



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

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*Commissioner*

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OFFICE OF HEALTH  
SYSTEMS MANAGEMENT

Raymond Sweeney  
*Director*

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*Executive Deputy Director*

April 18, 1994

Dear Emergency Response Organization:

On April 20, 1994, implementing regulations for Title IV, Subtitle B of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Ryan White Act) P.L. 101-381, are effective. These federal regulations were published in the Federal Register on March 21, 1994 (59 F.R. 13418) and are enclosed. Medical facilities are required to evaluate and disclose relevant information concerning emergency response employee (ERE) exposure to specified airborne and bloodborne infectious diseases, including HIV. EREs are defined to include firefighters, law enforcement officers, emergency medical technicians, and other professional emergency responders, paid or volunteer.

Disclosure may be made only to designated officers of emergency response employees after a determination is made that the employee was exposed to an infectious disease listed in the federal regulations. **The information to be disclosed by the medical facility may not include patient name or address.** Disclosure of exposure to infectious diseases is mandated within 48 hours of receipt of a written request for information from the ERE's designated officer. Hospitals also have an affirmative responsibility to notify designated officers of a possible exposure to infectious pulmonary tuberculosis.

With respect to HIV, the federal law and regulations require medical facilities to respond to requests and to determine if an ERE is at significant risk of becoming infected with HIV. If such a risk exists, the facility shall review the medical record of the patient for laboratory tests and for signs or symptoms of the disease/infection. The federal law does not mandate HIV testing of patients. In those cases in which there is positive or negative evidence of possible HIV infection, the facility must advise the patient that federal law requires disclosure of the information to the requesting ERE through the designated officer (DO). Disclosure to the DO is required even without the patient's consent because the federal law and regulations preempt state laws and require medical facilities to disclose information. The result of the evaluation must be shared with the designated officer of the ERE. The New York State Public Health Law (PHL) requires that a statement prohibiting further redisclosure of confidential HIV information must accompany these disclosures to EREs. Unauthorized redisclosures, not in conformance with federal law, violate PHL Article 27-F.

Federal regulations also require that in the event the facility later determines that the patient has an infectious disease, it must so inform the designated officer. This requirement applies until discharge, or for 60 days post admission, whichever comes first.

In addition, upon the request of a designated officer of the ERE, a public health officer shall review those cases in which a facility states that the facts were insufficient to make a determination. The public health officer may then advise the designated officer concerning the collection of necessary information to establish risk of exposure or may resubmit the request to the facility. The public health officers shall be the local county or New York City health commissioner or director of public health in which the medical facility is located (see enclosed list).

The law establishes a federal administrative process for receiving and investigating possible violations of Subtitle B. Complaints regarding disclosure may be filed with the federal authorities. Consequently, these federal regulations should be carefully reviewed by your Chief Operating Officer and/or by the Board of your organization so that you understand how notification of exposure works, what your organizational responsibilities are, and what the health facility's responsibilities are.

The immediate effect on your organization is:

- a) You must identify a designated officer in your organization who will handle requests from EREs concerning potential exposure incidents;
- b) You should implement procedures by which EREs can make requests to designated officers and procedures to assist such officers in the evaluation of an exposure request. Information has been included with this letter to provide guidance on risk assessment.
- c) Any information on exposure must be held confidentially by the designated officer and should not be disclosed except to the ERE who suffered the exposure. Remember that any unauthorized redisclosure violates the Public Health Law. If an exposure is confirmed, EREs should be offered confidential medical evaluation and follow-up, as required by OSHA regulations.
- d) Requests for information should be directed to the Chief Operating Officer of the hospital, unless the hospital directs otherwise.

The Department of Health is required to select a designated officer for each emergency response organization. The chief operating officer of your agency is hereby selected. If you wish to appoint a different person for this sensitive position, you may do so. However, this person should have a medical background, e.g., physician, nurse, infection control officer. It is your responsibility to advise in writing the local hospitals you serve who your designated officer is and to update this information as necessary. We recommend placing the name of the D.O. on the patient care report/ambulance call report. The name/title of your designated officer should also be available to the Department upon request.

Please direct questions as follows:

- Emergency medical response organizations should contact the Department's Bureau of Emergency Medical Services at 518-474-2219.
- Police agencies should contact the Bureau of Municipal Police at 518-457-2667.
- Fire Departments should contact the Office of Fire & Prevention Control at 518-474-6746.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raymond Sweeney', with a long, sweeping horizontal line extending to the right.

Raymond Sweeney  
Director  
Office of Health Systems Management

Enclosures

- 1) Federal Regulations
- 2) Medical Assessment Information
- 3) List of Public Health Officers
- 4) Letter sent to Hospitals