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Cc:

Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR)

Subject:

219 - Implementation of Section 2695 of Public Law 111-87 Comments

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Comments

Comments submitted to CDC Docket # NIOSH-219 related to Implementation of Section 2695 (42 USC 300ff-131) of Public Law 111-87: Infectious Diseases and Circumstances Relevant to Notification Requirements.

The National Association of State EMS Officials, through its Medical Directors Council, submits the following comments, compiled by Carol Cunningham, MD, FACEP, FAAEM:

Introduction

1. It should be clearly stated that notification of patient source test results to exposed emergency response employees (EREs) is not a HIPAA violation, in order to allay concerns of medical facilities and prevent delays in occupational health/medical care delivery to the exposed ERE.

2. All infectious diseases are not necessarily communicable, and the intent of the Ryan White Act is to address pathologic infectious processes that traditionally have human-to-human transmission. As such, these diseases would more accurately be described as "communicable infectious diseases.â€□ Part I. List of Potentially Life-threatening Infectious Diseases to Which Emergency Response Employees May Be Exposed The following communicable infectious diseases should be added to the current list: Part I. A:

• MRSA (methicillin-resistant Staphylococcus aureus)

Part I. C:

• Influenza strains that have been determined to cause significant

mortality and morbidity by the CDC

• Pertussis (Bordatella pertussis)

Part III. Guidelines Describing the Manner in Which Medical Facilities Should Make Determinations for Purposes of Section 2695B (d) [42 U.S.C.

300ff-133(d)]

- 1. It should specify that EMS personnel (both paid and volunteer) are included in the definition of EREs.
- 2. The reporting of patient source test results by a medical facility to an exposed ERE should be:

• Mandatory

• Immediate

• Permitted to be communicated to the exposed individual's agency

administrator or designee, in addition to exposed individual, to prevent delays in medical care delivery.

• Permitted to be in the form of documented verbal, electronic, or

written communication. The proposed restriction to a written communication is limiting and may cause unacceptable delay.