

105 CMR 172.000: Reporting of Unprotected Exposures to Infectious Diseases Dangerous to the Public Health

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172.001: Definitions

Care Provider shall mean any person including, without limitation, an emergency medical technician (EMT), an EMS first responder (EFR), both as defined in 105 CMR 170.020: *Definitions*, a first responder, as defined in 105 CMR 171.050: *Definitions* or corrections officer, who, while acting in his or her professional capacity, attends, assists or transports a person to a health care facility.

Designated Infection Control Officer shall mean the officer appointed by each ambulance service, EMS first response (EFR) service, as defined in 105 CMR 170.020: *Definitions*, and first responder agency, as defined in 105 CMR 171.050: *Definitions*, for the purposes of, but need not be limited to, (1) receiving notifications of exposures to infectious diseases dangerous to the public health from health care facilities and (2) notifying the indicated care provider(s) of an exposure to an infectious disease dangerous to the public health.

Diagnosis for the purposes of 105 CMR 172.000 shall mean a determination by a physician that a person is currently suffering from an infectious disease dangerous to the public health and is capable of transmitting said infectious disease or demonstrates laboratory evidence of exposure to such a disease.

Health Care Facility shall mean any hospital, clinic or institution that is licensed by the Department under M.G.L. c. 111, § 51.

Infectious Disease Dangerous to the Public Health for the purpose of 105 CMR 172.000 shall mean:

- (1) Airborne Diseases
 - (a) Infectious tuberculosis (*Mycobacterium* – pulmonary, laryngeal and others)
 - (b) Measles, Mumps, Rubella, and Chickenpox
- (2) Bloodborne Diseases
 - (a) Hepatitis B
 - (b) Human immunodeficiency virus infection (including acquired immunodeficiency syndrome (AIDS))
 - (c) Hepatitis C
 - (d) Hepatitis D
- (3) Uncommon, Rare or Pandemic Diseases
 - (a) Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2
 - (b) Diphtheria (*Corynebacterium diphtheria*)
 - (c) Meningococcal disease (*Neisseria meningitidis*)
 - (d) Plague (*Yersinia pestis*)
 - (e) Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
 - (f) Rabies
 - (g) Severe Acute Respiratory Syndrome (SARS) (including infection with a SARS-associated coronavirus)
 - (h) Smallpox, monkeypox and infection with any other orthopox virus in humans (including vaccinia)

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Patient shall mean any individual attended to or assisted by a care provider and who is transported to any health care facility.

Transporting Care Provider shall mean the care provider who transports the patient to a health care facility.

Unprotected Exposure shall mean an exposure capable of transmitting a bloodborne infectious disease dangerous to the public health as defined in 105 CMR 172.001 and is limited to the following:

- (1) Puncture wounds - including punctures resulting from:
 - (a) used needles;
 - (b) glass and other sharp objects contaminated with blood; or
 - (c) human bites;
- (2) Blood to blood contact through open wounds, which includes: open cuts, sores, rashes, abrasions or conditions that interrupt skin integrity; and
- (3) Mucous membrane contact - including such contact as would occur with mouth to mouth resuscitation or eye splashing with infected fluids. Such fluids would include: blood, sputum, oral and nasal secretions.

Unprotected Exposure Form shall mean a standardized form, developed and distributed by the Department of Public Health, which shall contain, but need not be limited to, the following:

- (1) identifying information about the patient, including his/her name, address and incident location;
- (2) identifying information about the ambulance and EFR service(s) and first responder agency(ies) that responded to the call;
- (3) identifying information about the care provider who may have sustained an unprotected exposure including his/her name, address, and the specific nature of his/her potential exposure; and
- (4) name of the designated infection control officer for the service completing the report.

172.002: Submission and Maintenance of the Unprotected Exposure Form

(A) Immediately upon arrival at a health care facility, the transporting care provider shall provide the admitting agent or appropriate employee of the health care facility with an Unprotected Exposure Form for every patient transported from whom the care provider may have suffered an unprotected exposure.

(B) Other care providers who may have sustained an unprotected exposure shall file at the health care facility to which the patient was transported an Unprotected Exposure Form for every patient from whom he or she may have suffered an unprotected exposure, within 24 hours of said exposure.

(C) Each health care facility shall maintain the Unprotected Exposure Form in one safe and centralized location on its premises in accordance with 105 CMR 172.006. Such forms shall be so maintained for a minimum of seven years and shall be made available promptly to any agent of the Department seeking to determine compliance with 105 CMR 172.000. The forms may be released by the health care facility only in accordance with federal or state law or regulation, court order, or subpoena.

(D) In the case of a patient identified on an Unprotected Exposure Form who is transferred to another health care facility before a diagnosis of an infectious disease dangerous to the public health has been made, the transferring facility shall file a copy of the Unprotected Exposure Form(s) with the receiving facility.

(E) Any health care facility receiving an Unprotected Exposure Form pursuant to 105 CMR 172.002(D) shall comply with all applicable requirements of 105 CMR 172.000 *et seq.*

172.003: Notice to Care Providers Who Have Sustained an Exposure to an Infectious Disease Dangerous to the Public Health

(A) Any health care facility which diagnoses a patient as having a bloodborne infectious disease dangerous to the public health, as defined in 105 CMR 172.001, shall notify orally, and in writing, the designated infection control officer for the care provider(s) submitting the Unprotected Exposure Form who has sustained an unprotected exposure that in the opinion of the health care facility is capable of transmitting such disease. Oral notification shall occur within 48 hours of diagnosis. Written notice of such exposure shall occur within 72 hours of diagnosis. Upon notification, the designated infection control officer shall notify the exposed care provider.

(B) Any health care facility which diagnoses a patient as having an airborne or uncommon, rare or pandemic infectious diseases dangerous to the public health, as defined in 105 CMR 172.001, shall notify the designated infection control officer for the care providers who transported the patient as soon as practicable, but not later than 48 hours after diagnosis. Upon notification, the designated infection control officer shall notify the exposed care provider.

(C) The notice shall include, but need not be limited to: the appropriate precautions and actions that should be taken by the care provider who has sustained the exposure to an infectious disease dangerous to the public health, the identity of the disease to which the individual has been exposed, instructions to the care provider to contact his/her personal physician for medical follow-up, and information regarding immediate precautions necessary to prevent transmission of the disease to others. The notice shall clearly indicate that such exposure does not constitute a diagnosis of an infectious disease dangerous to the public health.

(D) Notice to the care provider(s) who has sustained an exposure to an infectious disease dangerous to the public health shall be made in a manner so as to assure that such notice is conveyed by the health care facility only to the designated infection control officer for the individual(s). Delivery of the written notice by common carrier such as first class mail to the designated infection control officer shall satisfy these terms. Upon notification, the designated infection control officer shall notify the exposed care provider.

(E) The identity of the patient diagnosed as having an infectious disease dangerous to the public health as defined in 105 CMR 172.001 shall not be released either orally or in writing by the health care facility to the designated infection control officer for the care provider or to the care provider who has sustained the exposure and the patient's name shall be kept confidential in accordance with M.G.L. c. 111, § 70.

(F) The health care facility shall notify only those designated infection control officers for the care provider(s) who has sustained an exposure to an infectious disease dangerous to the public health that, in the opinion of the facility, is capable of transmitting the disease.

172.004: Notice to a Patient Diagnosed as Having an Infectious Disease Dangerous to the Public Health

(A) Any health care facility which notifies a designated infection control officer for a care provider who has sustained an exposure to an infectious disease dangerous to the public health, shall inform the patient diagnosed as having an infectious disease dangerous to the public health, as defined in 105 CMR 172.000, or the patient's legal guardian, if known, that a designated infection control officer for the exposed care provider(s) has been notified of an exposure capable of transmitting his/her disease pursuant to 105 CMR 172.000.

(B) The health care facility's notice to the patient shall confirm that only the designated infection control officer for the care provider(s) who has sustained the exposure to an infectious disease dangerous to the public health, as defined in 105 CMR 172.000, has been notified of such exposure, that the patient's name has been kept confidential, and that the notice of the exposure and recommendations concerning precautions and actions will be given to the exposed care provider(s).

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(C) The health care facility shall not delay notice to the designated infection control officer for the care provider as required under 105 CMR 172.003 in order to first notify a patient under 105 CMR 172.004.

172.005: Record of the Notice

The health care facility shall clearly document notice to the designated infection control officer for the care providers and patients as required by 105 CMR 172.000.

172.006: Policies and Procedures

(A) Each health care facility shall develop and implement written policies and procedures for complying with the provisions of M.G.L. c.111, § 111C and 105 CMR 172.000.

(B) Such policies and procedures at a minimum shall address the following:

- (1) Identification of the person(s) authorized to receive the Unprotected Exposure Form;
- (2) Identification of the person(s) qualified to determine whether or not the reported unprotected exposure is capable of transmitting a bloodborne infectious disease dangerous to the public health as defined in 105 CMR 172.001;
- (3) Identification of the authorized person(s) responsible for notifying the designated infection control officer for the care providers who have sustained an exposure that in the opinion of the health care facility is capable of transmitting an infectious disease dangerous to the public health;
- (4) Identification of the person(s) qualified to recommend the appropriate precautions, instructions and other advice to be given to the designated infection control officer for the care provider(s) who has sustained an exposure(s) to an infectious disease dangerous to the public health;
- (5) Maintenance of the confidentiality of the Unprotected Exposure Form and of the identity of the patients and care providers; and
- (6) Procedures to ensure that all reasonable efforts will be made to inform the patient of his or her diagnosis of an infectious disease dangerous to the public health prior to informing, within the time frame set forth in 105 CMR 172.000, the designated infection control officer for the care provider who has sustained an exposure to an infectious disease dangerous to the public health.

172.007: Declaring an Infectious Disease Immediately Subject to Notification to Care Providers and Patients Under 105 CMR 172.000

In addition to the infectious diseases dangerous to the public health as defined in 105 CMR 172.001, the Commissioner, as necessary to reduce morbidity and mortality among care providers, may declare, on a time-limited basis, other infectious diseases newly recognized or recently identified as infectious diseases dangerous to the public health and subject to the provisions of 105 CMR 172.000. Such declarations shall be authorized for a period of time not to exceed 12 months. Continued application beyond 12 months of the requirements of 105 CMR 172.000 to infectious diseases so declared by the Commissioner as dangerous to the public health shall be pursuant to a revision of 105 CMR 172.000.

REGULATORY AUTHORITY

105 CMR 172.000: M.G.L. c. 111, § 111C.