REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Occupational Exposure to an Infectious Disease
	Section: EMS Personnel
	Approved: EMS Medical Directors Consortium
	Effective: December 6, 2023

OCCUPATIONAL EXPOSURE TO AN INFECTIOUS DISEASE

I. PURPOSE

To define methods to protect EMS personnel from significant or high-risk occupational exposure to an infectious disease and notification of the EMS agency designated infection control officer (DICO) after exposure.

II. POLICY

A. OCCUPATIONAL EXPOSURE TO INFECTIOUS DISEASE

1. Initial and ongoing training in the types of available PPE and demonstrated proficiency in donning and doffing of PPE is critical to EMS personnel safety.

2. Prevention of exposures is critical. Extraordinary care should be used to prevent exposures from needles and other sharp instruments.

3. Per OSHA, best practices for preventing sharps and needlestick injuries include:

    a. Plan safe handling and disposal before any procedure.
    b. Use safe and effective needle alternatives when available.
    c. Use needles with engineered sharps injury protection (SESIPs).
    d. Always activate the device's safety features.
    e. Do not pass used sharps between workers.
    f. Do not recap, shear, or break contaminated needles.
    g. Immediately dispose of contaminated needles in in properly secured, puncture-resistant, closable, leak-proof, labeled sharps containers.
    h. Complete Bloodborne Pathogens training.

4. Appropriate barrier precautions should be used when cleaning, disinfecting, or disposing of contaminated equipment, supplies, and ambulance surfaces.

5. EMS personnel who have any areas of open skin from any cause shall have these areas covered with a moisture proof covering prior to any patient contact.

6. Significant blood or body fluid exposures for EMS personnel include blood, bloody saliva or urine, or amniotic fluid exposure to eyes, mucous membranes, non-intact skin or by needle stick or bites.

7. The exposed area should be irrigated or flushed with large amounts of water or saline.

8. The blood borne pathogen exposure (BBPE) should be reported to the EMS personnel's immediate supervisor as soon as possible.

9. When significant exposures have occurred, the involved EMS personnel should be evaluated by a physician **at the same Emergency Department where the source patient was transported**.

10. EMS personnel should be assessed regarding possibility of post-exposure prophylaxis or treatment depending on the agent and exposure. Post-exposure prophylaxis is seldom indicated with the exception of direct contact with patients confirmed to have Neisseria meningitidis or after a needle stick or other high-risk exposure to an HIV positive source patient. Prophylaxis may be considered in unprotected exposures to special pathogens in consultation with infectious disease experts.

11. EMS agencies should standardize pre-exposure immunization requirements for personnel in accordance with public health vaccination recommendations. It is recommended that EMS personnel have appropriate immunizations or knowledge of prior illness to the following: hepatitis B, measles, mumps, rubella, pertussis/whooping cough, chicken pox, tetanus, diphtheria, and polio.

12. Each EMS agency shall have a policy addressing infectious disease exposures. The policy should be available for review by the EMS Medical Director and the Illinois Department of Public Health (IDPH).

13. Each EMS agency should follow OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) as amended pursuant to the 2000 Needlestick Safety and Prevention Act, which is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens.

B. NOTIFICATION OF POTENTIAL EXPOSURE TO AN INFECTIOUS DISEASE

1. EMS personnel are considered "Emergency response employees (EREs)" and are at risk of exposure to potentially life-threatening infectious diseases through contact with patients during emergencies. Part G of the Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that medical facilities provide EREs with notification of when they may have been exposed to potentially life-threatening infectious diseases while transporting or serving patients in an emergency.

2. NIOSH (**National Institute for Occupational Safety and Health)** has developed a list of potentially life-threatening diseases, including emerging infectious diseases, to which EREs may be exposed while transporting or serving emergency patients taken to a medical facility (Table 1).

3. Medical facilities that receive and treat patients in an emergency or ascertain the cause of death are responsible for routinely notifying and responding to requests pertaining to any determinations that a patient in an emergency has a listed potentially life-threatening infectious disease, as described in the NIOSH guidelines.

4. When a medical facility determines that a patient in an emergency has a potentially life-threatening disease to which the ERE may have been exposed to (see Table 1 below), the medical facility shall, in writing, notify the ERE agency's designated infection control officer (DICO) no later than 48 hours after a confirmed diagnosis (in accordance with the Illinois Hospital Licensing Act, 210 ILCS 85/6.08)

5. If an ERE believes he or she has been exposed to any potentially life-threatening disease on the NIOSH list, and has transported, attended, treated, or assisted the patient pursuant to the emergency, the ERE may initiate a request for notification from the medical facility to which the patient was transported.

Table 1: NIOSH List of Potentially Life-Threatening Infectious Diseases to Which Emergency Response Employees May Be Exposed, by Exposure Type (https://www.cdc.gov/niosh/topics/ryanwhite/#table1)

ROUTINELY TRANSMITTED BY CONTACT OR BODY FLUID EXPOSURES	ROUTINELY TRANSMITTED THROUGH AEROSOLIZED AIRBORNE MEANS[1]	ROUTINELY TRANSMITTED THROUGH AEROSOLIZED DROPLET MEANS[2]	CAUSED BY AGENTS POTENTIALLY USED FOR BIOTERRORISM OR BIOLOGICAL WARFARE
• Anthrax, cutaneous (*Bacillus anthracis*) • Hepatitis B (HBV) • Hepatitis C (HCV) • Human immunodeficiency virus (HIV) • Rabies (Rabies virus) • Vaccinia (Vaccinia virus) • Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)[3]	• Measles (Rubeola virus) • Tuberculosis (Mycobacterium tuberculosis)—infectious pulmonary or laryngeal disease; or extrapulmonary (draining lesion) • Varicella disease (Varicella zoster virus)—chickenpox, disseminated zoster	• Diphtheria (Corynebacterium diphtheriae) • Novel influenza A viruses as defined by the Council of State and Territorial Epidemiologists (CSTE)[4] • Meningococcal disease (Neisseria meningitidis) • Mumps (Mumps virus) • Pertussis (Bordetella pertussis) • Plague, pneumonic (Yersinia pestis) • Rubella (German measles; Rubella virus) • SARS-CoV • COVID-19 (SARS-CoV-2)	These diseases include those caused by any transmissible agent included in the HHS Select Agents List . [5] Many are not routinely transmitted human to human but may be transmitted via exposure to contaminated environments. The HHS Select Agents List is updated regularly and can be found on the National Select Agent Registry Web site: http://www.selectagents.gov /