

641—11.47 (139B,141) General provisions.

11.47(1) A hospital licensed under Iowa Code chapter 135B shall have written policies and procedures for notification of an emergency care provider who renders assistance or treatment to a patient when in the course of admission, care, or treatment of that patient, the patient is diagnosed or is confirmed as having a contagious or infectious disease.

11.47(2) If a patient is diagnosed or confirmed as having a contagious or infectious disease, the hospital shall notify the designated officer of an emergency care provider service who shall notify persons involved in attending or transporting the patient. For blood-borne contagious or infectious diseases, notification shall only take place upon the filing of a report form with the hospital.

11.47(3) The person who renders direct emergency aid without compensation as identified in rule 641—11.46(139B,141), “emergency care provider,” paragraph “6,” who is exposed to a patient who has a contagious or infectious disease shall also receive notification from the hospital when the hospital has received a report form.

11.47(4) The notification shall advise the emergency care provider of possible exposure to a particular contagious or infectious disease and recommend that the provider seek medical attention. The notification shall be provided as soon as reasonably possible following determination that the patient has a contagious or infectious disease.

11.47(5) The emergency care provider shall file exposure and significant exposure reports with the hospital or health care provider as soon as reasonably possible following the exposure.

11.47(6) The hospital shall maintain a record of all exposure or significant exposure reports it receives and shall retain each report for a period of five years.

11.47(7) The report form “Report of Exposure to Infectious Disease” is a confidential record pursuant to Iowa Code section 141.22A.

11.47(8) The employer of an emergency care provider who submits a report form pursuant to these rules shall pay the cost of HIV counseling and testing for the emergency care provider and testing of the patient pursuant to subrule 11.50(1) or 11.51(2). The department shall provide HIV counseling and testing at alternate testing sites for an emergency care provider who has rendered direct emergency aid without compensation as identified in rule 11.46(139B,141), “emergency care provider,” paragraph “6.”