

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES ADMINISTRATION**

**CHAPTER 1200-14-5
PROCEDURES FOR NOTIFYING EMERGENCY RESPONSE
WORKERS OF EXPOSURE TO CERTAIN COMMUNICABLE DISEASES**

TABLE OF CONTENTS

1200-14-5-.01	Introduction	1200-14-5-.05	Determining Exposure
1200-14-5-.02	Definitions	1200-14-5-.06	Procedure for Requesting Medical Records
1200-14-5-.03	Appointment of Designated Exposure Control Officers for ERE Employers	1200-14-5-.07	Confidentiality of patient information
1200-14-5-.04	Potentially life-threatening diseases to which ERE's may be exposed	1200-14-5-.08	Testing Restrictions
		1200-14-5-.09	Failure to Provide Emergency Services

1200-14-5-.01 INTRODUCTION

- (1) During the course of providing emergency medical care or emergency public safety services, if an Emergency Response Employee experiences a direct threat of a significant risk of exposure to a potentially life-threatening infectious disease, the Emergency Response Employee may submit a request for a determination as to whether the ERE has been exposed to an infectious disease as defined herein during the course of normal authorized job duties.
- (2) The term "Emergency Response Employees (ERE's)" includes firefighters, first response workers, paramedics, emergency medical technicians, and volunteers making an authorized emergency response who respond to emergencies.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, and 68-10-117. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.02 DEFINITIONS

- (1) "Aerosol" means small particles of matter that float on air currents.
- (2) "Airborne Transmission" means person-to-person transmission of an infectious agent by an aerosol.
- (3) "Bloodborne Transmission" means person-to-person transmission of an infectious agent through contact with an infected person's blood.
- (4) "County medical examiner" means any licensed physician appointed or employed by the county governing body to act in that capacity.
- (5) "Designated Exposure Control Officer" means an individual designated by an ERE employer to manage exposure determinations.
- (6) "Emergency" means an injury or illness perceived to need immediate medical care in order to prevent loss of life, limb, significant body function or aggravation of illness or injury.
- (7) "Emergency Response Employees" (ERE's) means firefighters, paramedics, emergency medical technicians, first response workers, and volunteers making an authorized emergency response during the course of normal, authorized job duties.

(Rule 1200-14-5-.02, continued)

- (8) "Employer of Emergency Response Employee" means an entity which employs individuals or utilizes volunteers who in the course of professional duties and exercising principles and skills for emergency medical care or emergency public safety activities respond to emergencies.
- (9) "Exposed" means with respect to HIV disease or any other infectious disease, to be in circumstances in which there is a direct threat of significant risk of becoming infected with the etiologic agent for the disease involved.
- (10) "Exposure" incorporates the definition of "exposure" as defined by the Occupational Safety and Health Agency in its Bloodborne Pathogens Standard (29 CFR 1910.1030): "specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- (11) "Health care facility" means any entity, agency, institution, facility, or place, whether publicly or privately owned or operated, which provides health services or which maintains medical records, including, but not limited, to the Department of Health or the local health departments.
- (12) "Health care provider" means an individual who is licensed, certified, or otherwise authorized by virtue of education and training to provide health care to someone who suffers illness or injury.
- (13) "Local health officer" means a physician employed by the State or a metropolitan Department of Health at the regional health department level.
- (14) "Patient" means a person experiencing an emergency who has been aided by an Emergency Response Employee and has been transported to a medical facility.
- (15) "Potentially life-threatening infectious disease" means an infectious disease that can cause death in a healthy, susceptible host.
- (16) "Responding agency" means the same as "An employer of Emergency Response Employees."
- (17) "Routinely transmitted by aerosol" means a disease that is usually transmitted through the air.
- (18) "Significant Risk" means a finding of facts relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, about:
 - (a) the nature of the risk (how the disease is transmitted);
 - (b) the duration of the risk (how long an infectious person may be infectious);
 - (c) the severity of the risk (what is the potential harm to others); and
 - (d) the probabilities the disease will be transmitted and will cause varying degrees of harm.
- (19) "Victim" means any individual suffering an illness or injury, regardless of whether the injury was accidental or intentional.
- (20) "Volunteer personnel or volunteer" means a person, operating under the direction of an Emergency Response Employer, who provides emergency medical care or emergency public

(Rule 1200-14-5-.02, continued)

safety services without expectation of remuneration, who does not receive payment for services rendered, and who does not depend on the provisions of emergency care for their livelihood or a substantial portion of their livelihood.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-10-117, 68-140-202 (5), and 68-140-502. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.03 APPOINTMENT OF DESIGNATED EXPOSURE CONTROL OFFICERS

- (1) ERE employers shall designate an individual to serve as a Designated Exposure Control Officer for the purpose of managing exposure determinations. Preference should be given to individuals who are trained in the provision of health care or the control of infectious diseases.
- (2) ERE employers shall publish and implement policies and procedures to stipulate how ERE's may submit exposure determination requests to the Designated Exposure Control Officer, as well as publish and implement policies and procedures specifying how the Designated Exposure Control Officer is to proceed in processing the request. All such policies and procedures shall be consistent with T.C.A. 68-10-117 and all laws pertaining to medical records.
- (3) A county medical examiner may be designated to serve as a Designated Exposure Control Officer.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-10-117, 68-140-509 and 68-140-518. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.04 POTENTIALLY LIFE-THREATENING DISEASES TO WHICH ERE'S MAY BE EXPOSED

- (1) Airborne Diseases: 1) Infectious pulmonary tuberculosis (disease caused by Mycobacterium tuberculosis),
- (2) Bloodborne Diseases: 1) Hepatitis B and (2) Human Immunodeficiency Virus (HIV) infection (including the Acquired Immunodeficiency Syndrome or AIDS).

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-10-117, 68-140-509, and 68-140-158. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.05 DETERMINING EXPOSURE

These diseases include, but are not limited to, the following:

- (1) Airborne Diseases.
 - (a) Occupational exposure to airborne pathogens may occur when an ERE shares air space with a patient who has an infectious disease caused by an agent communicable by airborne transmission.
- (2) Bloodborne Diseases.
 - (a) Occupational exposure to bloodborne pathogens may occur as the result of contact during the performance of normal job duties with blood or other body fluids to which universal precautions apply. When ERE's have contact with body fluids under emergency circumstances in which differentiation between fluid types is difficult, if not impossible, all body fluids are considered potentially hazardous.

(Rule 1200-14-5-.05, continued)

- (b) Universal Precautions, as outlined in “Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety-Workers”, as produced by the Centers for Disease Control Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers, [Morbidity and Mortality Weekly Report 23 June 1989, 38 (S-6)] are recommended for all ERE’s to reduce the risk of exposure to bloodborne pathogens.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-10-117, 68-140-509, and 68-140-518. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.06 PROCEDURE FOR REQUESTING MEDICAL RECORDS

- (1) An ERE may submit a request for a determination as to whether the ERE has been exposed to an infectious disease as defined herein during the course of assigned job duties. The request shall be submitted to the ERE employer’s Designated Exposure Control Officer (DECO), or county medical examiner.
- (2) The Designated Exposure Control Officer (DECO) or county medical examiner is responsible for collecting the facts regarding the circumstances of the potential exposure, as well as evaluating the situation to determine whether or not exposure could have occurred. If a significant exposure clearly and unquestionably occurred, the ERE should be referred promptly to his/her private health provider for proper evaluation and management.
- (3) If the Designated Exposure Control Officer or county medical examiner determines that exposure could possibly have occurred, that individual will send to any relevant medical facility or health care provider a signed written request for assistance in determining whether or not the ERE has been exposed to one or more of the diseases described in section 1200-14-5-.04 of these rules in the course of providing services for the named injury or illness victim. If the DECO or county medical examiner cannot determine the risk of exposure, the local health officer should be consulted for assistance in making such determination. All such requests shall be kept confidential by the recipient of the request.
- (4) Upon receipt of a proper request in writing for patient information needed to determine if the victim had such infection and could have transmitted it to the ERE, a medical facility or health care provider shall provide the information to the requesting authority no later than 48 hours after receipt of the request. The information which may consist of a summary statement of facts or a valid copy of pertinent components of existing records shall be marked “confidential”.
- (5) When replying to an exposure determination request, the response of the medical facility or the health care provider shall contain the name of the infectious disease to which exposure may have occurred and the date on which the potentially infectious patient was a patient of the facility or the provider.
- (6) The DECO or county medical examiner shall inform the requesting ERE of the nature of the risk of exposure or infection and recommend appropriate follow-up action.
- (7) Any costs related to the provision of the requested medical information shall be paid by the entity for which the ERE was performing the emergency services.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-5-103, 68-10-109, and 68-10-117. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.07 CONFIDENTIALITY OF PATIENT INFORMATION

- (1) Nothing in these rules shall be interpreted to mean that patient information may be released by an ERE, a Designated Exposure Control Officer, a County Medical Examiner, a medical facility, a health care provider, or a public health officer without the patient's written consent.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-5-103, 68-10-113, 68-10-117, and 68-140-518. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.08 TESTING RESTRICTIONS

- (1) Nothing in these rules shall be interpreted as authorization for a medical facility or health care provider to conduct testing for any infectious disease or any victim of an emergency without the patient's written consent. If a patient refuses consent for testing, the attempt to obtain consent should be documented.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-9-104, 68-10-109, 68-10-117, and 68-140-511(8). **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.

1200-14-5-.09 FAILURE TO PROVIDE EMERGENCY SERVICES

- (1) Nothing in these rules shall be interpreted as authorization for any ERE to fail to respond or to deny services to any victim of an emergency.

Authority: T.C.A. §§4-3-1803(1),(10), 4-5-209, 68-10-117, and 68-140-511. **Administrative History:** Original rule filed August 4, 1998; effective October 18, 1998.