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## DESIGNATED OFFICER PROGRAM OVERVIEW

### MINIMIZING THE IMPACT OF OCCUPATIONAL EXPOSURES TO COMMUNICABLE DISEASES

All emergency services workers must have 24 hour access to a designated officer per Ontario Public Health Standards Exposures of Emergency Services Works to Infectious Disease Protocol (1(c)). The Designated Officer acts as

- The Emergency Services Worker's representative in investigating all reported exposures to communicable diseases.
- Support for the Emergency Services Worker following an occupational exposure to a communicable disease
- A liaison with the public health unit

### DESIGNATED OFFICER ROLE

The designated officer acts as the emergency services worker's representative in investigating all reported exposure to a communicable disease and is a liaison with the local public health unit. The designated officer does not diagnose nor do they provide medical treatment to the exposed worker. The designated officer shepherds the exposed worker through the process (which may include baseline testing, mandatory blood testing application, post-exposure prophylaxis, follow up testing and emotional support).

The Designated Officer should have knowledge of

- Communicable diseases
- Required and recommended immunizations
- The appropriate selection and use of personal protective equipment (PPE)

- Proper methods and materials for cleaning and disinfection of reusable equipment between uses
- Applicable legislation, standards and guidelines, workplace policies and procedures

### ASSESSING THE RISK OF EXPOSURE

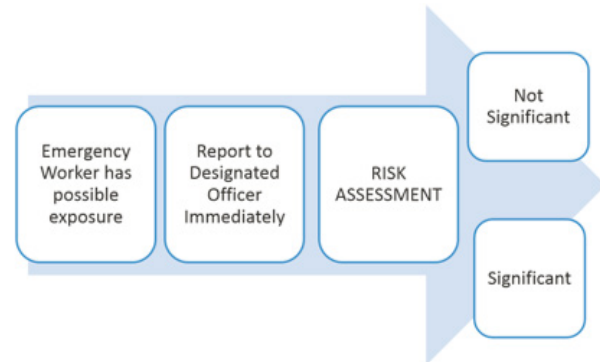
A high-risk exposure occur when a worker is exposed to a communicable disease that may be life-threatening if there is a portal of entry into a susceptible worker. In their assessment of the exposure, the designated officer will ask the following questions to determine if it was a significant exposure

- **What happened?** This provides the worker the opportunity to explain the series of events that led up to the exposure. It is important that the designated officer give the worker the opportunity to respond to this question without feeling judged.

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- What PPE were you wearing?** This question is used to establish the worker's use of PPE during the exposure. At the time of the assessment it's important to know if PPE was worn to understand the extent of exposure. It is possible that the worker could have been protected from exposure by the use of PPE but had chosen not to wear it. It is not appropriate to demand to know why the PPE was not worn at this time. The designated officer should make a note that the worker was not wearing PPE and address it as a teaching/learning moment at a later date.
- What is your immunization status?** Immunization is the most effective means of ensuring workers are protected from vaccine preventable diseases. If a worker was exposed to a vaccine preventable disease and they were immunized no further action would be required. If the worker was not up to date on vaccinations, then further action may be required following exposure to the communicable disease as the worker may have a significant exposure that requires follow up and medical support.
- How long was your exposure?** Certain diseases, such as tuberculosis, sometimes require a significant amount of exposure time in order for the worker to actually be at risk of contracting the illness.
- What other information is available to help to assess exposure?** Situation factors, symptoms of patient.

**Step 1:** If an emergency services worker has a possible exposure, they report the exposure to the designated officer who completes an assessment and determines if the exposure is significant or not (figure 1).



**Step 2:** Following the risk assessment the designated officer may determine that the exposure was not significant. The exposed emergency services worker may agree (figure 2) or disagree (figure 3) with the designated officer's risk assessment. Or the designated officer may determine that the exposure was significant (figure 4).

**2a)** If the worker agrees that the exposure was not significant, then the designated officer will provide support to the emergency services worker as appropriate. Support may include a referral to EAP or peer support program, or following up with the exposed emergency services worker formally or informally.

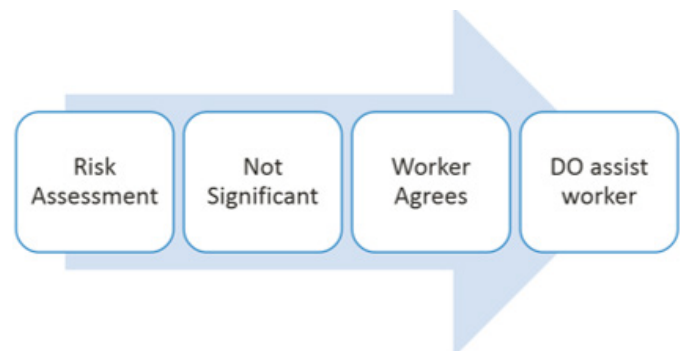


Figure 2: Exposed ESW agrees with DO assessment that exposure was not significant.

## NOTIFICATION PROTOCOL INITIATED BY THE EXPOSED ESW

An emergency services worker who has had an occupational exposure has the right to know and will be informed within the legal limits of the law. The subject that exposed the emergency services worker has a right to confidentiality in accordance with Personal Health Information Protection Act. The emergency services worker will not be given any details of the subject's medical condition or diagnosis but will be provided with information required to manage their medical care following an occupational exposure.

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**2b)** If the exposed emergency services worker disagrees with the designated officer’s assessment that the exposure was not significant, the designated officer would support the emergency services worker with advocacy in the emergency room of the local hospital, baseline testing and, if required, a mandatory blood testing act application (figure 3).

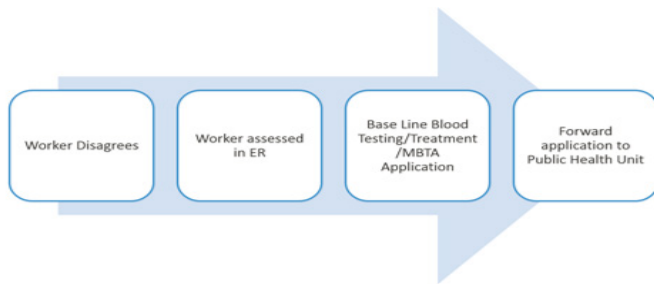


Figure 3: Exposed ESW disagrees with DO assessment that exposure was not significant.

**2c)** If the exposure is deemed significant by the risk assessment completed by the designated officer, the exposed emergency services worker would be assessed in the emergency room by health care professionals. The designated officer would support the emergency services worker with advocacy in the emergency room, baseline testing and, post-exposure prophylaxis and Mandatory Blood Testing Act application (as needed). The Mandatory Blood Testing Act application must be submitted to the appropriate Public Health Unit within 7 days of the exposure, (figure 4).

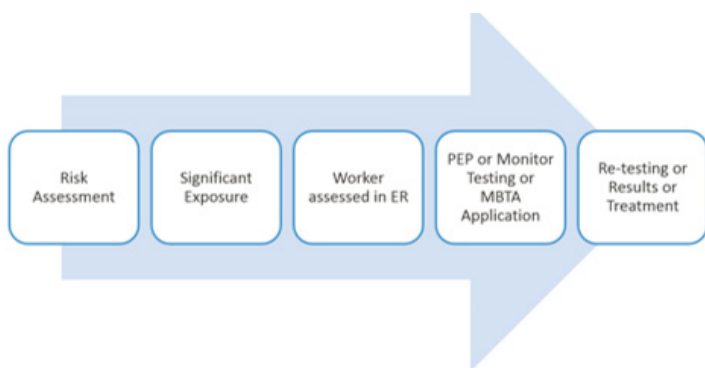


Figure 4: DO determines that exposure was significant

## NOTIFICATION PROTOCOL INITIATED BY THE PUBLIC HEALTH UNIT

In some instances, the public health unit (PHU) may be notified by a medical practitioner of a “reportable” illness. Examples of reportable illnesses include group A strep, meningitis, tuberculosis, pertussis (whooping cough), and measles.

Following a notification of a reportable illness, the public health unit would contact the emergency services whose workers could have been exposed to that patient. The designated officer would identify the worker(s) who were exposed on a call, and complete a risk assessment to determine if a significant exposure occurred. The public health unit would follow up with the exposed emergency services workers as required (figure 5).

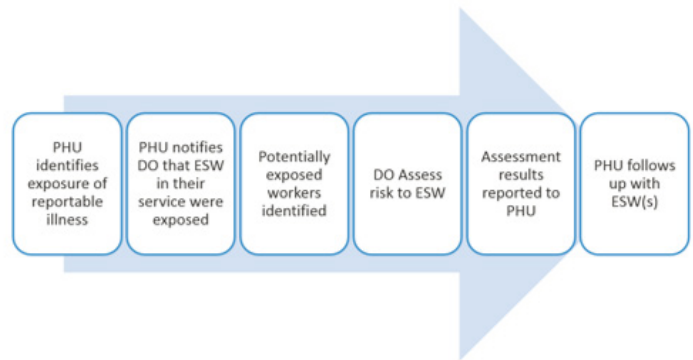


Figure 5: Public Health Unit initiated notification process for exposed ESW