

**CHAPTER 555. NOTIFICATION OF COMMUNICABLE DISEASE RISK EXPOSURE**

"Unofficial Version"

## Section

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[**Authority:** Oklahoma State Board of Health; 63 O.S. 2001, Sections 1-104, 1-502, 1-502.1(B), 1-502.2 and 1-502.3]

[**Source:** Codified 12-31-1991]

**310:555-1-1. Purpose**

The rules in this Chapter implement a system of notification for risk exposures which are capable of transmitting an occupational risk disease to health care workers, emergency responders, and funeral workers. The employers of those classes of workers are required by federal OSHA standards (29 CFR Part 1910.1030) to have management policies and systems to handle such exposures. Only workers at health care facilities have access to patient charts and laboratory results; further, these facilities have systems to handle such exposures. Therefore, in order to facilitate access to source patient information, the notification system established in this Chapter shall apply to risk exposures to health care workers, emergency responders and funeral workers occurring outside of employment at a health care facility.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 1041, eff 5-13-2004]

**310:555-1-2. Definitions**

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Designee providing post-exposure follow-up"** means any person authorized by law and designated by the employer to be responsible for counseling the exposed health care worker, emergency responder or funeral worker regarding the potential risks, need for further evaluation, testing and treatment, and communicating source patient test results. Examples would be case managers, occupational health practitioners, infection control practitioners, etc. This person should be current with the latest issues regarding occupational exposures and are responsible to comply with 63 O.S. Supp. 2001, Section 1-502.1 et seq.

**"Emergency responder"** means fire fighters, certified or designated first responders, emergency medical technicians and peace officers.

**"Funeral worker"** means any person who prepares a corpse for burial or other disposition.

**"Health care facility"** means any hospital, medical center, clinic, medical examiner, ambulatory surgical center, home care agency, hospice, nursing facility, assisted living facility and residential care facility or other inpatient or outpatient health care supplier to which a source patient is transported after a risk exposure.

**"Health care facility designated person"** means the person authorized by law and designated by the health care facility to be responsible for following up reported risk exposures.

**"Health care worker"** means any health care facility employee, physician, nurse or other health care provider whose job activities involve contact with patients or with any blood or body fluids from patients in an inpatient or outpatient health care facility, including the patient's home.

**"Licensed health care professional"** means a physician, a registered nurse, or a physician assistant (PA).

**"Occupational Risk disease"** for the purpose of these rules, are those infectious diseases which are transmitted from person-to-person by close or intimate contact with blood or body secretions and which may pose an occupational risk to emergency responders, health care workers, and funeral workers. Such diseases include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), meningococcus, measles, pertussis and tuberculosis.

**"Potentially infectious body fluids"** means blood or blood products; semen or vaginal secretions; pleural, synovial, cerebrospinal, pericardial, peritoneal and amniotic fluids; any fluid visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**"Risk exposure"** means an exposure which has been epidemiologically demonstrated to pose a risk for transmission of an occupational risk disease. Such an exposure would include a parenteral (e.g. needle stick or cut), permucosal (e.g. mouth-to-mouth resuscitation or splash to the eye or mouth) exposure to blood or other body fluids, or contact with blood to skin which is chapped, abraded or afflicted with dermatitis or exposure to respiratory secretions.

**"Source patient"** means the person to whom the health care worker, emergency responder, or funeral worker has had a risk exposure.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 239, eff 11-6-2003 (emergency); Amended at 21 Ok Reg 1041, eff 5-13-2004]

**310:555-1-3. Applicability**

The notification system established in this Chapter shall apply to employers of health care workers, emergency responders and funeral workers for risk exposures not occurring during employment at a health care facility.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 1041, eff 5-13-2004]

**310:555-1-4. Notification system**

(a) Any health care worker, emergency responder or funeral worker who sustains a risk exposure, not occurring during employment at a health care facility, is responsible for immediately reporting that exposure. To initiate this notification system, the exposed worker shall complete Part I of the OSDH Communicable Disease Risk Exposure Report Form (ODH #207) and submit it to their employer or employer's designated person.

(b) The employer shall be responsible for having the circumstances of the exposure reviewed by a licensed health care professional to determine if a risk exposure occurred. The licensed health care professional should use guidelines of the Centers for Disease Control and Prevention to make this determination.

(c) If the licensed health care professional determines that a valid risk exposure has occurred, then the employer shall be responsible to submit within 24 hours of exposure, if possible, the Risk Exposure Report to:

- (1) The health care facility's designated person at the institution to which the source patient was transported, or
- (2) The source patient's attending physician, if the source patient was being cared for outside of a health care facility, or
- (3) The health care facility that last had responsibility for a deceased source patient, such as hospital of death, medical examiner or attending physician.

(d) The health care facility or the source patient's attending physician, if the source patient was being cared for outside of a health care facility, shall be responsible for designating an appropriate person authorized by law (and at least one back-up person) to provide confidential follow-up of the Risk Exposure Report. Follow-up should include:

- (1) Review of the source patient's medical record and consultation with the patient's attending physician to determine if the patient is known to have an occupational risk disease or if the source patient has risk factors for HBV, HCV, and/or HIV infection.
- (2) Testing of the source patient for HBV, HCV and/or HIV should be pursued upon request of the exposed worker's employer under the following conditions:

(A) the health care facility has been provided with a completed written report of occupational exposure utilizing ODH Form 207, and

(B) ODH Form 207 has been signed by a licensed health care professional verifying that a risk exposure to the source patient's blood or other potentially infectious body fluid has occurred. In accordance with 63 O.S. 2001, Section 1-502.3(A), testing of a source patient's blood may be performed

(i) with their written consent,

(ii) without consent when ODH Form 207 is presented to the health care facility as noted above, or

(iii) upon court order.

(3) The source patient's blood, whenever available, shall be submitted for testing within 24 hours after ODH Form 207 has been received. When Rapid HIV Testing of the source patient is available and appropriate, efforts shall be made to have these results communicated to the health care facility's designated person immediately. All other test results shall be communicated to the health care facility's designated person within the next 5 days. In some instances, special arrangements (e.g., telephone call) may need to be made in order to have results within 5 days.

(4) Positive test results for HIV, HBV, and HCV from source patients should be made available by the health care facility designee immediately, and not more than 24 hours of receipt of the results to the physician or designee providing post-exposure follow-up to the exposed worker named on ODH Form 207. In addition, the health care facility designated person may (without consent) release the results of the source patient's HIV, HBV and HCV tests to:

(A) the source patient (and his/her physician);

(B) the exposed worker named on ODH Form 207; and/or

(C) Oklahoma State Department of Health.

(e) The health care facility designated person shall complete Part II of the Risk Exposure Report and mail it to the Oklahoma State Department of Health within six (6) working days.

(f) The physician or designee providing post-exposure follow-up to the exposed worker shall be responsible for ensuring the exposed worker has been informed whether or not he or she has been exposed to an occupational risk disease and make recommendations for appropriate follow-up.

(g) All reasonable costs associated with follow-up and testing of the source patient or exposed worker(s) as directed by these rules shall be paid by the exposed worker's employer, unless such costs to the source patient are borne by other payment sources.

(h) All information on the OSDH Risk Exposure Report shall be strictly confidential in accordance with applicable state laws.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 239, eff 11-6-2003 (emergency); Amended at 21 Ok Reg 1041, eff 5-13-2004]