

Final Notice: Provisions of Section 411 of the **Ryan White** Comprehensive AIDS Resources Emergency (CARE) Act Regarding Emergency Response Employees

Section 411 of the **Ryan White** Comprehensive AIDS Resources Emergency (CARE) Act (Pub. L. 101-381), amends the Public Health Service Act to include provisions regarding emergency response employees (sections 2681-2690 of the PHS Act, 42 U.S.C. 300ff-81 to 300ff-90). This notice sets forth the final list of diseases; final guidelines describing circumstances under which exposure to infectious diseases may occur; and final guidelines for determining whether an exposure to such a disease has occurred, as required under section 411 of the Act. The final list of diseases and guidelines incorporate comments received by CDC in the draft list and guidelines (57 FR 54794, November 20, 1992). The list of diseases and guidelines are effective on March 21, 1994. All other provisions of section 411 of the Act are effective on April 20, 1994.

CDC will continue to monitor the scientific literature on infectious diseases. If new information becomes available that suggests that additional infectious diseases should be added to the list of diseases contained here, CDC will amend the list.

Dated: March 15, 1994.

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Statutory citations within this notice are to the Title 42 of the U.S. Code.

Part I. Definitions

Aerosol. Small particles of matter that float on air currents.

Airborne transmission. Person-to-person transmission of an infectious agent by an aerosol.

Bloodborne transmission. Person-to-person transmission of an infectious agent through contact with an infected person's blood.

Designated Officer of Emergency Response Employees. An individual designated under 42 U.S.C. 300ff-86 by the public health officer of the State involved (42 U.S.C. 300ff-76).

Emergency. An emergency involving injury or illness (42 U.S.C. 300ff-76).

Emergency response employees (EREs). Firefighters, law enforcement officers,

paramedics, emergency medical technicians, and other persons (including employees of legally organized and recognized volunteer organizations, without regard to whether such employees receive nominal compensation) who, in the course of professional duties, respond to emergencies in the geographic area involved (42 U.S.C. 300ff-76).

Employer of Emergency Response Employee. An organization that, in the course of professional duties, responds to emergencies in that geographic area involved (42 U.S.C. 300ff-76).

Exposed. With respect to HIV disease or any other infectious disease, to be in circumstances in which there is a significant risk of becoming infected with the etiologic agent for the disease involved (42 U.S.C. 300ff-76).

Medical Facility. Any facility that receives victims of emergencies who are transported to the facility by emergency response employees.

Patient. A victim of an emergency who has been aided by an Emergency Response Employee and has been transported to a medical facility.

Potentially life-threatening infectious disease. An infectious disease that can cause death in a healthy, susceptible host.

Routinely transmitted by aerosol. A disease that is usually transmitted via the aerosol route.

Secretary. The Secretary of the Department of Health and Human Services as this term is used in Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-80 through 42 U.S.C. 300ff-90).

Significant Risk. 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 infected 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.

Part II. List of Potentially Life-Threatening Infectious Diseases to Which Emergency Response Employees Can be Exposed

In developing the list of infectious diseases to which EREs can be exposed, CDC used the following criteria:

1. The disease is potentially life-threatening, i.e., it carries a significant risk of death if acquired by a healthy, susceptible host, and

2. The disease can be transmitted from person to person.

A. Airborne Diseases

Infectious pulmonary tuberculosis (*Mycobacterium tuberculosis*)

B. Bloodborne Diseases

1. Hepatitis B
2. Human immunodeficiency virus infection (including acquired immunodeficiency syndrome [AIDS])

C. Uncommon or Rare Diseases

1. Diphtheria (*Corynebacterium diphtheriae*)
2. Meningococcal disease (*Neisseria meningitidis*)
3. Plague (*Yersinia pestis*)
4. Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
5. Rabies

Part III. Guidelines for Determining Exposure

A. Circumstances Under Which Exposure can Occur

1. Airborne Diseases

Infectious pulmonary tuberculosis (*Mycobacterium tuberculosis*)

Occupational exposure to airborne pathogens may occur when an ERE shares air space with a patient who has an infectious disease caused by an airborne pathogen.

2. Bloodborne Diseases

Human immunodeficiency virus infection (including acquired immunodeficiency syndrome [AIDS])
Hepatitis B

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 EREs 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. 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, are recommended for all EREs to reduce the risk of exposure to bloodborne pathogens. In the Occupational Safety and Health Administrations Bloodborne Pathogens Standard, an exposure incident is defined as a "specific eye, mouth, 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." Bloodborne pathogens are defined therein as "pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not

limited to, hepatitis B virus (HBV) and human immunodeficiency virus

These precautions, and other provisions of the Occupational Safety and Health Administration (OSHA) rule governing occupational exposure to bloodborne pathogens (29 CFR 1910.1030), may be mandatory for some EREs, depending upon whether they are employed in the public or private sector and whether the State in which they are employed has an approved occupational safety and health plan. Employers covered under the OSHA Bloodborne Pathogens Standard should comply with provisions contained in the standard when there is an exposure incident or a breach of universal precautions.

Also, it is recommended that workers with occupational exposure to blood be vaccinated with hepatitis B vaccine (see Addendum B).

3. Uncommon or Rare Diseases

Diphtheria (*Corynebacterium diphtheriae*)

Meningococcal disease (*Neisseria meningitidis*)

Plague (*Yersinia pestis*)

Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)

Rabies

While person-to-person transmission of pathogens in this category is rare or theoretical, infection with any of these pathogens could be life-threatening. Under special circumstances, *Corynebacterium diphtheriae*, *Neisseria meningitidis*, and *Yersinia pestis* could be transmitted to EREs by direct contact with droplets from the respiratory tract of infected persons. However, such transmission is rare. Person-to-person transmission of plague, for example, has not been documented since 1924. Hemorrhagic fever viruses are primarily bloodborne pathogens, but none occur naturally in the U.S. Any suspected importation of these infectious agents are thoroughly investigated by the Public Health Service.

B. Guidelines for Determining Exposure to an Airborne Infectious Disease Listed in Part II

Under section 300ff-82, if it is determined that a patient has an airborne infectious disease, the medical facility must notify the Designated Officer of the EREs who transported the patient as soon as practicable but not later than 48 hours after the determination has been made.

C. Guidelines for Determining Exposure to a Bloodborne or Other Infectious Disease Listed in Part II

1. Under section 300ff-83(a), an ERE may submit a request for a determination whether he or she was exposed to an infectious disease.

2. Upon receipt of such a request from an ERE, under section 300ff-83 (b) and (c) the Designated Officer must:

a. Collect facts relating to the circumstances under which the ERE may

have been exposed to an infectious disease, and

b. Evaluate the facts and determine if the ERE would have been exposed to an infectious disease (see Part III.A.).

c. If the Designated Officer determines that the ERE may have been exposed to an infectious disease, he or she must send to the medical facility to which the patient was transported a signed written request, along with the facts collected, for a determination of whether the ERE was exposed to a listed disease.

3. When a medical facility receives such a request, under section 300ff-83(d), it must:

a. Determine if there is sufficient information in the request to identify the patient suspected of having an infectious disease

b. If the medical facility can identify the patient in question, medical records should be reviewed for:

(i) Results of tests diagnostic for any of the diseases listed in Part II.

(ii) Signs or symptoms compatible with any of the diseases listed in Part II.

c. If it is determined that the patient is infected with any of the diseases listed in Part II, the medical facility must review the information sent with the request to determine if the ERE was exposed.

(i) In determining whether the ERE was exposed, the medical facility should consider whether, based on the facts, the ERE was in circumstances in which there is a significant risk of becoming infected with the etiologic agent for the disease with which the patient is infected;

(ii) In determining whether there was a significant risk of the ERE becoming infected with the etiologic agent for the disease with which the patient is infected, the medical facility should consider:

(a) The nature of the risk (how the disease is transmitted),

(b) The duration of the risk (how long is the carrier 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.

(iii) Under section 300ff-83(e), if a determination of exposure is made, the medical facility must notify the Designated Officer in writing as soon as practicable, but not later than 48 hours after receiving the request, that the ERE was exposed to a listed disease.

(iv) If the information provided by the Designated Officer is insufficient to make a determination, the medical facility must so notify the Designated Officer in writing as soon as practicable but not later than 48 hours after receiving the request.

(v) Under section 300ff-83(g), if the Designated Officer receives notice of insufficient information, he or she may request the public health officer for the community in which the medical facility is located to evaluate the request and the medical facility's response. The public health officer must then evaluate the request and the medical facility's response and report his or her findings to the Designated Officer as

soon as practicable but not later than 48 hours after receiving the request.

(a) If the public health officer finds the information provided is sufficient to make a determination of exposure, he or she must submit the request to the medical facility.

(b) If the public health officer finds the information provided was insufficient to make a determination of exposure, he or she must advise the Designated Officer about collecting more information. If sufficient facts are subsequently collected by the Designated Officer, the public health officer must resubmit the request to the medical facility.

D. References

In making determinations or evaluations described in this Part, the Designated Officer, the medical facility, or the public health officer may use standard medical references or the latest edition of *The Control of Communicable Diseases in Man*. Additional references are listed in Addendum C.

Part IV. Implementation of the Law

A. By April 20, 1994, State public health officers must have selected persons to serve as Designated Officers of EREs for each employer of EREs in their States. In the selection of Designated Officers, the State public health officer shall give preference to individuals who are trained in the provision of health care or the control of infectious diseases (section 300ff-86).

B. By April 20, 1994, medical facilities must have in place procedures for:

1. Notifying Designated Officers within 48 hours of any instances in which it is known that a patient who has been transported to the medical facility is infected with an airborne disease listed in Part II (section 300ff-82(a) and (b)).

2. Responding within 48 hours to written requests from Designated Officers for determination of possible exposure to diseases listed in Part II (section 300ff-83(e)).

C. By April 20, 1994, ERE employers must have in place procedures by which EREs can make requests of Designated Officers and procedures by which the Designated Officers would make appropriate disposition of such requests (section 300ff-83(a)).

D. By April 20, 1994, local health agencies must have in place procedures for handling requests for evaluations from Designated Officers (section 300ff-83(g)).

E. By April 20, 1994, the Secretary of Health and Human Services will:

1. Send copies of the list of potentially life-threatening diseases and the exposure guidelines to State public health officers requesting appropriate distribution (section 300ff-81(c)(1)).

2. Make copies of the list and guidelines available to the public (section 300ff-81(c)(2)).

3. Have in place procedures for receiving and handling allegations of violations of the exposure notification process (section 300ff-89(b)).

Addendum A

Background--Text of Sections 2681-2690 of the PHS Act as amended by Pub. L. 101-381 (42 U.S.C. 300ff-81 to 300ff-90. References are to Title 42 U.S.C.). (Published for informational purposes only)

SUBPART II--Notifications of Possible Exposure to Infectious Diseases

SEC. 300ff-81. Infectious Diseases and Circumstances Relevant to Notification Requirements.

(a) In General.--Not later than 180 days after the date of the enactment of the **Ryan White** Comprehensive AIDS Resources Emergency Act of 1990, the Secretary shall complete the development of--

(1) A list of potentially life-threatening infectious diseases to which emergency response employees may be exposed in responding to emergencies;

(2) Guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

(3) Guidelines describing the manner in which medical facilities should make determinations for purposes of Section 300ff-83(d).

(b) Specification of Airborne Infectious Diseases.--The list developed by the Secretary under subsection (a)(1) shall include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

(c) Dissemination.--The Secretary shall--

(1) Transmit to the state public health officers copies of the list and guidelines developed by the Secretary under subsection (a) with the request that the officers disseminate such copies as appropriate throughout the states; and

(2) Make such copies available to the public.

Sec. 300ff-82. Routine Notifications With Respect to Airborne Infectious Diseases in Victims Assisted.

(a) Routine Notification of Designated Officer.

(1) Determination by Treating Facility.--If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

(2) Determination by Facility Ascertaining Cause of Death.--If a victim of an emergency is transported by emergency response employees to a medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

(b) Requirement of Prompt Notification.--With respect to a determination described in paragraph (1) or (2), the notification required

in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

Sec. 300ff-83. Request for Notifications with Respect to Victims Assisted.

(a) Initiation of Process by Employee.--If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties described in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

(b) Initial Determination by Designated Officer.--The duties referred to in subsection (a) are that--

(1) The designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of Section 300ff-81(a), the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such Section.

(c) Submission of Request to Medical Facility.--

(1) In General.--If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

(2) Form of Request.--A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

(d) Evaluation and Response Regarding Request to Medical Facility.--

(1) In General.--If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included on the list issued under paragraph (1) of Section 300ff-81(a), as indicated by the guidelines issued under paragraph (2) of such Section.

(2) Notification of Exposure.--If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

(3) Finding of no Exposure.--If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

(4) Insufficient Information.--(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the facts are insufficient to make the determination described in such paragraph, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of the facts.

(B)(i) If a medical facility finds in making a determination under paragraph (1) that the facility possesses no information on whether the victim involved has an infectious disease included on the list under Section 2681(a), the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of such medical information.

(ii) If after making a response under clause (i) a medical facility determines that the victim involved has an infectious disease, the medical facility shall make the determination described in paragraph (1) and provide the applicable response specified in this subsection.

(e) Time for Making Response.--After receiving a request under subsection (c) (including any such request resubmitted under subsection (g)(2)), a medical facility shall make the applicable response specified in subsection (d) as soon as is practicable, but not later than 48 hours after receiving the request.

(f) Death of Victim of Emergency.--

(1) Facility Ascertaining Cause of Death.--If a victim described in subsection (a) dies at or before reaching the medical facility involved, and the medical facility receives a request under subsection (c), the medical facility shall provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such facility is a different medical facility than the facility that received the original request.

(2) Responsibility of Facility.--Upon the receipt of a copy of a request for purposes of paragraph (1), the duties otherwise established in this subpart regarding medical facilities shall apply to the medical facility ascertaining the cause of death of the victim in the same manner and to the same extent as such duties apply to the medical facility originally receiving the request.

(g) Assistance of Public Health Officer.--

(1) Evaluation of Response of Medical Facility Regarding Insufficient Facts.--

(A) In the case of a request under subsection (c) to which a medical facility has made the response specified in subsection (d)(4)(A) regarding the insufficiency of facts, the public health officer for the community in which the medical facility is located shall evaluate the request and the response, if the designated officer involved submits such documents to the officer with the request that the officer make such an evaluation.

(B) As soon as is practicable after a public health officer receives a request under paragraph (1), but not later than 48 hours

after receipt of the request, the public health officer shall complete the evaluation required in such paragraph and inform the designated officer of the results of the evaluation.

(2) Finding of Evaluation.--

(A) If an evaluation under paragraph (1)(A) indicates that the facts provided to the medical facility pursuant to subsection (c) were sufficient for purposes of determinations under subsection (d)(1)--

(i) The public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

(ii) The medical facility shall provide to the designated officer the applicable response specified in subsection (d).

(B) If an evaluation under paragraph (1)(A) indicates that the facts provided in the request to the medical facility were insufficient for purposes of determinations specified in subsection (c)--

(i) The public health officer shall provide advice to the designated officer regarding the collection and description of appropriate facts; and

(ii) If sufficient facts are obtained by the designated officer--

(I) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

(II) The medical facility shall provide to the designated officer the appropriate response under subsection (c).

Sec. 300ff-84. Procedures for Notification of Exposure.

(a) Contents of Notification to Officer.--In making a notification required under section 300ff-82 or section 300ff-83(d)(2), a medical facility shall provide--

(1) The name of the infectious disease involved; and

(2) The date on which the victim of the emergency involved was transported by emergency response employees to the medical facility involved.

(b) Manner of Notification.--If a notification under Section 300ff-82 or Section 300ff-82(d)(2) [sic] is mailed or otherwise indirectly made--

(1) The medical facility sending the notification shall, upon sending the notification, inform the designated officer to whom the notification is sent of the fact that the notification has been sent; and

(2) Such designated officer shall, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated officer has received the notification.

Sec. 300ff-85. Notification of Employee.

(a) In General.--After receiving a notification for purposes of section 300ff-82 or 300ff-83(d)(2), a designated officer of emergency response employees shall, to the extent practicable, immediately notify each of such employees who--

(1) Responded to the emergency involved; and

(2) As indicated by guidelines developed by the Secretary, may have been exposed to an infectious disease.

(b) Certain Contents of Notification to Employee.--A notification under this subsection to an emergency response employee shall inform the employee of--

(1) The fact that the employee may have been exposed to an infectious disease and the name of the disease involved;

(2) Any action by the employee that, as indicated by guidelines developed by the Secretary, is medically appropriate; and

(3) If medically appropriate under such criteria, the date of such emergency.

(c) Responses Other Than Notification of Exposure.--After receiving a response under paragraph (3) or (4) of subsection (d) of section 300ff-83, or a response under subsection (g)(1) of such section, the designated officer for the employee shall, to the extent practicable, immediately inform the employee of the response.

Sec. 300ff-86. Selection of Designated Officers.

(a) In General.--For the purposes of receiving notifications and responses and making requests under this subpart on behalf of emergency response employees, the public health officer of each state shall designate 1 official or officer of each employer of emergency response employees in the state.

(b) Preference in Making Designations.--In making the designations required in subsection (a), a public health officer shall give preference to individuals who are trained in the provision of health care or in the control of infectious diseases.

SEC. 300ff-87. Limitations With Respect to Duties of Medical Facilities.

The duties established in this subpart for a medical facility--

(1) Shall apply only to medical information possessed by the facility during the period in which the facility is treating the victim for conditions arising from the emergency, or during the 60-day period beginning on the date on which the victim is transported by emergency response employees to the facility, whichever period expires first; and

(2) Shall not apply to any extent after the expiration of the 30-day period beginning on the expiration of the applicable period referred to in paragraph (1), except that such duties shall apply with respect to any request under section 300ff-83(c) received by a medical facility before the expiration of such 30-day period.

Sec. 300ff-88. Rules of Construction.

(a) Liability of Medical Facilities and Designated Officers.--This subpart may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, or any designated officer, for failure to comply with the duties established in this subpart.

(b) Testing.--This subpart may not, with respect to victims of emergencies, be construed to authorize or require a medical facility to test any such victim for any infectious disease.

(c) Confidentiality.--This subpart may not be construed to authorize or require any medical facility, any designated officer of emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to any emergency response employee.

(d) Failure to Provide Emergency Services.--This subpart may not be construed to authorize any emergency response

employee to fail to respond, or to deny services, to any victim of an emergency.

Sec. 300ff-89. Injunctions Regarding Violation of Prohibition.

(a) In General.--The Secretary may, in any court of competent jurisdiction, commence a civil action for the purpose of obtaining temporary or permanent injunctive relief with respect to any violation of this subpart.

(b) Facilitation of Information on Violations.--The Secretary shall establish an administrative process for encouraging emergency response employees to provide information to the Secretary regarding violations of this subpart. As appropriate, the Secretary shall investigate alleged such violations and seek appropriate injunctive relief.

Sec. 300ff-90. Applicability of Subpart.

This subpart shall not apply in a state if the chief executive officer of the state certifies to the Secretary that the law of the state is in substantial compliance with this subpart.

Effective Date.--Sections 300ff-80 and 300ff-81 of part E of title XXVI of the Public Health Service Act, as added by subsection (a) of this section, shall take effect upon the date of the enactment of this Act. Such part shall otherwise take effect upon the expiration of the 30-day period beginning on the date on which the Secretary issues guidelines under section 300ff-81(a).

(See 300ff-80 Note in Title 42 of the United States Code)

Addendum B

Excerpts Concerning Hepatitis B Vaccination

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 1989; 38 (supplement no. S-6).

Emergency medical workers have an increased risk for hepatitis B infection . . . The degree of risk correlates with the frequency and extent of blood exposure during the conduct of work activities. A few studies are available concerning risk of HBV infection for other groups of public-safety workers (law-enforcement personnel and correctional-facility workers), but reports that have been published do not document any increased risk for HBV infection . . . Nevertheless, in occupational settings in which workers may be routinely exposed to blood or other body fluids as described below, an increased risk for occupational acquisition of HBV infection must be assumed to be present.

Occupational Safety and Health Administration's Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR Part 1910.1030.

(f) Hepatitis B vaccination and post-exposure evaluation and follow-up--

(1) General.

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure . . .

(ii) The employer shall ensure that . . . the hepatitis B vaccine and vaccination series

and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee.

(3) Post-exposure Evaluation and Followup. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(v) Counseling.

Addendum C

References

General:

Benenson AS (ed). Control of communicable diseases in man. Washington, D.C.: The American Public Health Association, 15th edition, 1990.

For hepatitis B and human immunodeficiency virus:

CDC. Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers. MMWR 1989; 38 (supplement no. S-6).

Occupational Safety and Health Administration. Occupational exposure to bloodborne pathogens: final rule. 29 CFR Part 1910.1030. Federal Register, December 6, 1991.

For tuberculosis:

American Thoracic Society/Centers for Disease Control.

Diagnostic standards and classification of tuberculosis. Amer Rev Resp Dis 1009;142:725-35.

American Thoracic Society/Centers for Disease Control. Control of tuberculosis. Amer Rev Resp Dis. 1983;128:336-342.