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| <p><b>Name of Policy:</b> <u>Disclosure and Testing for Communicable Diseases To Members of Law Enforcement Funeral Service Workers and Emergency Care Workers</u></p> <p><b>Policy Number:</b> 3364-109-SUR-001</p> <p><b>Department:</b> Infection Prevention and Control<br/>Medical Staff<br/>Hospital Administration</p> <p><b>Approving Officer:</b> Chair, Infection Control Committee<br/>Chief of Staff<br/>Chief Medical Officer</p> <p><b>Responsible Agent:</b> Infection Preventionist</p> <p><b>Scope:</b> The University of Toledo Medical Center and its Medical Staff</p> |  <p><b>Effective Date:</b> 09/01/2023<br/>Initial Effective Date: 1/31/1990</p> |
| <p> <input type="checkbox"/> New policy proposal                      <input type="checkbox"/> Minor/technical revision of existing policy<br/> <input type="checkbox"/> Major revision of existing policy                      <input checked="" type="checkbox"/> Reaffirmation of existing policy </p>  |  |

**(A) Policy Statement**

Law Enforcement, Funeral Service Workers and Emergency Care Workers (ECW) who believe they have had a significant exposure to communicable diseases during the performances of their professional duties have the right to obtain information regarding the presence of a contagious or infectious disease from the health care facility to which the patient was transported.

**(B) Purpose of Policy**

To comply with Ohio law which provides for the rights of exposed workers, who have sustained an exposure to contagious or infectious disease, and to facilitate appropriate medical management.

**(C) Procedure**

- (1) Exposed workers who believe they have suffered significant exposure through contact with a patient who has been transported to University of Toledo Medical Center will contact the Infection Prevention and Control (IPC) Department to request in writing, to be notified of the results of any test performed on the patient to determine the presence of a contagious or infectious disease. These include but are not limited to: Meningitis, HIV, Hepatitis B and C, and Tuberculosis.
- (2) The written request will include:
  - (a) Name, address and contact information of the exposed worker submitting the report
  - (b) Exposed workers employer or other associated entity they were representing
  - (c) Date, time, location, and manner of exposure
  - (d) Name, address, date of birth or other identification of the patient involved
- (3) The IPC staff will contact the exposed worker to determine what potential exposure occurred and to review the occupational exposure form submitted.
- (4) The IPC staff will verify if the patient was treated at the University of Toledo Medical Center and verify diagnosis, testing, and results.

