



Stanislaus County

Emergency Medical Services Agency

POLICIES AND
PROCEDURES

POLICY: 955.10
TITLE: Significant Exposure Reporting for Stanislaus County

EFFECTIVE: 6/10/21
REVIEW: 6/2026
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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SIGNIFICANT EXPOSURE REPORTING FOR STANISLAUS COUNTY

- I. AUTHORITY
Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189
- II. DEFINITIONS
- A. “Aerosolized Transmittable Disease” means a disease that is transmissible by infectious particles or droplets through inhalation or direct contact with mucous membranes in the respiratory tract or eyes.
 - B. “Bystanders/Good Samaritans” is defined as someone who voluntarily helps someone else who is in distress.
 - C. “Health Facility” is any hospital authorized to receive patients from the EMS system.
 - D. “HIPAA” is The Health Insurance Portability and Accountability Act of 1996.
 - E. “Prehospital Emergency Medical Care Personnel” means any First Responder, Emergency Medical Technician, Paramedic, Registered Nurse, Mobile Intensive Care Nurse or Physician who functions as a part of the EMS system.
 - F. “Provider Agency” means an Agency that provides Prehospital Emergency Medical Care.
 - G. “Reportable disease or condition” or “a disease or condition listed as reportable” means those diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4 of Title 17 of the California Administrative Code, as may be amended from time to time.
 - H. “Significant Exposure” is defined as an unprotected exposure to blood or body fluid secretions or airborne or droplet contact.
 - I. “VRECC” is the Valley Regional Communications Center.
- III. PURPOSE
To provide a procedure to be followed when individuals are exposed to blood or body fluids or a known communicable disease.
- IV. POLICY
Pre-hospital individuals shall have access to appropriate follow-up information after reporting a potential significant exposure.

V. PROCEDURE

- A. Prehospital emergency medical care personnel who suspect that they have had a significant exposure shall immediately notify their appropriate supervisor and the emergency department of the receiving health facility and shall complete and submit a "Significant Exposure Reporting Form" (See example of Form attached to this policy). A separate report form must be completed for each agency. This form should also be used for bystanders/good samaritans who have a possible significant exposure.
1. Examples of exposure may include the following:
 - a. Close proximity to a person with suspected aerosolized transmittable disease without a protective mask; or
 - b. Blood or body fluid entering the responder's body by:
 - 1) Needle stick; or
 - 2) Laceration by contaminated object; or
 - 3) Mucous membrane or eyes; or
 - 4) Open wound or non-intact skin (e.g. rash from poison oak)
- B. The Significant Exposure Reporting Form shall be submitted to the health facility receiving the source patient as soon as possible; or to the Chief Medical Examiner/Coroner at the time of delivery of a deceased person. The completion of this form is the responsibility of the person/agency requesting notification.
- C. Timely delivery of this form to the Emergency Department receiving the source individual and the health facility treating the exposed individual may be accomplished in the following manner:
1. In person by the transporting ambulance personnel;
 2. By faxing it to the receiving and treating facility (alert the receiving and treating facility ED prior to faxing); or
 3. It may be hand delivered by the reporting party/agency.
- D. Once a Significant Exposure Reporting Form has been received by a health care facility (or the Chief Medical Examiner/Coroner in the event of a death), the health care facility will engage all appropriate internal policies and procedures dealing with significant exposures. The health care facility will follow-up with the reporting party/agency as soon as possible.
- E. Prehospital personnel should seek prophylactic medical treatment and/or advice per their agency/employer's policy. **Payment for any treatment/tests is the responsibility of the employing agency. Payment for medical expenses should be available through workers' compensation insurance.** Bystanders/good samaritans will be responsible for their own medical costs
- F. **Healthcare and other Medical facilities** that need to report a possible exposure, as outlined above, for any First Responder should utilize the following process:
1. Notify **VRECC Dispatch at 1-800-913-9113.**
 2. Tell the call taker that you have an exposure notification involving a First Responder.
 3. Date and time and location of the EMS Transport.
 4. PCR number if available.
 5. The contact information for the reporting facility.

- G. VRECC will notify the employer of the potentially exposed individual to contact the reporting facility's designated infection control representative for further information. Patient HIPAA information is generally not necessary for reporting, however occasionally requested to assist with identifying the correct incident.. VRECC will coordinate notification through other dispatch centers as appropriate in order to notify the First Responder's employer.
- H. Nothing in this policy shall be construed to authorize the disclosure of confidential medical information by the health facility or any of the prehospital emergency medical care personnel except as otherwise authorized by law.



Stanislaus County Emergency Medical Services Agency

EXPOSURE REPORTING FORM

Submit to Emergency Department (with patient if possible) or Coroner if appropriate.

ED: Please forward (fax) to Infection Control Immediately

Coroner: Please forward (fax) to Public Health

Reporting Agency: _____

Unit #: _____

Agency Contact Person (Designated Officer): _____

Telephone #: _____

Agency Address: _____

Form completed by: _____

Date submitted: _____

Date exposure took place: _____

Individuals exposed:
(contamination)

Nature of Exposure: (airborne or droplet or body fluid)

Details of exposure: _____

Source Patient name: _____ Transported to: _____

For Hospital Use Only

No infectious disease documented as identified or suspected

Recommendations/Comments: _____

Follow-up with Public Health Department required: YES _____ NO _____

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Initial follow-up with reporting agency

Name of person notified: _____

Date: _____

Time: _____

Hospital Infection Control Practitioner (signature): _____

Date: _____

Deputy Coroner * (signature): _____

Date: _____

* If patient is deceased and not transported to health care facility.

Facility Phone Numbers

Hospital	ED Phone	ED Fax	Infection Control Phone	Infection Control Fax
DMC	209-576-3883	209-576-3927	209-576-3793	209-576-3910
EMC	209-664-2792	209-664-2797	209-664-2606	209-664-2316
MMC	209-569-7600	209-571-3342	209-672-0275	209-572-7017
OVHD	209-848-4144	209-847-6920	209-848-4154	209-845-9160
KMC	209-735-6862		209-665-5068	209-735-3299
Stanislaus County Health Department			209-558-5678	