

## Out of Hospital Care Provider Policy

**Title:** Ryan White Act Policy - Airborne Diseases

**Effective Date:** February 1, 1995

### **POLICY:**

This policy addresses issues affecting the Erie County Medical Center as mandated by The Ryan White Comprehensive Aids Resources Emergency (CARE) Act (Pub. L. 101-381) (Attachment A).

Implementation of this policy is effective immediately.

Notification of firefighters, law enforcement officers, paramedics, emergency medical technicians, and other individuals (including employees of legally organized and recognized volunteer organizations, without regard to whether such employees receive nominal compensation) who, in the course of professional duties, respond to emergencies in the geographic area involved are included in this policy. This policy does not include notification of corrections officers or other emergency response employees of jails, prisons or similar penal institutions.

The Office of Prehospital Care, Department of Emergency Medicine at the Erie County Medical Center will maintain a database of all relevant reporting employers of Emergency Response Employees (EREs) and their respective Designated Officers as designated by the New York State Public Health Officer. At a minimum this will include addresses and emergency contact telephone numbers for each of these employers and Designated Officers.

The Infection Control Coordinator or designee will notify via telephone initially (Attachment B), and then in writing (Attachment C), the Prehospital Care Coordinator, Office of Prehospital Care, Department of Emergency Medicine or designee of the patient name, hospital number, date of admission/care, name of the infectious disease involved and any other relevant information immediately upon identification and/or diagnosis of any inpatient or outpatient of the Erie County Medical Center diagnosed with:

Infectious pulmonary tuberculosis (*Mycobacterium tuberculosis*) and/or suggestion of  
Mycobacterium tuberculosis on acid-fast bacilli (AFB) smear, or  
Diphtheria (*Corynebacterium diphtheriae*), or  
Meningococcal disease (*Neisseria meningitidis*), or  
Plague (*Yersinia pestis*), or  
Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other potentially  
airborne viruses yet to be identified), or  
Rabies

The Infection Control Coordinator or designee will be notified by the Director of Outpatient Services or designee about all outpatients diagnosed with any of these conditions, as per departmental infection control guidelines regarding reporting of communicable diseases. The

Prehospital Care Coordinator or designee will immediately investigate whether any EREs were exposed to the patient. The Prehospital Care Coordinator will then immediately notify the Designated Officer(s) of all potentially exposed EREs via telephone. The name of the infectious disease involved and the date on which the victim of the emergency involved was transported by emergency response employee(s) to the ECMC will be reported. This notification will be documented. No patient identification information will be released. This notification should be within 48 hours after diagnosis of the communicable disease.

The Prehospital Care Coordinator will also send via certified return receipt US mail written notification (Attachment D) and a self-addressed return postcard (Attachment E). A copy of the notification letter and returned postcard, as well as any other relevant documentation, will be maintained on file by the Office of Prehospital Care.

## Attachment B

### OFFICE OF PREHOSPITAL CARE CONTACT PERSONS:

Scott R. Wander, EMT-P  
Coordinator  
Office of Prehospital Care  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215  
Office # 898-3725  
Pager # 643-3015

Jason J. Miles, EMT-I  
Assistant Coordinator  
Office of Prehospital Care  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215  
Office # 898-4715  
Pager # 460-2031

Christopher P. Zak, BA, EMT-P  
Director  
Office of Prehospital Care  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215  
Office # 898-3580  
Pager # 642-6700

Cara Raczka  
Administrative Assistant  
Office of Prehospital Care  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215  
Office # 898-3525

Direct notification of a representative of the Office of Prehospital Care by the Infection Control Coordinator or Designee should be made initially by telephone according to the above hierarchy.

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**Attachment C**

**ERIE COUNTY MEDICAL CENTER  
INFECTION CONTROL DEPARTMENT**

**EXPOSURE REPORTING FORM  
(RYAN WHITE LAW)**

DATE: \_\_\_\_\_ TYPE OF EXPOSURE: \_\_\_\_\_

PATIENT: \_\_\_\_\_  
ADM.NO: \_\_\_\_\_  
DATE OF ADM: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
SERVICE: \_\_\_\_\_

DATE OF CULTURE/AFB SMEAR (circle) \_\_\_\_\_  
SITE \_\_\_\_\_  
CULTURE RESULTS \_\_\_\_\_

DATE INFECTION CONTROL NOTIFIED BY LAB: \_\_\_\_\_

DATE INFECTION CONTROL NOTIFIED BY  
OUTPATIENT CLINIC: \_\_\_\_\_

DATE OFFICE OF PREHOSPITAL CARE  
NOTIFIED BY INFECTION CONTROL: \_\_\_\_\_

PHONE REPORT TO: \_\_\_\_\_  
BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment D**

**Designated Officer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

Dear Designated Officer:

On / / a patient was transported to the Erie County Medical Center by at least one of your Emergency Response Employees. This patient was subsequently diagnosed with the following condition(s):

Infectious pulmonary tuberculosis (*Mycobacterium tuberculosis*)  
and/or found to have sputum containing acid-fast bacilli, or  
Diphtheria (*Corynebacterium diphtheriae*), or  
Meningococcal disease (*Neisseria meningitidis*), or  
Plague (*Yersinia pestis*), or  
Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and  
other potentially airborne viruses yet to be identified), or  
Rabies

\_\_\_\_\_ previously spoke  
(Name) (Title)

with you on / / regarding this issue.

You should consider determining whether your Emergency Response Employees were indeed exposed. Emergency Response Employees who are at significant risk should be considered for a postexposure evaluation by a capable health care provider. The Erie County Medical Center, Department of Emergency Medicine and I remain available to assist you in any way with this matter.

Please sign, date and return the enclosed postcard within 10 days to signify your receipt of this letter. Also please investigate and notify the Designated Officer(s) of any other Emergency Response Employee(s) who may also have been exposed (e.g., first response prehospital care providers, police officers, and the like).

We regret any inconvenience or undo stress this may cause. However, we believe that caring for ourselves must be paramount to providing quality prehospital care. I remain available any time to address your comments, questions, concerns or suggestions. I can be contacted through MERS Control at 898-3696.

Sincerely,

Anthony J. Billittier IV, M.D.  
Assistant Professor  
Medical Director Prehospital Care  
Erie County Medical Center

Enclosure

cc: Christopher Zak, BA, EMT-P

Scott Wander, EMT-P, Jason Miles, AS, EMT-I

## Attachment E

I have received a letter dated    /    /    from Dr. Anthony J. Billittier IV, M.D. notifying me that at least one of my Emergency Response Employees may have been exposed to an airborne infectious disease (e.g., tuberculosis). I will investigate this matter further; and I will consider offering a postexposure medical evaluation for each ERE found to have been exposed. I will also investigate and notify the Designated Officer(s) of any other ERE(s) who may have also been exposed (e.g., first response prehospital care providers, police officers, and the like).

\_\_\_\_\_  
Designated Officer Name

\_\_\_\_\_  
EMS Agency Name

\_\_\_\_\_  
Designated Officer Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS POSTCARD WITHIN 10 DAYS.**