



DESIGNATED INFECTION CONTROL OFFICER TEXAS LAW REVIEW

REFERENCE INFORMATION

The following information is obtained from the Texas Health and Safety Code.
All Texas Designated Infection Control Officers should take this course in order to satisfy the DICO requirement for the state of Texas.

Additional information can be found at the link below:
<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm>

OBJECTIVES

- Understand and discuss which employers in the state of Texas are required to have a Designated Infection Control Officer.
- Identify and discuss the confidentiality that applies to the patient and the required mandatory testing that is required by the Federal Law.
- Discuss and identify when the Designated Infection Control Officer is required to notify employees after an exposure.
- Determine and discuss the Designated Infection Control Officer procedural changes and how they apply to the deceased patients after an exposure has occurred.



THE LAW IN TEXAS

In Texas, the laws governing Designated Infection Control Officers can be found in Title 2 Health.

- SUBTITLED d. Prevention, Control and Reports of Diseases
 - Chapter 81. Communicable Diseases
 - Subchapter A General Provisions

THE DESIGNATED INFECTION CONTROL OFFICER

Section 81.012

All emergency response agencies must have a DICO appointed by the Head of Department.

Agency Employers must have an alternate DICO appointed, as well.

ROLES OF THE DICO

Designated Infection Control Officers should:

- Receive notification of potential exposures from medical facilities and notify employees of any potential exposures.
- Communicate with the medical facilities and their Infection Control Officer, to ensure the exposure is handled appropriately.
- Investigate, follow-up on exposures, and document all needle sticks.

DICO REQUIREMENTS

The Executive Commissioners by rule shall prescribe the qualifications required for a person to be eligible to be designated as an infection control officer under this section.

Qualifications for a DICO:

- Must have training in the control of infection and communicable diseases
- Must be a healthcare provider

DICO ROLES

Employers must notify the local healthcare facilities and local health care authorities about appointed DICOs.

This is to help build a relationship between the healthcare facility and the EMS department. This is also to allow better communication when an incident has happened.

CONFIDENTIALITY

Reports, records, and information received from any source including from federal agency are confidential. The information may only be used for the designed purpose.

- Any additional release of information is known as a breach of confidentiality.

RELEASE OF CONFIDENTIAL INFORMATION



RELEASE OF CONFIDENTIAL INFORMATION

The health information can only be released under the following circumstances:

- For statistical purposes if released in a manner that prevents the identification of any person;
- With the consent of each person identified in the information;
- To medical personnel treating the individual,
- Appropriate state agencies in this state or another state,
- A health authority or local health department in this state or another state, or federal, county, or district courts to comply with this chapter and related rules relating to the control and treatment of communicable diseases and health conditions or under another state or federal law that expressly authorizes the disclosure of this information;

RELEASE OF CONFIDENTIAL INFORMATION

Confidential information can be released to appropriate federal agencies, such as the Centers for Disease Control and Prevention.

However, the information must be limited to:

- The name, address, sex, race, and occupation of the patient, the date of disease onset, the probable source of infection, and other requested information relating to the case or suspected case of a communicable disease or health condition;

RELEASE OF CONFIDENTIAL INFORMATION

Confidential Information must also be released to:

- To medical personnel to the extent necessary in a medical emergency to protect the health or life of the person identified in the information;
- To a designated infection control officer;
- To governmental entities that provide first responders who may respond to a situation involving a potential communicable disease of concern and need the information to properly respond to the situation; or
- To a local health department or health authority for a designated monitoring period based on the potential risk for developing symptoms of a communicable disease of concern.

EXPOSURE NOTIFICATION



TEXAS ADMINISTRATIVE CODE

According to Title 25 Part 1 Chapter 96
Bloodborne Pathogen Control, an *Exposure
Incident is:*

- An eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

EXPOSURE NOTIFICATION

The executive commissioner shall:

- Designate certain reportable diseases for notification under this section;
- Define the conditions that constitute possible exposure to those diseases.

EXPOSURE NOTIFICATION

Notice of a positive or negative test result for a reportable disease designated under subsection (a) shall be given to an emergency response employee or volunteer if any of the following happens:

- The emergency response employee or volunteer delivered a person to a hospital as defined by section 74.001, civil practice and remedies code;
- The hospital has knowledge that the person has a reportable disease and has medical reason to believe that the person had the disease when the person was admitted to the hospital;
- The emergency response employee or volunteer was exposed to the reportable disease during the course and scope of the person's employment or service as a volunteer.

EXPOSURE NOTIFICATION

Notice of the possible exposure shall be given:

- By the hospital to the local health authority;
- By the hospital to the designated infection control officer of the entity that employs or uses the services of the affected emergency response employee or volunteer; and
- By the local health authority or the designated infection control officer of the entity that employs or uses the services of the affected emergency response employee or volunteer to the employee or volunteer affected.

EXPOSURE NOTIFICATION

A person notified of a possible exposure shall maintain the confidentiality of the information.

This section does not create a duty for a hospital to perform a test that is not necessary for the medical management of the person delivered to the hospital. Though the hospital is required to respond to a request from a DICO within 48 hours.

DISEASE & CRITERIA WHICH CONSTITUTE EXPOSURE



EXPOSURE CRITERIA

If an employee and the patient are in the same room, vehicle, ambulance, or otherwise enclosed space it is considered a possible exposure.

EXPOSURE CRITERIA

The following diseases and conditions constitute a possible exposure to the disease for the purposes of the Act, §81.048:

- Chickenpox
- Diphtheria
- Measles (rubeola)
- Novel coronavirus causing severe acute respiratory disease
- Novel influenza
- Pertussis
- Pneumonic plague
- Smallpox
- Pulmonary or laryngeal tuberculosis
- Any viral hemorrhagic fever

EXPOSURE CRITERIA

If there has been an examination of the throat, oral or tracheal intubation or suctioning, or mouth-to-mouth resuscitation, the person may be potentially exposed to the following:

- Hemophilus influenzae, invasive;
- Meningitis;
- Meningococcal infections, invasive;
- Mumps;
- Poliomyelitis;
- Q fever (pneumonia);
- Rabies;
- Rubella

EXPOSURE CRITERIA

If there has been a needlestick or other penetrating puncture of the skin with a used needle or other contaminated item; a splatter or aerosol into the eye, nose, or mouth; or any significant contamination of an open wound or non-intact skin with blood or body fluids, the person may be potentially exposed to:

- acquired immune deficiency syndrome (AIDS);
- anthrax;
- brucellosis;
- dengue;
- ehrlichiosis;
- hepatitis,
- viral;
- human immunodeficiency virus (HIV)infection;
- malaria;
- plague;
- syphilis;
- tularemia;
- typhus;
- any viral hemorrhagic fever;
- yellow fever

EXPOSURE CRITERIA

If fecal material is ingested, the person may be potentially exposed to:

- Amebiasis;
- Campylobacteriosis;
- Cholera;
- Cryptosporidiosis;
- Escherichia coli O157:H7 or other shiga toxin-producing E. Coli infection;
- Hepatitis A;
- Poliomyelitis;
- Salmonellosis,
- Including typhoid fever;
- Shigellosis;
- Vibrio infections

EXPOSURE CRITERIA

If there has been contact of non-intact skin to these infections or drainage from these infections, the person may be potentially exposed to :

- Methicillin-Resistant Staphylococcus Aureus (MRSA) wounds,
- Skin infections or soft tissue infections

POST EXPOSURE, MANDATORY TESTING



POST EXPOSURE – MANDATORY TESTING

Mandatory testing of persons suspected of exposing certain other persons to reportable diseases, including HIV infection.

The executive commissioner by rule shall prescribe the criteria that constitute exposure to reportable diseases. The criteria must be based on activities that the United States Public Health Service determines pose a risk of infection.

POST EXPOSURE – MANDATORY TESTING

A person whose occupation or whose volunteer service is included in one or more of the following categories may request the department or a health authority to order testing of another person who may have exposed the person to a reportable disease:

- a law enforcement officer;
- a fire fighter;
- an emergency medical service employee or paramedic;
- a correctional officer;
- an employee, contractor, or volunteer, other than a correctional officer, who performs a service in a correctional facility as defined by Section 1.07, Penal Code, or a secure correctional facility or secure detention facility as defined by Section 51.02, Family Code;
- an employee of a juvenile probation department; or
- any other emergency response employee or volunteer.

MANDATORY TESTING REQUEST

A request under this section may be made only if the person:

- has experienced the exposure in the course of the person's employment or volunteer service;
- believes that the exposure places the person at risk of a reportable disease;
- presents to the department or health authority a sworn affidavit that delineates the reasons for the request.

ROLES OF THE DICO

The department or the department's designee shall give the person who is subject to the order prompt and confidential written notice of the order. The order must:

- State the grounds and provisions of the order, including the factual basis for its issuance;
- Refer the person to appropriate health care facilities where the person can be tested for reportable diseases; and
- Inform the person who is subject to the order of that person's right to refuse to be tested and the authority of the department or health authority to ask for a court order requiring the test.

WHEN THE SUBJECT REJECTS TESTING

- If the person who is subject to the order refuses to comply, the prosecuting attorney who represents the state in district court, on request of the department or the department's designee, shall petition the district court for a hearing on the order.
- The person who is subject to the order has the right to an attorney at the hearing, and the court shall appoint an attorney for a person who cannot afford legal representation.
- The person may not waive the right to an attorney unless the person has consulted with an attorney.

Section 81.050



ROLE OF THE COURT IN AN EXPOSURE EVENT

In reviewing the order, the court shall determine whether exposure occurred and whether that exposure presents a possible risk of infection as defined by department rule.

- The attorney for the state and the attorney for the person subject to the order may introduce evidence at the hearing in support of or opposition to the testing of the person.
- On conclusion of the hearing, the court shall either issue an appropriate order requiring counseling and testing of the person for reportable diseases or refuse to issue the order if the court has determined that the counseling and testing of the person is unnecessary.
- The court may assess court costs against the person who requested the test if the court finds that there was not reasonable cause for the request.

TESTING OF A DECEASED PERSON

In some cases, testing of a deceased person may be required.
When this takes place, Section 81.0955 is used.

TESTING OF A DECEASED PERSON

Testing for accidental exposure involving a deceased person.

This section applies only to the accidental exposure to the blood or other body fluids of a person who dies at the scene of an emergency or during transport to the hospital involving an emergency response employee or volunteer or another first responder who renders assistance at the scene of an emergency or during transport of a person to the hospital.

TESTING OF A DECEASED PERSON

A hospital, certified emergency medical services personnel, a justice of the peace, a medical examiner, or a physician on behalf of the person exposed, following a report of the exposure incident, shall take reasonable steps to have the deceased person tested for reportable diseases.

- The hospital, certified emergency medical services personnel, justice of the peace, medical examiner, or physician shall provide the test results to the department or to the local health authority and to the designated infection control officer.

TESTING OF A DECEASED PERSON

The organization that employs the exposed person or for which the exposed person works as a volunteer in connection with rendering the assistance is responsible for paying the costs of the test.

TESTING OF A DECEASED PERSON

- If the deceased person is delivered to a funeral establishment as defined in Section 651.001, Occupations Code, before a hospital, certified emergency medical services personnel, or a physician has tested the deceased person, the funeral establishment shall allow, if requested by the hospital, certified emergency medical services personnel, or a physician, access to the deceased person for testing under this section.
- A test conducted under this section may be performed without the consent of the next of kin of the deceased person being tested.

TESTING OF A DECEASED PERSON

- A hospital, certified emergency medical services personnel, or a physician that conducts a test under this section must comply with the Release of Confidential Information requirements in Section 81.046 except as specifically provided by Section 81.0955.

COUNSELING REQUIRED



COUNSELING FOR POSITIVE TEST RESULTS

A positive test result may not be revealed to the person tested without giving that person the immediate opportunity for individual, face-to-face post-test counseling about:

- the meaning of the test result;
- the possible need for additional testing;
- measures to prevent the transmission of HIV;
- the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
- the benefits of partner notification; and
- the availability of partner notification programs

COUNSELING FOR POSITIVE TEST RESULTS

A person who is injured by an intentional violation of this section may bring a civil action for damages and may recover for each violation from a **person** who violates this section:

- **\$1,000 or actual damages, whichever is greater; and**
- **reasonable attorney fees**

EXPOSURE CONTROL PLAN

All departments that provide services in a public and private facility and at risk of exposure to blood or other material containing bloodborne pathogen shall establish an Exposure Control Plan. In developing the plan, the department must consider:

- Policies relating to occupational exposure to bloodborne pathogens
- Training and educational requirements for employees
- Measures to increase vaccinations of employees
- Increased use of personal protective equipment by employees

TEXAS ADMINISTRATIVE CODE



TEXAS ADMINISTRATIVE CODE

TAC Title 25
Part 1, Chapter 96

Bloodborne Pathogen Control

- Texas does not have an OSHA- approved State Plan. Texas has instead adopted, by statute, regulations to cover its requirements.

TEXAS ADMINISTRATIVE CODE

TAC Title 25
Part 1, Chapter 96

This plan mimics the OSHA Bloodborne Pathogen standards. It requires:

- Safe workplace practices,
- Use of safety engineered devices,
- Exposure protocols,
- And reporting measures.

TEXAS ADMINISTRATIVE CODE

TAC Title 25 Part 1
Chapter 157.11

Requires every Texas EMS Service to have
“Infection Control Procedures”

- Contact information for the infection control officer for whom education based on U.S. Code, Title 42, Chapter 6a, Subchapter XXIV, Part G

CONCLUSION

Texas has multiple publications over proper handling of exposures.

As a Designated Infection Control Officer, it is your responsibility to be familiar with the proper documentation.

Familiarity with the Documentation will help the incident be quickly resolved for both the Employee and the Employer.

REFERENCE

Link to The Public Health and Safety Code:
<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm>

Section 81.012 (Slides 5-8)

Section 81.046 (Slide 9; Slides 11-13)

Section 96.101-10 (Slide 15)

Section 81.048 (Slides 16-19)

Texas Administrative Code Chapter 97.11 (Slides 21-26)

Section 81.050 (Slides 28-33)

Section 81.0955 (Slides 34-39; Slides 41-42)

Section 81.303 (Slide 43)

Texas Administrative Code Title 25, Part 1, Chapter 96 (Slides 45-46)

Texas Administrative Code Title 25, Part 1, Chapter 157.11 (Slide 47)