

Exposure of Emergency Service Workers to Infectious Diseases Protocol

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)¹ to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

The purpose of this protocol is to ensure that:

- Emergency service workers (ESWs) are notified by the medical officer of health 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 boards of health through the medical officer of health or designate regarding possible exposure(s) of ESWs to infectious diseases of public health importance.

This protocol replaces the roles, responsibilities, and requirements of boards of health found in the *Notification of Emergency Service Workers Protocol, 1994*.

This protocol does not address requirements of boards of health under the Mandatory Blood Testing Act, 2006 (MBTA)², which is administered by the Ministry of Community Safety and Correctional Services. This protocol addresses responsibilities of boards of health with regard to notifying ESWs of possible exposures to infectious diseases of public health importance where:

- Diseases are not limited to those named under the MBTA² (it is currently restricted to hepatitis B, hepatitis C and HIV); or
- An ESW has not made an application under the MBTA², but the board of health and/or medical officer of health or designate suspects that an ESW may have been exposed to an infectious disease of public health importance.

Reference to the Standards

The table below identifies the OPHS standard and requirement to which this protocol relates.

Standard	Requirement
Infectious Diseases Prevention and Control	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 <i>Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008</i> (or as current); the <i>Infectious Diseases Protocol, 2008</i> (or as current); the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current); and the <i>Public Health Emergency Preparedness Protocol, 2008</i> (or as current).

1) Operational Roles and Responsibilities

- a) The 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 a week (24/7) basis.
- b) The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive and respond to reports of infectious diseases of public health importance in accordance with this protocol to ensure that:
 - i) Reports of a possible exposure of an ESW are received, assessed, and responded to as soon as possible, but not later than 48 hours (depending on situation and disease, response may be required sooner) after receiving notification; and
 - ii) Reports of all infectious diseases of public health importance are received and assessed, with particular consideration given to potential exposures of ESWs.
- c) The board of health shall contact emergency services in their health unit and request that they identify designated officers for their respective emergency service (i.e., police, firefighters, ambulance) in order to facilitate the exposure notification process.
- d) The board of health* shall advise designated officers in their health unit regarding the possible exposure of an ESW to an infectious disease of public health importance when made aware by:
 - i) Having the medical officer of health or designate actively seek out contacts of cases with infectious diseases of public health importance, even if a designated officer has not contacted the medical officer of health or designate regarding the possible exposure and no application has been made by an individual under the MBTA²;
 - ii) Informing the respective designated officer that an ESW might have been exposed to an infectious disease of public health importance during his/her work. This is not dependent on laboratory confirmation – e.g., the case can exhibit clinical signs and symptoms of a particular infectious disease; and
 - iii) Informing the designated officer regarding any specific actions to be taken based on the designated officer's report, including advising ESWs to seek medical attention and the initiation of post-exposure prophylaxis if applicable.
- e) When a designated officer makes an incident report of a possible exposure to an infectious disease of public health importance to the board of health, the board of health shall:
 - i) Review and assess the information provided;
 - ii) Contact health care facilities and other persons (e.g., infection control practitioners and/or attending physicians) to obtain additional information on the specific case, as necessary, based on the assessment of the incident by the medical officer of health, or designate; and
 - iii) Inform the designated officer as soon as possible and no later than 48 hours after receiving notification (depending on the disease) of advised actions to be taken, including accessing medical care by the ESW.
 - Advice shall include, but is not limited to assessing the possible risk of occupational exposure and setting standards of practice, appropriate use of personal protective equipment, training for employees to prevent possible exposures; and
 - Follow up with the designated officer to ascertain what action has been taken.
- f) In the event that there is a disagreement between the designated officer and the medical officer of health or designate regarding a possible exposure, the designated officer may refer the matter to the Chief Medical Officer of Health or designate.

* A decision by the board of health to contact the designated officer can be made on a case-by-case basis, based on clinical assessment which could include, but is not limited to degree of risk, type of exposure, etc.