

IC-6 – First Responder or Funeral Service Worker Exposure to Infectious Disease(s)

Policy & Procedure

1. Any first responder¹ or funeral services worker² here forth referred to as “exposed” who believes he/she has suffered a significant exposure³ through contact with a patient⁴ may submit a written request to be notified of the presence of a contagious or infectious disease in the source patient and/or results of any test performed on the patient that determines the presence of a contagious or infectious disease⁵ NOTE: this policy applies to First Responder Departments under UH Med Control. (See Attachment A).
2. As required by Ohio Revised Code §3701.248, any UH system hospital is to respond to the exposed’s requests for information regarding the presence of contagious or infectious disease in a patient received by UH; or the results of any test performed on the patient to determine the presence of a contagious or infections disease.
3. A request for notification does not obligate a UH system hospital to conduct testing for a contagious or infectious disease.
4. Infection Control or designee notifies any first responder or funeral services worker who has been identified as having been exposed to a contagious or infectious disease during an exposure investigation, based on testing performed on the patient received by a UH system hospital.
5. Post-Exposure Follow Up:
 - 5.1. If the source patient is transported to a UH Emergency Department, the initial evaluation and treatment of the first responder, if indicated, is performed by Emergency Department staff and documented in the EMR.
 - 5.2. Source patient blood specimens will be drawn at this time.
 - 5.3. For exposure to Bloodborne Pathogens, the PreHospital Provider Exposure Protocol will be followed and is located on the DWP under Employee Health Needlestick/BBP.
 - 5.4. For exposures to other diseases as outlined in 3701-3-02.2 (See Attachment B) follow up will be provided by the facility providing treatment when a diagnosis is confirmed.
 - 5.5. The exposed is instructed to follow up with Occupational Health the next business day.

6. Request Process:

- 6.1. Complete the “First Responder or Funeral Services Worker Request for Information” (See Attachment C). The form is located on the DWP under Employee Health Needlestick/BBP Prehospital Provider Request for Information Form. ED staff can assist with obtaining this form.**
- 6.2. Fax the completed form to Occupational Health at the respective hospital or other location, as determined by the system entity. Fax numbers are on the form.**

7. Response/Notification:

- 7.1. Any notification to the exposed does not contain the name of the source patient.**
- 7.2. The request for notification is valid for 10 business days after it is made. If necessary, the request is renewed in accordance with the same procedures and requirements of the original request.**
- 7.3. Occupational Health/Infection Control will notify the exposed following determination of the presence of a contagious or infectious disease in the source patient, or after a confirmed positive test result, (See Attachment D)**
 - 7.3.1. Within two business days give verbal notification of this finding to the exposed and his/her supervisor.**
 - 7.3.2. Within three business days provide written notification to the exposed and his/her supervisor.**
- 7.4. The verbal notification and written response contains the following:**
 - 7.4.1. Name of the disease.**
 - 7.4.2. Its signs and symptoms.**
 - 7.4.3. Date of the exposure.**
 - 7.4.4. Incubation period.**
 - 7.4.5. Mode of transmission.**
 - 7.4.6. Medical precautions necessary to prevent transmission to other persons.**
 - 7.4.7. Appropriate prophylaxis, treatment for, and counseling about the disease.**
- 7.5. If the entity is unable to provide the requested information because the source patient has been transferred to another healthcare facility or has been discharged, as determined by the system entity, Infection Control or EMS liaison assists the exposed in locating the patient and securing the requested information from the health care facility that treated or is treating the patient**
- 7.6. If the source patient has died, as determined by the system entity, Infection Control or EMS liaison provides the exposed with the name and address of the coroner who received the patient.**
- 7.7. If at the end of the 10-day request period no test has been performed to determine the presence of a contagious or infectious disease, no diagnosis has been made, or the result of the test is negative, as determined by the system entity, Occupational Health, Infection Control, EMS liaison notifies the exposed accordingly.**

Attachments

- A. Departments under UH Medical Control**
- B. Contagious or Infectious Diseases Likely to be transmitted by Air or Blood.**
- C. Request for Information.**
- D. Response to First Responder or Funeral Service Worker Request**

- 1 "**Emergency medical service**": means any of the services described in sections [4765.35](#), [4765.37](#), [4765.38](#), and [4765.39](#) of the Ohio Revised Code that are performed by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics
- 2 "**Funeral services worker**": person licensed as funeral director or embalmer under Ohio Revised Code Chapter 4714 or an individual responsible for the direct final disposition of a deceased person
- 3 "**Significant exposure**":
 - A. Exposure to a contagious or infectious disease as listed in Attachment A.
 - B. A percutaneous or mucous membrane exposure to blood, semen, vaginal secretions; or spinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid of another person.
- 4 "**Patient**": A person, whether dead or alive, who has been treated, handled, or transported for medical care by an emergency medical services worker or a deceased person whose body is handled by a funeral services worker
- 5 "**Contagious or infectious diseases**": Diseases specified by the Ohio Administrative Code. See Attachment B.

Electronically approved by
Electronically approved by Tom Zenty – February 18, 2019
Electronically approved by Dr. William Brien – February 16, 2019

ATTACHMENT A

Ahuja Medical Center			
Aurora Fire Department	Highland Hills Fire Department	Orange Fire Department	Woodmere Fire Department
Bath Fire Department	John Carroll University EMS	Physician Ambulance	
Chagrin Falls Fire Department	Maecordia Fire Department	Richfield Fire Department	
Granger Township Fire Department	Menorah Park EMS	Sharon Township Fire Department	
Highland Heights Fire Department	North Randall Fire Department	Solon Fire Department	
Bedford Medical Center			
Bedford Fire Department	RTA		
Bedford Hts Fire Department	Reminderville Fire Department		
Chagrin SE Hazmat	SEALE SWAT		
Cuyahoga Valley National Park EMS	Streetsboro Fire Department		
Northfield Village Fire Department	Twinsburg Fire Department		
Oakwood Fire Department	Valley Fire District		
Cleveland Medical Center			
Case Western EMS	Heights Area Special Rescue		
Cleveland Hts Fire Department	Shaker Hts Fire Department		
East Cleveland Fire Department	University Hts Fire Department		
Conneaut Medical Center			
Conneaut Fire Department	North Kingsville Fire Department		
Kingsville Fire Department	Pierpont Fire Department		
Monroe Fire Department	Sheffield Township Fire Department		
Elyria Medical Center			
Amherst Fire Department	Elyria Township Fire Department	LifeCare Ambulance	
Avon Fire Department	Grafton Village Fire Department	Sheffield Township Fire Department	
Carlisle Township Fire Department	LaGrange Township Fire Department	Sheffield Village Fire Department	
Elyria Fire Department	Lorain County Community College		
Geauga Medical Center			
Aurburn Fire Department	Cortland Fire Department	Montville Fire Department	
Bazetta Fire Department	Farmington Fire Department	Munson Fire Department	
Bloomfield Fire Department	Fowler Township Fire Department	Newbury Fire Department	
Bristol Fire Department	Green Fire Department	Parkman Fire Department	
Burton Fire Department	Hambden Fire Department	Southington Fire Department	
Champion Fire Department	Johnston Township Fire Department	Thompson Drag Raceway	
Chardon Fire Department	Kinsman Fire Department	Thompson Fire Department	
Chardon Police Department	Lake County Bomb Squad	Troy Fire Department	
Chester Township Fire Department	Mantua-Shalersville Fire Department	Warren City Fire Department	
Community EMS District	Mecca Fire Department	Warren Township Fire Department	
Community Care Ambulance	Mesopotamia Fire Department	Windsor Fire Department	
Concord Fire Department	Middlefield Fire Department		
Geneva Medical Center			
Geneva Fire Department	Northwest Ambulance		
Geneva on the Lake Fire Department	Saybrook Fire Department		
Jefferson Fire Department	Trumbull Township Fire Department		
Madison Fire Department			
Parma Medical Center			
Brookview Hts Fire Department	North Royalton Fire Department		
Brooklyn Fire Department	Parma Fire Department		
Brooklyn Hts Fire Department	Parma Hts Fire Department		
Newburg Hts Fire Department	Seven Hills Fire Department		
Portage Medical Center			
Atwater Fire Department	Homeworth Fire Department	Paris Township Fire Department	
Beloit Fire Department	Jackson Township Fire Department	Randolph Fire Department	
Berlin Fire Department	Kent Fire Department	Ravenna City Fire Department	
Braceville Fire Department	Lexington Fire Department	Ravenna Township Fire Department	
Brimfield Fire Department	Lowelville Fire Department	Rootstown Fire Department	
Charlestown Fire Department	Marlboro Fire Department	Salem Fire Department	
Craig Beach Fire Department	Milton Fire Department	Sebring Fire Department	
Craig Beach Police Department	North East Ambulance	Stark FDRU	
Damascus Fire Department	Newton Falls Fire District	Suffield Fire Department	
Deerfield Fire Department	North Georgetown Fire Department	Washington Fire Department	
Edinburg Fire Department	Palmyra Fire Department	Windham Fire Department	
Richmond Medical Center			
Lincoln Electric			
Richmond Heights Fire Department			
Willoughby Hills Fire Department			
Willowick Fire Department			
St. John Medical Center			
Avon Lake Fire Department	Fairview Park Fire department	Rocky River Fire Department	
Bay Village Fire Department	North Olmstead Fire Department	Sheffield Lake Fire Department	
Eaton Township Fire Department	North Ridgeville Fire Department	Westlake Fire Department	
Ashland Samaritan Medical Center			
Ashland Fire Department	Jeromesville Fire Department	Orange Township Fire Department	
Ashland County Sheriff	Loudenville Fire Department	Polk-Jackson-Perry Fire and EMS	
Firelands Ambulance	Madison Twp Fire	Ruggies-Troy Volunteer Fire Department	
Green Perysville Joint Fire	Mifflin Community Vol Fire Department	Savannah Volunteer Fire Department	
Hayesville - Vermillion Fire Department	Mifflin Twp Fire Department		

ATTACHMENT B

(OAC 3701-3-02.2) Contagious or Infectious Diseases Likely to be transmitted by Air or Blood During the
Normal Course of a First Responder's Duties:

1. Crimean-Congo hemorrhagic fever;
2. Diphtheria;
3. Ebola hemorrhagic fever;
4. Fifth disease (human parvovirus infection);
5. Hansen disease (leprosy);
6. Acute or chronic infection with hepatitis B virus;
7. Acute or chronic infection with hepatitis C virus;
8. Infection with hepatitis D virus (delta hepatitis);
9. Human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS) ;
10. Infection with human t-lymphotropic virus (HTLV-1 and HTLV-2);
11. Lassa fever;
12. Leishmaniasis, visceral (Kala-Azar);
13. Leptospirosis;
14. Marburg hemorrhagic fever;
15. Measles (rubeola);
16. Meningococcal disease (Neisseria meningitidis);
17. Mumps (infectious parotitis);
18. Pertussis (whooping cough);
19. Pneumonic plague (Yersinia pestis);
20. Rabies;
21. Rubella (German measles);
22. Severe acute respiratory syndrome (SARS)
23. Tuberculosis; and
24. Varicella (herpes zoster) infection, including chickenpox and shingles.

In addition to the above, the Ryan White HIV/AIDS Treatment Extension Act 2009, Section 2695 of Part G (adapted from National Institute for Occupational Safety and Health) also includes the following contagious or infectious diseases those exposed must be notified of:

1. Anthrax, cutaneous (Bacillus anthracis)
2. Disseminated zoster
3. Novel Influenza A viruses
4. Vaccinia

ATTACHMENT C



UH EMPLOYEE/PRE-HOSPITAL PROVIDER REQUEST FOR INFORMATION

I. UH Employee/Pre-Hospital Provider Information

Name: _____ Home/Cell Phone: _____

Home Address: _____

Employer Name: _____ Work Phone: _____

Supervisor of injured worker: _____

II. Exposure Information

Exposure Date: _____ Exposure Time: _____ Exposure Location: _____

Manner of exposure: _____

III. Source Patient Information

Name of patient: _____ MRN: _____

Patient DOB: _____

Patient home address: _____

Signature: _____

UH Employee/Pre-hospital provider

IV. Injury assessment (To be completed by UH ED/Urgent Care Nurse)

Describe location of exposure and any physical findings: _____

Signature: _____

UH ED/Urgent Care Nurse

Date: _____

PLEASE FAX THIS INFORMATION TO THE LOCATION WHERE THE INDIVIDUAL WILL FOLLOW UP

*Pre-Hospital Providers must follow up at Occupational Health to process Worker's Comp claims

Ahuja 216-201-6642

*Geneva/Ashtabula 216-201-4012

*Beachwood 216-201-8316

*Parma 440-743-4940

Bedford 216-201-7348

*Portage 330-297-8561

*Cleveland 216-844-3990

Richmond 216-201-7372

Elyria 440-284-5510

*Samaritan 419-207-2640

*Geauga 440-285-6212

St. John 440-827-5547

MWF: S-drive \UH\EmployeePreHospitalProviderRequesttoInformationForm
01/2019 rev.

ATTACHMENT D

RESPONSE TO FIRST RESPONDER OR FUNERAL SERVICE WORKER REQUEST FOR NOTIFICATION

VERBAL NOTIFICATION GIVEN TO:

Name of Exposed: _____

Date: _____ Time: _____

By Whom: _____
(Signature/Title)

WRITTEN NOTIFICATION SENT TO FIRST RESPONDER AND SUPERVISOR:

Name of Exposed: _____ Supervisor: _____

Date: _____

Date and Type of Exposure: _____

Name of disease: _____

Incubation period: _____

Signs and symptoms: _____

Mode of transmission: _____

Precautions necessary to prevent transmission to others: _____

Prophylaxis and/or treatment (if applicable): _____

Other follow-up: _____

Person communicating information: _____
(Signature/Title)