

**CATSKILL REGIONAL MEDICAL CENTER
HARRIS, NY ** CALLICOON, NY**

Source: Epidemiology

Policy No: IC 1013

Approval: President/C.E.O.

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Category: Infection Control

Date of Origin: 2/83

Subject: Notifying Transporting Agencies of
Communicable Diseases
(Ryan White)

Date Reviewed: 6/83, 5/84,
1/85, 10/87, 12/94, 12/03, 6/09

Reference: Infection Control Committee 2/26/83
DOH Memo 84-94, NYS DPACS 08-06,
CDC Guidelines 11/92, 59 F.R. 13418 3/21/94
10 NYCRR 63.8 (m), DOH Update to IC Practitioners 2/09

Date Revised: 10/87, NYS
12/94, 6/09

PURPOSE:

To state the manner by which transporting agencies shall be notified of potentially dangerous communicable diseases.

POLICY:

**REPORTING SELECTED COMMUNICABLE DISEASES TO
EMERGENCY RESPONDERS:**

The Ryan White Comprehensive AIDS Resources Emergency Act includes provisions for notification of emergency response employees/volunteers (ERE) who may be exposed to selected communicable diseases while giving emergency care. A limited number of diseases are specified in this law. This policy also includes any disease designated by the Hospital Epidemiologist. The diseases listed below may have serious consequences for the ERE, and there are interventions available to prevent development of these diseases in the ERE or spread to others.

In the case of potential bloodborne pathogens, the ERE, or the agency/company's designated officer, or ERE's medical provider must notify CRMC and an investigation will be initiated. All inquiries by ERE/designated officers must be received no later than 30 days after discharge of the patient, or if the patient remains hospitalized at CRMC longer than 60 days, inquiries must be received within 90 days of the date of transport. For all other diseases, CRMC will notify the designated officer within 48 hours following the diagnosis.

DISEASES INCLUDED:

- | | | |
|----------------------|-------------------------|---|
| * Diphtheria | * HIV/AIDS | * Rabies |
| * Hemorrhagic Fevers | * Meningococcal disease | * Tuberculosis |
| * Hepatitis B | * Plague | * Any disease designated
by the Hospital
Epidemiologist |

PROCEDURE:

An incident report detailing the exposure, including witnesses to the incident, are to be kept on record with the Emergency Response Agency that the ERE belongs to.

If any risk of transmission/exposure exists, consent from the patient (DOH-2557) will attempt to be obtained allowing for the disclosure of the patient's medical information to ERE(s).

BLOODBORNE DISEASES: (Hepatitis B, HIV/AIDS):

1. The ERE(s), their medical provider or the CRMC receiving physician must notify Infection Control that a blood/body fluid exposure incident has occurred. Copies of the form have been sent to local emergency response agencies/companies and are available in the Emergency Department and the Trauma Admitting area. The ERE or their medical provider must make a written request for the release of the patients HIV status and a copy of the request will be placed in the ERE's medical record.
2. Infection Control personnel will review the case to determine if an exposure occurred and, if so, to what disease. If it is found that an exposure occurred or is likely to have occurred and the patient's HIV status is not known, authorization from the patient (DOH-4054) will be obtained for rapid HIV testing. The ERE will also voluntarily submit to an HIV test. If the ERE is known or found to be HIV positive prior to the release of the patients HIV status, there will be no disclosure of the patients HIV status.
 - a. The Infection Control Practitioner may consult with the SCPH to determine if a risk of transmission exists. If this is done, both the CRMC Infection Control Practitioner and the SCPH Director of Public Health Services must be in agreement for the information to be released.
3. Infection Control will notify the designated officer of the ERE's agency/company or their medical provider of the findings of the investigation within 48 hours of receipt of the form. A statement prohibiting re-disclosure will accompany all disclosed information. The patient's name will not be provided in the disclosure.

DISEASES OTHER THAN BLOODBORNE:

1. Upon obtaining a diagnosis of a disease listed above, other than hepatitis B or HIV/AIDS (which are addressed above), Infection Control personnel will review the chart to determine if the patient was brought to CRMC by EREs. If so, proper consent (DOH-2557) will be obtained from the patient for disclosure of their medical information.
2. A report will be sent to the designated officer of the ERE's agency/company or their medical provider within 48 hours. The patient's name will not be disclosed and a statement prohibiting re-disclosure will accompany the release of the patient's infection status.

Exceptions: If the patient or the patients designated health care proxy does not give consent to release his/her medical information, including HIV status, Title 10 NYCRR: Part 63.8 (m) should be enacted. If the ERE's medical provider or the CRMC Infection Control Practitioner or CRMC designated physician deem, in their professional judgement, that an exposure/risk of transmission has exists or is likely to have occurred the medical provider or Infection Control Practitioner may release the patient's HIV status. A statement prohibiting re-disclosure will accompany the release of HIV status.

POSSIBLE EXPOSURE OF EMERGENCY CARE RESPONDERS TO COMMUNICABLE DISEASES

Notification from Emergency Care Responder to Catskill Regional Medical Center

One or more employees (members) of this agency (company) believe that we may have been exposed to a communicable disease due to services rendered to (patient name/identifying information):

_____, who was transported to CRMC on
(date):_____.

The nature of my (our) contact was:

____ Shared air space

____ Blood or body fluids penetrated my (our) skin and/or splashed into my (our) mouth or eyes or onto an open wound or abrasion.

____ Other - describe: _____

Emergency response agency (company): _____

Address and Telephone: _____

Please investigate this matter and direct response to:

(PRINT name of designated officer):_____

Signature of person(s) submitting this form:_____

Date: _____

FOLLOWING COMPLETION OF THIS FORM, SEND TO:

Infection Control

Catskill Regional Medical Center

PO Box 800

Harris, NY 12742

Note: For mailing ease, fold so that the address on the back may be used.

For Infection Control Use Only

Received in Infection Control (date/time):_____

Additional Information requested/received:_____

Response sent (date/time): _____

By: _____