



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

August 1, 2008  
DPACS: 08 - 06

Dear Chief Executive Officer:

The purpose of this letter is to clarify New York State (NYS) provisions for sharing of confidential information in cases of potential occupational exposure of emergency responders to HIV, to ask that you review and update applicable policies and procedures and to request your help in making sure that hospital staff know the steps to be taken in such situations.

The original Ryan White law, enacted in 1990, contained provisions by which emergency response agencies (i.e., fire departments, police departments, emergency medical services) were required to have a “designated officer” to field calls from employees regarding possible exposures to communicable diseases and obtain the disease status of the patients in those exposures from the medical facility providing treatment to that patient. This language was included in subsequent reauthorizations of the Ryan White law until 2006, when Public Law 109-415 eliminated them.

Despite these changes to the federal law, emergency responders can access HIV test results on patients when there has been a bona fide risk exposure. NYS regulations now govern the manner in which disclosure of the HIV status of a patient may be made to emergency responders. Section 63.8(m) of Title 10 of the New York Codes, Rules and Regulations provides for disclosure in such instances. Section 63.8(m) differs from the previous federal law as follows:

- (1) The federal law required disclosure to a “designated officer” of the emergency response employer. Under Part 63.8(m), such disclosure may be made to the physicians or other medical providers of the emergency responders.
- (2) The federal law did not require knowledge of the HIV status of the emergency responder for disclosure of the patient’s HIV status. NYS regulations for disclosure require that the emergency responder’s status is HIV-negative. If the emergency responder’s HIV status is unknown, an HIV test must be offered and administered with consent of the emergency responder.

Therefore, the following steps are now required when a significant risk exposure occurs:

1. An incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with supervisory staff at the emergency response agency.
2. A request for disclosure of the patient's HIV status is made to the patient's physician or to the medical provider designated by the hospital or clinic to which the patient is brought. This request may be made by the exposed person (emergency responder) or by his or her physician as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered.
3. The medical provider of the emergency responder or the medical provider designated by the hospital or clinic must review, investigate and evaluate the incident and certify that:
  - (a) the information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the emergency responder; and
  - (b) the emergency responder's status is either HIV negative or unknown and that if the patient's status is unknown, the emergency responder has consented to an HIV test; and
  - (c) if the emergency responder's test result becomes known as positive prior to the receipt of the patient's HIV status, no disclosure of the patient's HIV status will be made to the emergency responder.
4. Documentation of the request is placed in the medical record of the emergency responder.
5. If the patient's physician or the medical provider designated by the hospital or clinic determines that a risk of transmission has occurred or is likely to have occurred in the reasonable exercise of his/her professional judgment, the patient's physician or medical provider designated by the hospital or clinic may release the HIV status of the patient, if known. The Patient's physician or medical provider in the hospital or clinic may consult with the local director or commissioner of public health to determine whether a risk of transmission exists. If consultation occurs, both the medical provider of the hospital or clinic and the local director or commissioner of public health must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the patient shall not be provided to the emergency responder. Rediscovery of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title III.

Although preventing exposures to blood and body fluids is the primary means of preventing occupationally acquired HIV infection, each emergency response agency is required to have plans in place for post exposure management. In cases of significant exposure, seeking medical treatment immediately is crucial. NYS Department of Health (NYSDOH) guidelines recommend that post exposure prophylaxis (PEP) should be initiated as soon as possible, ideally within two (2) hours and generally no later than 36

hours post-exposure. Emergency responders usually rely on hospital emergency rooms for evaluation of exposure and emergency response agencies have established relationships with hospitals for purposes of accessing confidential information about the HIV infection status of patients.

In addition to the above, the NYSDOH recommends that, if the patient's HIV status is not known, consent of the patient be obtained for a rapid HIV test. Rapid test results are usually available within 30 minutes of testing. Rules regarding confidentiality and consent for testing are identical to those for other HIV tests. A form, titled "Informed Consent to Perform a Confidential HIV Test and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood or Body Fluids" (DOH- 4054, Rev 8/05) is attached. This form is available at the NYSDOH web site at: <http://www.nyhealth.gov/forms/doh-4054.pdf>.

At this time, your hospital should review and update its policies and procedures to ensure that they are in compliance with section 63.8(m) and notify individual staff of the procedures to be followed in cases of possible exposure. NYSDOH AIDS Institute recommendations for PEP following occupational exposure are based on careful review of available studies and constitute the considered opinion of expert HIV clinicians. They are available for review on the NYSDOH HIV Guidelines Website at [www.hivguidelines.org](http://www.hivguidelines.org). If you need clinical assistance please contact the NYSDOH HIV Clinical Education Initiative's PEP, Testing & Diagnosis Center of Excellence (212-604-2980). This Center provides education and technical assistance to providers regarding post-exposure prophylaxis. This Center operates the PEP Line (1-888-448-4911), a 24-hour provider consultation line for the management of post-exposure prophylaxis.

Attached for your reference is a copy of Part 63.8(m) and letters from the Department to emergency response agencies and local health departments in NYS notifying them of the status of the federal law and applicable NYS regulations. Your attention to this matter is appreciated.

Sincerely,

Martin J. Conroy  
Director,  
Division of Primary & Acute Care Services

Attachments:

- Part 63.8(m) of Title 10 NYCRR
- "Informed Consent to Perform a Confidential HIV Test and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood or Body Fluids" (DOH- 4054, Rev 8/05)
- Letter to emergency response agencies
- Letter to Local Health Departments

## Title 10 NYCRR: Part 63.8(m) as of April 2008

(m) When the requirements of this section have been met, physicians and other diagnostic providers may disclose HIV-related information to physicians or other diagnostic providers of persons whom the protected individual may have exposed to HIV under the circumstances noted below that present a risk of transmission of HIV, except that disclosures related to exposures of emergency response employees governed by federal law shall continue to be governed by such law:

- (1) the incident must involve exposure to blood, semen, vaginal secretions, tissue or the following body fluids: cerebrospinal, amniotic, peritoneal, synovial, pericardial and pleural; and
- (2) a person has contact with the body substances, as noted in paragraph (1) above, of another to mucus membranes (e.g., eyes, nose, mouth), non-intact skin (e.g., open wound, skin with a dermatitis condition, abraded areas) or to the vascular system. Examples of such contact may include needlesticks; puncture wound injuries and direct saturation or permeation of non-intact skin by potentially infectious substances. These circumstances shall not include those delineated in subdivision (d) of section 63.10; and
- (3) the exposure incident occurred to staff, employees or volunteers in the performance of employment or professional duties:
  - (i) in a medical or dental office; or
  - (ii) in a facility regulated, authorized or supervised by the Department of Health, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Children and Family Services, Office of Alcoholism and Substance Abuse Services, Department of Correctional Services; or
  - (iii) involved an emergency response employee, paid or volunteer, including an emergency medical technician, a firefighter, a law enforcement officer (e.g., police, probation, parole officer) or local correctional officer or medical staff; and
- (4) an incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with supervisory staff; and
- (5) a request for disclosure of HIV status is made to the provider of the source or to the medical officer designated by the facility by the exposed person or by the provider of the exposed person as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered; and
- (6) the medical provider of the exposed person or the medical officer designated by the facility reviews, investigates and evaluates the incident and certifies that:
  - (i) the information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the exposed person; and
  - (ii) the exposed person's status is either HIV negative or unknown and that if the person's status is unknown, the person has consented to an HIV test; and
  - (iii) if such test result becomes known as positive prior to the receipt of the source's HIV status, no disclosure of the source's HIV status will be made to the person; and
- (7) documentation of the request is placed in the medical record of the exposed person; and
- (8) if the provider of the source or the medical officer designated by the facility determines that a risk of transmission has occurred or is likely to have occurred in the

reasonable exercise of his/her professional judgment, the provider or medical officer may release the HIV status of the source, if known. The provider or medical officer may consult with the municipal health commissioner or district health officer to determine whether a risk of transmission exists. If consultation occurs, both the provider and the local health officer must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the source shall not be provided to the exposed person. Redisclosure of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title

## **Informed Consent to Perform HIV Testing and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood or Body Fluids**

An employee has been exposed to your blood or a body fluid in a manner which may pose a risk for transmission of a blood-borne infection. Many individuals may not know whether they have a bloodborne infection because people can carry these viruses without having any symptoms. We therefore are asking for consent to test you for the presence of human immunodeficiency virus (HIV), the virus that causes AIDS. You will also be tested for hepatitis B virus (HBV) and hepatitis C virus (HCV).

Under New York State law, HIV testing is voluntary and requires consent in writing (consent can be withdrawn for testing at any time.) There are a number of tests that can be done to show if you are infected with HIV. Your provider or counselor can provide specific information on these tests. Anonymous testing is available at selected sites. These tests involve collecting and testing blood, urine or oral fluid. Additional testing also will tell whether you are carrying HBV or HCV.

### **HIV Testing is Important for Your Health**

- If your test result is negative, you can learn how to protect yourself from being infected in the future
- If your test result is positive:
  - You can take steps to prevent passing the virus to others
  - You can receive treatment for HIV and learn about other ways to stay healthy. As part of treatment, additional tests will be done to determine the best treatment for you. These tests may include viral load and viral resistance tests.
- An infected mother can pass HIV to her child during pregnancy or birth or through breastfeeding.
- If you are pregnant and have HIV, treatment is available for your own health and to prevent passing HIV to your baby. If you have HIV and do not get treatment, the chance of passing HIV to your baby is one in four. If you get treatment, your chance of passing HIV to your baby is much lower.

### **If You Test Positive:**

State law protects the confidentiality of your test results and also protects you from discrimination based on your HIV status.

- In almost all cases, you will be asked to give written approval before your HIV test can be shared.
- Your HIV information can be released to health providers caring for you or your exposed child; to health officials when required by law; to insurers to permit payment; to persons involved in foster care or adoption; to official correctional, probation and parole staff; to emergency or health care staff who are accidentally exposed to your blood; or by special court order.
- The names of persons with HIV are reported to the State Health Department for tracking the epidemic and for planning services.
- The HIV Confidentiality Hotline at 1-800-962-5065 can answer your questions and help with confidentiality problems.
- The New York State Division of Human Rights at 1-800-523-2437 can help if you think you've been discriminated against based on your HIV status.

If you are positive, your counselor/doctor will talk with you about notifying your sex or needle-sharing partners of possible exposure to HIV.

- Your partners need to know that they may have been exposed to HIV so they can be tested and get treated if they have HIV.
- If your health care provider knows the name of your spouse or other partner, he or she must report the name to the health department unless it would result in harm to you.
- Health department counselors can help notify your partner(s) without ever telling them your name.
- To ensure your safety, your counselor or doctor will ask you questions about the risk of domestic violence for each partner to be notified.
- If there is any risk, the Health Department will not notify partners right away and will assist you in getting help.

You are also being asked to authorize the release of confidential HIV-related information related to this consent for testing to the health professional, named below, who is treating the health care worker that has been exposed to your blood or body fluid. This is necessary to provide appropriate care and to counsel the worker about his or her risk of becoming infected and possibly infecting others. Under New York State law HIV-related information can only be given to people you allow to have it by signing a written release, except in the instances outlined above. These individuals are prohibited by law from re-disclosing testing results in a way that could reveal your identity.

Name and address of facility/provider disclosing HIV-related information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of facility/provider to be given HIV-related information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe information to be released: **HIV Test Results**

Time period during which release of information is authorized From: \_\_\_\_\_ To: \_\_\_\_\_

You may revoke this release, but disclosures cannot be revoked, once made. Additional exceptions to the right to revoke this release, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligibility for benefits. (Note: Federal privacy regulation may restrict some consequences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am being asked to submit a specimen for HIV testing for occupational exposure. I agree to testing for the determination of HIV infection. If I am found to have HIV, I agree to additional testing that may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

I also authorize release of this information to the health care professional, named above, who is treating the health care worker that has been exposed to my blood or body fluid.

Signature: \_\_\_\_\_  
(Test subject or legally authorized representative)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If legal representative, indicate relationship to subject:  
\_\_\_\_\_



# STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

August 1, 2008

Dear Colleague:

The purpose of this letter is to clarify current New York State (NYS) provisions for sharing of confidential information in cases of occupational potential exposure to HIV; to ask that you review and update applicable policies and procedures and to request your help in making sure that emergency responders know the steps to be taken in such situations.

Although preventing exposures to blood and body fluids is the primary means of preventing occupationally acquired Human Immunodeficiency Virus (HIV) infection, appropriate post exposure management is an important element of workplace safety. Each emergency response agency is required to have plans in place for post exposure management. In cases of significant exposure, seeking medical treatment immediately is crucial. NYS Department of Health (NYSDOH) guidelines recommend that post exposure prophylaxis (PEP) should be initiated as soon as possible, ideally within 2 hours and generally no later than 36 hours post-exposure. Emergency responders should go to the nearest emergency room for evaluation of exposure.

We are writing at this time due to changes to the federal law that previously governed the manner in which response agencies could seek information. As background, the original Ryan White law sections 2681-2690, passed in 1990 (public law 101-381, section 411) containing emergency response provisions for notification of possible exposure to infectious diseases, were not included in the 2006 Reauthorization. These provisions required emergency response employers (i.e., fire departments, police departments, emergency medical services) to have a "designated officer" to field calls from employees regarding possible exposures to communicable diseases and obtain the disease status of the patients in those exposures from the medical facility providing treatment to that patient. This language was included in subsequent reauthorizations of the Ryan White law until 2006, when public law 109-415 eliminated them.

Despite these changes to the federal law, emergency response agencies can still access HIV test results on patients when there has been a bona fide risk exposure. NYS regulations now govern the manner in which disclosure of the HIV status of a patient may be made to emergency responders. Section 63.8(m) of Title 10 of the New York Codes, Rules and Regulations (enclosed) provides for disclosure in such instances. Section 63.8(m) differs from the previous federal law as follows:



(1) The federal law required disclosure to a “designated officer” of the emergency response employer. Under Part 63.8(m), such disclosure may be made to the physicians or other medical providers of the emergency responders.

(2) The federal law did not require knowledge of the HIV status of the emergency responder for disclosure of the patient’s HIV status. NYS regulations for disclosure require that the emergency responder’s status is HIV-negative. If the emergency responder’s HIV status is unknown, an HIV test must be offered and administered with consent of the emergency responder.

Therefore, the following steps are now required when a significant risk exposure occurs:

1. An incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with supervisory staff.
2. A request for disclosure of the patient’s HIV status is made to the patient’s physician or to the medical provider designated by the hospital or clinic to which the patient is brought. This request may be made by the exposed person (EMS provider) or by his or her physician as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered.
3. The medical provider of the EMS provider or the medical provider designated by the hospital or clinic must review, investigate and evaluate the incident and certify that:
  - (a) the information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the EMS provider; and
  - (b) the EMS provider’s status is either HIV negative or unknown and that if the patient’s status is unknown, the EMS provider has consented to an HIV test; and
  - (c) if the EMS provider’s test result becomes known as positive prior to the receipt of the patient’s HIV status, no disclosure of the patient’s HIV status will be made to the EMS provider.
4. Documentation of the request is placed in the medical record of the EMS provider.
5. If the patient’s physician or the medical provider designated by the hospital or clinic determines that a risk of transmission has occurred or is likely to have occurred in the reasonable exercise of his/her professional judgment, the patient’s physician or medical provider designated by the hospital or clinic may release the HIV status of the patient, if known. The patient’s physician or medical provider in the hospital or clinic may consult with the local director or commissioner of public health to determine whether a risk of transmission exists. If consultation occurs, both the medical provider of the hospital or clinic and the local director or commissioner of public health must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the patient shall not be provided to the EMS provider. Redisclosure of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title III.

In addition to the above, the NYSDOH recommends that, if the patient's HIV status is not known, consent of the patient be obtained for a rapid HIV test. Rapid test results are usually available within 30 minutes of testing. Rules regarding confidentiality and consent for testing are identical to those for other HIV tests. A form, titled "Informed Consent to Perform a Confidential HIV Test and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood or Body Fluids" (DOH- 4054, Rev 8/05) is enclosed. This form is available at the NYSDOH web site at: <http://www.nyhealth.gov/forms/doh-4054.pdf> The EMS providers' medical provider could request that the hospital try to secure a rapid HIV test of the patient.

An informational slide set has been developed by the Department to aid emergency response agencies in implementing the above provisions. It is available on-line at: <http://www.health.state.ny.us/nysdoh/ems/bemsupdates.htm>.

At this time, your organization should review and update its policies and procedures to ensure that they are in compliance with section 63.8(m) and notify individual emergency responders of the procedures to be followed in cases of possible exposure. Specific questions should be directed as follows:

1. Emergency medical response organizations should contact the NYSDOH Bureau of Emergency Medical Services at: (518) 402-0996, *Ext. 2*.
2. Police agencies should contact the NYS Police, Bureau of Municipal Police, at (518) 457-2667.
3. Fire Departments should contact the NYS Department of State, Office of Fire Prevention and Control at (518) 474-6746.

NYSDOH AIDS Institute recommendations for PEP following occupational exposure are based on careful review of available studies and constitute the considered opinion of expert HIV clinicians. They are available for review on the NYSDOH HIV Guidelines Website at [www.hivguidelines.org](http://www.hivguidelines.org). In addition, clinical assistance is available through the NYSDOH HIV Clinical Education Initiative's PEP, Testing & Diagnosis Center of Excellence (212-604-2980). This Center provides education and technical assistance to providers regarding PEP. This Center operates the PEP Line (1-888-448-4911), a 24-hour provider consultation line for the management of PEP.

Enclosed for your reference are copies of Part 63.8(m) and a letter from the Department to hospitals in NYS that notifies them of the status of the federal law and applicable NYS regulations. Your attention to this matter is appreciated.

Sincerely,



Edward G. Wronski  
Director  
Bureau of Emergency Medical Services

Enclosures (4)

- Part 63.8(m) of Title 10 NYCRR
- DOH-4054
- Letter sent to hospitals
- Letter sent to health departments



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

August 1, 2008

Dear Commissioner or Director of Public Health:

The purpose of this letter is to inform you of a change in federal law that has implications for the local health departments in New York State (NYS) regarding emergency responders' access to confidential health information in cases of potential occupational exposure to HIV. Since 1989, NYS regulations have provided a process for disclosure of protected information that included a defined role for local health departments to become involved in certain situations, as needed. Specifically, consultation with local health departments regarding risk of transmission and disclosure is provided for. Until recently, the NYS regulations were superseded in certain instances by federal law.

As background, the original Ryan White law, enacted in 1990, contained provisions by which emergency response agencies (i.e., fire departments, police departments, emergency medical services) were to have a "designated officer" to field calls from employees regarding possible exposures to communicable diseases and obtain the disease status of the patients in those exposures from the medical facility providing treatment to that patient. This language was included in subsequent reauthorizations of the Ryan White law until 2006, when Public Law 109-415 eliminated them.

Despite these changes to the federal law, emergency response agencies in NYS can still access HIV test results on patients when there has been a bona fide risk exposure. NYS regulations now govern the manner in which disclosure of the HIV status of a patient may be made to emergency responders. Section 63.8(m) of Title 10 of the New York Codes, Rules and Regulations (attached) provides for disclosure in such instances. Section 63.8(m) differs from the previous federal law as follows:

- (1) The federal law required disclosure to a "designated officer" of the emergency response employer. Under Part 63.8(m), such disclosure may be made to the physicians or other medical providers of the emergency responders.
- (2) The federal law did not require knowledge of the HIV status of the emergency responder for disclosure of the patient's HIV status. NYS regulations for disclosure require that the emergency responder's status is HIV-negative. If the emergency

responder's HIV status is unknown, an HIV test must be offered and administered with consent of the emergency responder.

The following steps are now required when a significant risk exposure occurs. The involvement of local health departments as a resource for consultation in this process is underlined:

1. An incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with supervisory staff.
2. A request for disclosure of the patient's HIV status is made to the patient's physician or to the medical provider designated by the hospital or clinic to which the patient is brought. This request may be made by the exposed person (emergency responder) or by his or her physician as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered.
3. The medical provider of the emergency responder or the medical provider designated by the hospital or clinic must review, investigate and evaluate the incident and certify that:
  - (a) the information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the emergency responder; and
  - (b) the emergency responder's status is either HIV negative or unknown and that if the person's status is unknown, the emergency responder has consented to an HIV test; and
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5. If the patient's physician or the medical provider designated by the hospital or clinic determines that a risk of transmission has occurred or is likely to have occurred in the reasonable exercise of his/her professional judgment, the patient's physician or medical provider designated by the hospital or clinic may release the HIV status of the patient, if known. The patient's physician or medical provider in the hospital or clinic may consult with the local director or commissioner of public health to determine whether a risk of transmission exists. If consultation occurs, both the medical provider of the hospital or clinic and the local director or commissioner of public health must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the patient shall not be provided to the EMS provider. Redisclosure of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title III.

Although preventing exposures to blood and body fluids is the primary means of preventing occupationally acquired HIV infection, appropriate post exposure management is an important element of workplace safety. Each emergency response agency is required to have plans in place for post exposure management. Emergency response agencies in NYS are being notified about the change in federal law. They are asked to update their policies and procedures and to make sure that personnel know of the steps to be taken in situations involving potential exposures to

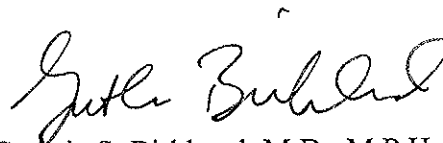
HIV. Hospitals in NYS are also being notified, with a similar request to update their policies and procedures.

At this time, we ask that you review and update your Department's policies and procedures to ensure that they are in compliance with section 63.8(m) and that you notify any appropriate staff of the correct procedures to be followed when contacted by a patient's physician or medical provider in the hospital or clinic. In cases of significant exposure, seeking medical treatment immediately is crucial. NYS Department of Health (NYSDOH) guidelines recommend that post exposure prophylaxis (PEP) should be initiated as soon as possible, ideally within two (2) hours and generally no later than 36 hours post-exposure.

NYSDOH AIDS Institute recommendations for PEP following occupational exposure are based on careful review of available studies and constitute the considered opinion of expert HIV clinicians. They are available for review on the NYSDOH HIV Guidelines Website at [www.hivguidelines.org](http://www.hivguidelines.org). If you need clinical assistance please contact the NYSDOH HIV Clinical Education Initiative's PEP, Testing & Diagnosis Center of Excellence (212-604-2980). This Center provides education and technical assistance to providers regarding PEP. This Center operates the PEP Line (1-888-448-4911), a 24-hour provider consultation line for the management of PEP.

Attached for your reference is a copy of Part 63.8(m) and letters from the Department to emergency response agencies and hospitals in NYS notifying them of the status of the federal law and applicable NYS regulations. Thank you for your attention to this matter.

Sincerely,



Guthrie S. Birkhead, M.D., M.P.H.  
Deputy Commissioner  
Office of Public Health

Attachments: Part 63.8(m) of Title 10 NYCRR  
Letter to emergency response agencies  
Letter to hospitals