

# Infectious Diseases Exposure Of Emergency Service Workers To Infectious Diseases Protocol

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***November 25, 2008***

# Overview of Presentation

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# Purpose

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- Emergency service workers (ESWs) are notified by the medical officer of health (MOH) or designate, in the event that s/he may have been exposed to an infectious disease of public health importance, so that appropriate action can be taken.
- Designated officers are able to obtain advice from the boards of health (BOH) through the MOH or designate regarding possible exposure(s) of ESWs to infectious diseases of public health importance.

# Requirements Listed in Standard

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## Standard:

- Infectious Diseases Prevention and Control

## Requirements:

- Requirement #7: The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the *Health Protection and Promotion Act*, the *Mandatory Blood Testing Act*, the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).

# Protocol Highlights

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- Business as usual (e.g. follow up with contacts).
- Applies to all infectious diseases of public health importance.

# Protocol Highlights

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## **Board of Health shall:**

- Have an on-call system for receiving and responding to reports of infectious diseases of public health importance on a 24 hours per day, 7 days per week (24/7) basis.
- Have MOH/designate available 24/7 to receive, assess and respond to reports of possible ESW exposure as soon as possible, not later than 48H\* after notification.
- Consider potential ESW exposure when all infectious diseases of public health importance are received and assessed.

*\* may be sooner depending on situation*

# Protocol Highlights

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## **Board of Health shall:**

- Request designated officer (DO) contact for each emergency service in health unit.
- Advise DO regarding possible ESW exposure identified via contact tracing, during course of work, and actions to be taken.

# Protocol Highlights

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## **Board of health actions in response to DO incident report:**

- Review and assess provided information.
- Obtain additional information on case, as necessary.
- Inform DO as soon as possible and no later than 48H after notification of advised actions to be taken (e.g. access medical care, degree of risk from exposure, use of Personal Protective Equipment (PPE), training, etc.).
- Follow up with DO to find out what actions were taken.

If disagreement between DO and MOH/designate, DO may refer to Chief Medical Officer of Health/designate.

# Cross References

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- None

## Supporting Documentation

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- Preventing and Assessing Occupational Exposures to Selected Communicable Diseases - Information Manual for Designated Officers, November 1994 (to be revised and re-issued 2009).

## Highlights/Discussion

Notification of Emergency Services Workers Protocol, 1994	Exposure Of Emergency Service Workers To Infectious Diseases Protocol, 2008
Outlines roles and responsibilities for boards of health, emergency services, designated officers and the emergency service worker	Specifies BOH role, responsibilities and requirements under the authority of the Health Protection and Promotion Act, R.S.O., 1990
Specifies “illnesses spread by the respiratory route such as meningococcal meningitis”, “active TB” and refers to actions to be taken re: contingency plan for viral haemorrhagic fevers	Refers to all infectious diseases of public health importance

## Questions & Answers

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- **Q: Will the "Preventing and Assessing Occupational Exposures to Selected Communicable Diseases - Information Manual for Designated Officers, November 1994" be updated?**

**A:** Yes, this resource document will be revised to reflect current terminology (e.g. routine practices versus universal precautions) and will include the updated Protocol.

- **Q: Why does the 2008 Protocol only specify board of health (BOH) roles, responsibilities and requirements whereas the 1994 Protocol outlines the roles and responsibilities of BOH's, emergency services, designated officers and the emergency service worker him/herself?**

**A:** The 2008 Protocol specifies BOH roles, responsibilities and requirements as outlined in the *Health Protection and Promotion Act*.

## Questions & Answers

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- **Q: The 1994 Protocol refers to a few diseases. Will the 2008 Protocol cover the same diseases?**

**A:** No. The 2008 Protocol refers to all Infectious diseases of public health importance including, but are not limited to, those specified reportable diseases as set out by Regulation 559/91 (as amended) under the *Health Protection and Promotion Act* and include zoonotic diseases. Emerging infectious diseases may be considered of public health importance based on a variety of criteria including their potential for preventability or public health action, seriousness of their impact on the health of the population and potential spread.

- **Any additional questions?**

# Acknowledgements

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- Infectious Diseases Branch, Ministry of Health and Long-Term Care
- Public Health Standards Branch, Ministry of Health and Long-Term care

## Contact Information

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### **For further inquiries, please contact:**

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