do this within a 1-2 hour window to facilitate decision making for PEP.
6. If the victim that was transported by an ERE dies at or before reaching the facility, and the facility receives a request for exposure determination, the Director of Infection Control or designee will provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such a facility is a different medical facility.

Definitions:

Air Borne Diseases:

Uncommon or Rare Diseases:

Infectious Pulmonary Tuberculosis (*Mycobacterium tuberculosis*) diphtheria (*Corynebacterium diphtheriae*), Meningococcal disease (*Neisseria meningitidis*), Plague (*Yersinia pestis*), Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified (including acquired immunodeficiency syndrome (AIDS)

Policy Originator: Infection Control

Policy Collaborator(s): None