20.2 Prehospital Personnel Exposure to Communicable Disease

Purpose: To provide a mechanism for Prehospital Personnel to obtain information and treatment concerning communicable disease exposures that is consistent with the Ryan White Act, the Russell Bill, the California Health and Safety Code, and Federal and State Occupational Health and Safety Agency (OSHA) standards.

Definitions:

Prehospital Personnel: Paramedics, Firefighters, Emergency Medical Technicians (EMT), Law Enforcement Officers (or any employee or volunteer legally involved in emergency medical services)

Designated Officer (D.O.): An employee designated by the hospital or prehospital agency to assist in providing information or treatment to Prehospital Personnel exposed to a communicable disease. At Harbor-UCLA this person is the Prehospital Care Coordinator (PCC) or Base Hospital (EMS) Medical Director.

Communicable Disease: Not limited to but including: Tuberculosis; Chicken Pox; Measles; Mumps; Hepatitis; HIV Infection (including AIDS); diphtheria; Meningitis (Neisseria meningitidis and Hemophilus influenza); Plague (Yersinia pestis); Hemorrhagic Fevers (Lassa Marburg, Ebola, Crimean-Congo); Rabies

Procedure:

I. The Prehospital Personnel will at the time of a communicable exposure notify the hospital Prehospital Care Coordinator or Base Hospital (EMS) Medical Director in person and/or in writing, using their Agency Communicable Disease Exposure and Notification Report Form.
20.0 PREHOSPITAL CARE

20.2 Prehospital Personnel Exposure to Communicable Disease – continued

II. The Prehospital Personnel and the Emergency Department Staff will obtain a Field Exposure Kit (located in the Radio Room) and then follow these guidelines.

A. When the receiving hospital determines that the prehospital personnel has received a communicable disease exposure:

1. If the Suspected Exposure does NOT include HIV/Hepatitis:
   a. The exposed prehospital personnel will immediately report the incident to the charge nurse who will arrange their registration.
   b. The ED staff will then provide appropriate evaluation and treatment for the communicable disease exposure.
   c. The ED resident and/or attending will complete a prehospital exposure to communicable disease form. (This form is located in the field exposure kit). The form should be placed in the paramedic radio room drop box.
   d. The exposed prehospital personnel will follow-up with their agency’s D.O. within 72 hours of the exposure.

2. If the suspected exposure is HIV and/or Hepatitis:
   a. The exposed prehospital personnel will immediately report the incident to the charge nurse who will arrange registration.
   b. The ED resident and/or attending will then evaluate the exposed personnel to determine the risk of HIV/Hepatitis exposure:
   c. For all exposures the ED resident and/or attending will contact the Allergy & Immunology consultant on-call (675942) to discuss the exposure risk and management options with the exposed prehospital personnel.
20.2 Prehospital Personnel Exposure to Communicable Disease – continued

d. The ED staff will obtain a hepatitis (immune panel) and HIV lab test on the exposed prehospital personnel. (HIV consent is required. Consent forms are located in the field exposure kit).
e. The ED resident/attending will contact the source patient’s physician (at Harbor this may be another ED physician).
f. If the source patient is known HIV positive then the source patient’s physician will notify the exposed personnel’s physician of the source patient’s HIV status.
g. If the source patient’s HIV status is unknown then the source patient’s physician will consent the patient and obtain serum for HIV and hepatitis (acute infection) lab tests. (HIV consent form must be signed by the patient or significant other. Forms are located in the field exposure kit).
h. The ED staff will list the Base Hospital (EMS) Medical Director (presently Marianne Gausche) as the physician ordering ALL labs. (This is to facilitate follow-up on lab results).
i. Based upon the current situation, the ED resident and/or attending, Allergy and Immunology consultant, and the exposed prehospital personnel will determine and provide the best management option for the prehospital personnel. These may include:

**LOW RISK:**
1. No therapy
2. Tetanus Booster (if > 10 years)
3. Hepatitis vaccine (if immunized)
4. Prehospital personnel to follow-up with their agency’s D.O. for further treatment and information.
20.0 PREHOSPITAL CARE

Effective: 8/94
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20.2 Prehospital Personnel Exposure to Communicable Disease - continued

**MODERATE TO HIGH RISK:**

1. No therapy (as per personnel exposed).
2. Tetanus booster (if >10 years).
3. HBIG and hepatitis vaccine (if not immunized).
4. Combination therapy for HIV prevention as specified and approved by the Allergy and Immunology Fellow.
5. Prehospital personnel to follow-up with their agency’s D.O. with 48 hours of the exposure.

j. The ED resident/attending will complete a prehospital exposure form (form located in the field exposure kit). The form will then be placed in the radio room drop box.

k. The base hospital (EMS) medical director or the prehospital care coordinator will follow-up with the lab results for the exposed prehospital personnel, and if appropriate the source patient. The Allergy and Immunology consultant (beeper 675942) will be contacted prior to scheduling of any appointment with that clinic. The following guidelines may be followed:

**Patient & Prehospital Personnel both HIV negative:** The Base Hospital (EMS) Medical Director will inform the exposed prehospital personnel.
20.2 Prehospital Personnel Exposure to Communicable Disease  - continued

**Patient-HIV Positive & Prehospital Personnel - HIV negative:** The Base Hospital (EMS) Medical Director will inform the prehospital personnel and their agency’s D.O., to advise them that one of their employees was exposed to an HIV positive patient. The prehospital personnel to follow-up with their agency’s D.O. The source patient will be informed of the results of the HIV test by the base hospital (EMS) physician (in conjunction with the attending of allergy and immunology), or the source patient’s physician. The source patient will be given an appointment for Allergy & Immunology Clinic new patient in 2 weeks as indicated.

**Patient-HIV negative & Prehospital Personnel - HIV positive:** The exposed prehospital personnel will receive HIV test results from the base hospital (EMS) medical director in conjunction with the attending of Allergy & Immunology. The exposed prehospital personnel will follow-up with their agency’s D.O. as indicated.

**Patient & Prehospital Personnel both HIV positive:** The source patient and the exposed prehospital personnel will be informed of their test results by the base hospital (EMS) medical director (in conjunction with the attending of allergy & immunology), or source patient physician. The source patient will be given an appointment for Allergy & Immunology Clinic new patient in 2 weeks as indicated. Follow-up with their agency’s D.O. will be arranged by the exposed prehospital personnel.
20.2 Prehospital Personnel Exposure to Communicable Disease - continued

3. If the patient expires at Harbor-UCLA:

   a. As indicated the exposed prehospital personnel will receive evaluation and treatment using the guidelines listed above.

   b. The hospital will not obtain HIV blood tests on the expired source patient (the agency’s D.O. may request this information from the Coroner’s Office).

   c. For special circumstances contact the base hospital (EMS) medical director or prehospital care coordinator.

III. Results of all tests will remain confidential. The base hospital (EMS) medical director will release positive or negative results of appropriate tests on the source patient without releasing identifying data on that patient to the agency’s D.O. (This is in order to assist the agency in providing optimal care of their employees).

IV. The base hospital D.O. will be responsible for releasing all requested exposure information within 48 hours of receipt or if sent by mail within 10 days.

V. All discussion with the patient and the exposed prehospital personnel will be documented in the medical record and the prehospital care exposure file. This file will be maintained confidentially in the prehospital care office.

VI. If the suspected exposure is not known at the time of transport – the base hospital D.O., once informed of the possible incident, will notify the exposed prehospital personnel immediately. Follow-up will then be provided according to Sections I-V of this policy.