




**Greater Dayton Hospital Association
Greater Miami Valley EMS Council
Sponsored:**

Public Safety Worker's Infectious Disease
Exposure Reporting Policy Template

Purpose of This Document

The "Infectious Disease Exposure Reporting Policy Template" provides public safety personnel (including fire, EMS, and law enforcement) and hospitals with a set of standard guidelines and expectations for defining, responding to, and following up on an infection control exposure incident involving an emergency response provider.

Purpose of Document as Template

- Intended for both hospitals and EMS to use as a template to create their own policies, while ensuring operational consistency.

Definition of a Blood Bourne Exposure



An EXPOSURE incident that may place a public safety worker at risk for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (HIV) infections or other blood borne pathogens that includes:

- A percutaneous injury (e.g., a needle stick or cut), **or**
- Contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

Post Exposure "First Aid"

An exposed public safety worker should take the following immediate "first aid" action steps:

1. Immediately irrigate the involved area.
2. Flush eyes with copious amounts of normal saline, if indicated.
3. Wash skin vigorously with soap and water. If soap and water is not available, rinse area with another available solution such as normal saline or a water-based liquid. Waterless hand cleaners are not recommended for post-exposure gross decontamination, but can be used when other options are not available.

Post Exposure Procedures

- Employee shall report the exposure incident to the receiving hospital and to his/her immediate supervisor.
- Exposed employees are **REQUIRED** to register as a patient at the receiving hospital (same receiving hospital as the source).
- Once at the receiving hospital, the exposed employee should locate and complete the "**Request for Information by Emergency Care Workers (RIECW)**" form (see Appendix A). When completed, the form should be submitted to the nurse handling the exposed employee's care in the Emergency Department (ED).

Post Exposure Procedures

- The EMS Coordinator for the receiving hospital can serve as a liaison between the organization and the hospital. The department's infection control officer (ICO) or designated supervisor should, upon receiving notification that there has been an exposure incident, notify the receiving hospital's EMS Coordinator.
- For the purpose of this policy the "department's Infection Control Officer (ICO), designated supervisor, or designee" refers to the person responsible for reporting and coordinating an exposed employee's incident within that Public Safety entity.

REQUEST NO. 10349

REQUEST FOR INFORMATION BY EMERGENCY CARE WORKERS

PLEASE PRINT - Use Blue or Black Ink - PRESS HARD

This form is for use by emergency care workers to request information on the presence of a contagious or infectious disease of a person, alive or dead, who has been treated, handled, or transported for medical care by an emergency care worker.

Before you can be provided with this information, you must believe that you have suffered significant exposure through contact with the person about whom you are requesting the information. A significant exposure means:

- A percutaneous (break in skin or needle stick) or mucous membrane exposure (eyes, nose, mouth) to the blood, semen, vaginal secretions, or spinal, synovial (joint, bone, tendon), pleural (lung), peritoneal (abdomen), pericardial (heart), or amniotic fluid of another person; or
- Exposure to a contagious or infectious disease.

You may expect to receive a reply to this request within 2 days after contagious or infectious disease testing results are known. This may be longer than 2 days after you submit your request. A written notification will follow. Your supervisor will also be informed.

Deposit top (white) copy in designated area or with charge nurse. Submit yellow copy to your agency or employer. Retain pink copy.

The requestor should follow his/her agency's or employer's exposure control plan for post-exposure follow up.

PLEASE PRINT CLEARLY

- Your Name: _____
- Your Home Address: _____
City/State/Zip: _____
- Your telephone number: Home: _____ Work: _____ Pager: _____
- Have you completed more than two (2) injections in Hepatitis B series. Yes _____ No _____
- Employer or volunteer agency for whom you were administering health care when exposure occurred:
Employer or Agency: _____
Address: _____
City/State/Zip: _____ Phone: _____

Name of person receiving request: _____
Signature of Person Receiving Request: _____ Date: _____

White: Hospital/Coroner Yellow: Agency/Employer Pink: Requestor's Copy

REQUEST NO. 10349

REQUEST FOR INFORMATION BY EMERGENCY CARE WORKERS

PLEASE PRINT - Use Blue or Black Ink - PRESS HARD

This form is for use by emergency care workers to request information on the presence of a contagious or infectious disease (if known) of a person, alive or dead, who has been treated, handled, or transported for medical care by an emergency care worker.

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- A percutaneous (break in skin or needle stick) or mucous membrane exposure (eyes, nose, mouth) to the blood, semen, vaginal secretions, or spinal, synovial (joint, bone, tendon), pleural (lung), peritoneal (abdomen), pericardial (heart), or amniotic fluid of another person; or
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Employer or Agency: _____
Address: _____
City/State/Zip: _____ Phone: _____

Name of person receiving request: _____
Signature of Person Receiving Request: _____ Date: _____

White: Hospital/Coroner Yellow: Agency/Employer Pink: Requestor's Copy

6. Name of your supervisor at above listed place of employment or volunteer agency: _____

7. Regarding the exposure, what was

Name of Source Patient: _____

Date: _____ Time: _____

Place: _____

Manner of exposure: _____

Dirty Needle/Stick _____ Broken Skin Exposure _____

Splash - Eye, Nose, Mouth _____ Unprotected Mouth to Mouth _____

Other: Describe the incident (be specific): _____

This is to attest that the above statements are true and correct to the best of my knowledge and belief.

Your Signature: _____ Date: _____

ACKNOWLEDGEMENT

Name of Health Care Facility/Coroner: _____

Name of Person Receiving Request: _____

Signature of Person Receiving Request: _____

Received: Date: _____ Time: _____

White: Hospital/Coroner Yellow: Agency/Employer Pink: Requestor's Copy

Testing the Source Patient



A blood sample is required to determine whether a patient has HIV, HBV or HCV. Blood/Body Fluid (B/BF) testing of a source patient includes the following (MMWR, June 29, 2001):

- HIV antibody
- HBV surface antigen (HBsAg)
- HCV antibody

If the source patient is TRANSPORTED to a hospital:

- The ED obtains patient consent and the blood specimen for testing.
- In the event that the patient refuses to or cannot give consent (e.g. due to an altered level of consciousness) a hospital's "infection control committee... or other body of a health care facility performing a similar function" has the authority to obtain the HIV screening when there has been a significant exposure (Ohio Revised Code §3701.242).

SOURCE PATIENT (TRANSPORTED TO HOSPITAL) RESULTS

- Hospital-run HIV test results should be available within an hour (may be longer for "stand alone" or smaller EDs); HBV and HCV results may not be available for several days.
- The exposed employee is expected to remain a patient in the ED until he/she has received the results of the rapid HIV test and any additional counseling from the attending physician.
- The employee is expected to communicate his/her follow-up needs to your department's ICO or designated supervisor.
- Written notification (*Response to Emergency Care Worker's Request for Medical Information Form*) of positive test results shall be provided **directly to the affected employee** by the hospital ICO or designee within three (3) days after oral notification (Ohio Revised Code §3701.248).
- Confidentiality of the source patient and public safety worker information shall be maintained at all times. Only information pertaining to source patient results will be released to the employee who is still present in the ED as described above. The department ICO or designee and the public safety worker shall not disclose any medical information publicly about the source patient.

RESPONSE TO EMERGENCY CARE WORKER REQUEST FOR MEDICAL INFORMATION

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS PROTECTED FROM DISCLOSURE BY STATE LAW. YOU SHALL MAKE NO FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC, WRITTEN, AND INFORMED RELEASE OF THE INDIVIDUAL TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY STATE LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE OF THE RELEASE OF HIV TEST RESULTS OR DIAGNOSES, DISCLOSED ON THIS FORM.

1. Date of oral report: _____ Person giving report: _____
 Report given to worker: Supervisor Supervisor's name: _____
 Written report will be given to worker and supervisor within 3 working days following oral notification of final results.

2. Date of written report: _____ Person sending report: _____
 Report sent to worker: supervisor Supervisor's name: _____

3. Your request for information has been received:
 a. _____ The request has been rejected because: _____
 Presence of a contagious or infectious disease at this time is unknown due to:
 b. _____ No tests were performed. c. _____ The source person in question has refused HIV testing.
 d. _____ Source patient discharged home. e. _____ No blood available.
 f. _____ Source patient discharged to health care facility/coroner's office/funeral home.
 Address of facility/coroner's office/funeral home (if known): _____
 g. The following tests were performed on source patient with **negative results**: _____
 h. Testing on source person in question was **positive for**: _____

Comments: _____

4. Written and oral report included:
 Name of disease (Medical) precautions necessary to prevent transmission
 Signs & symptoms of disease Recommended prophylaxis (if any)
 Date of exposure Suggested treatment
 Incubation period of disease Appropriate counseling
 Mode of transmission

5. Sources of materials provided regarding disease: _____

6. It is expected that the emergency care worker will consult a physician in cases of true disease exposure. It is understood by provider of report and recipients that decisions re: prophylaxis, treatment, and counseling will be at the discretion of that physician.

THIS RESPONSE PROVIDES ALL INFORMATION AVAILABLE AS OF THE DATE OF THIS WRITTEN RESPONSE. ANY ADDITIONAL REQUEST WILL NEED TO BE SUBMITTED FOR ANY FUTURE INFORMATION REGARDING THIS REQUEST.

4-2014 White: Requestor's Copy Yellow: Agency/Employer Pink: Hospital Infection Control Committee/Coroner

RESPONSE TO EMERGENCY CARE WORKER REQUEST FOR MEDICAL INFORMATION

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS PROTECTED FROM DISCLOSURE BY STATE LAW. YOU SHALL MAKE NO FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC, WRITTEN, AND INFORMED RELEASE OF THE INDIVIDUAL TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY STATE LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE OF THE RELEASE OF HIV TEST RESULTS OR DIAGNOSES, DISCLOSED ON THIS FORM.

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Comments: _____

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 Signs & symptoms of disease Recommended prophylaxis (if any)
 Date of exposure Suggested treatment
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THIS RESPONSE PROVIDES ALL INFORMATION AVAILABLE AS OF THE DATE OF THIS WRITTEN RESPONSE. ANY ADDITIONAL REQUEST WILL NEED TO BE SUBMITTED FOR ANY FUTURE INFORMATION REGARDING THIS PATIENT.


4-2014 White: Requestor's Copy Yellow: Agency/Employer Pink: Hospital Infection Control Committee/Coroner

PATIENTS NOT TRANSPORTED TO A HOSPITAL BY EMS

- Employees should notify their immediate supervisor, and their immediate supervisor should notify that public safety organization's ICO or designee. Federal regulations dictate that, "following report of an exposure, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up" (OSHA 29 CFR, 1910.1030(f) (3)).
- Exposed employee should be directed to any ED for treatment.
- Employee shall locate, complete, and sign the **Request for Information by Emergency Care Workers (RIECW) Form (Appendix A)**, which should be available, completed, and submitted to the nurse handling care in the ED.
- If the public safety worker is aware that the patient went to an ED by other means, the employee's supervisor may call the ED charge nurse of the patient's destination and notify them of the exposure, with a request to obtain baseline testing of the source patient. The written Request for Notification of Test Results shall be faxed to the ED charge nurse as soon as possible by the employee or the department's ICO.

Post Exposure Prophylaxis (PEP)

- Post-exposure prophylaxis (PEP) treatment may be offered to the public safety worker by the ED or workplace health provider in accordance with current clinical guidelines and local PEP protocols. Additionally, the employee may wish to consult their personal physician.
- The decision to take PEP includes a risk-based assessment based on known or unknown source patient and type of exposure.
- Employees receiving PEP treatment should be followed up within 72 hours of starting treatment.
- The PEP treatment decision should consider laboratory results when available.



HIV Prophylaxis

- Decisions about PEP can be modified if additional information becomes available.
- Any exposed Public safety workers must register as ED patients to receive HIV prophylaxis from the hospital.
- HIV PEP should be started as soon as possible.
- Counseling should be made available through the agency's employee assistance program (EAP) or by contractual agreements.

Hepatitis Prophylaxis

- Hepatitis Prophylaxis is dependent on the public safety worker's vaccine status.
- **There is no prophylaxis for HCV at this time.** In cases of positive source HCV results, the employee should follow up with his or her workplace health provider for medical evaluation and care.



Public Safety Worker Baseline Testing (Post Exposure)

- **Baseline testing of the exposed public safety worker is the employee's choice.** Agencies should maintain signed statements of employees who decline baseline testing/evaluation at the time of an exposure.
- Baseline testing is the term given to the set of initial laboratory tests that should be drawn on an exposed employee. This data may be used to compare future assessments in determining if an infectious disease was contracted. Baseline testing is not emergent; however, evaluation for PEP as discussed above should be considered urgent and care sought immediately.
- In cases where the source patient testing is negative but the public safety worker still wants further testing, the employee is encouraged to follow up with their private physician or your department's workp
- **Public safety worker baseline testing includes at minim**
 - HIV antibody
 - Hepatitis B surface antibody
 - Hepatitis B surface antigen
 - Hepatitis C virus antibody



Respiratory Exposure

Respiratory exposure is defined as contamination with an infectious agent through the respiratory tract. This occurs via one of two routes (CDC, Rationale for Isolation Precautions in Hospitals, 1996):

- Via airborne infectious agents with small-particle residue of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time (example is tuberculosis, rubella, and varicella virus).
- Via droplet infectious agents which are propelled a short distance (less than three feet) through the air by coughing or sneezing: these droplets are acted upon rapidly by gravity (examples are meningitis, pertussis and influenza).

Respiratory exposures **may not be immediately known** by the public safety worker, especially if the patient is not overtly symptomatic.



IMMEDIATE ACTIONS OF THE AIRBORNE-EXPOSED PUBLIC SAFETY WORKER

- Don PPE **as soon as possible** at the scene or during transport if the patient is known to have a respiratory infection or is coughing or spraying secretions.
- If secretions are splashed or coughed into the eyes or other mucous membranes, flush with copious amounts of normal saline as soon as possible.
- The public safety worker who suspects a respiratory exposure or is notified of such an exposure should:
 - Notify the department ICO that an exposure occurred
 - Notify the ED charge nurse of the exposure upon delivery of the patient
 - Complete the **Request for Information by Emergency Care Workers (RIECW) Form (Appendix A)**. In these cases being checked in as an ED patient may or may not be necessary.



IMMEDIATE ACTIONS OF THE AIRBORNE-EXPOSED PUBLIC SAFETY WORKER

- **Upon receipt of the source patient's diagnosis, follow-up care and prophylaxis may be necessary for those exposed.** At this point exposed employees may have to return to the receiving hospital and be checked in as a patient to receive care. In other situations follow-up care and prophylaxis may come from your department's workplace health provider.



BLOOD/BODY FLUID & AIRBORNE EXPOSURES BY CORONER'S CASES

- **In cases where there is a public safety worker exposure during resuscitation efforts, it is recommended that crews transport the patient to the hospital where source testing can be performed, rather than follow field termination procedures.** However, in some incidents, exposure of a public safety worker may occur from a deceased victim who must remain at a scene for a period of time pending a coroner's investigation.
- Immediate actions of the exposed provider:
 - Decontaminate self as described in previous sections.
 - Notify the department ICO or designee that the exposure occurred.
 - At the direction of the department ICO or designee, seek treatment at an ED or at your organization's workplace health provider.
 - Consider prophylaxis based on the index of suspicion.



BLOOD/BODY FLUID & AIRBORNE EXPOSURES BY CORONER'S CASES

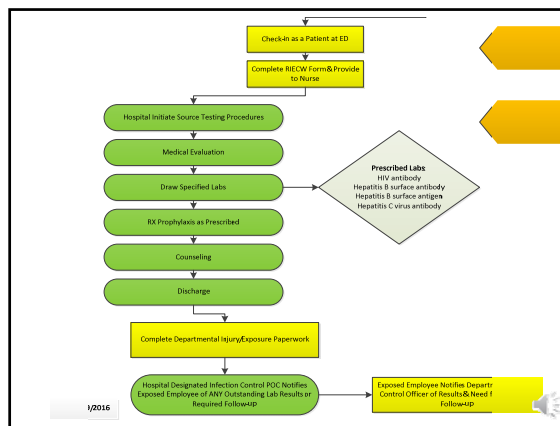
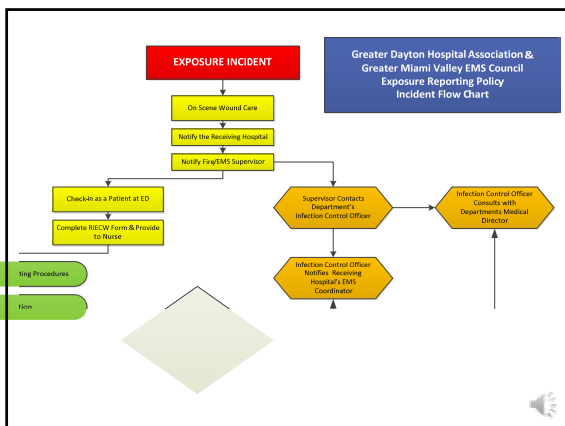
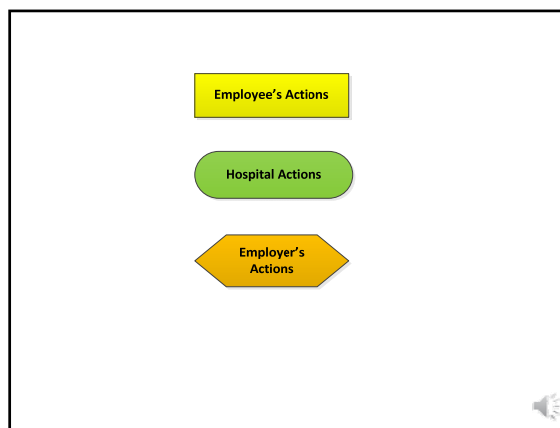
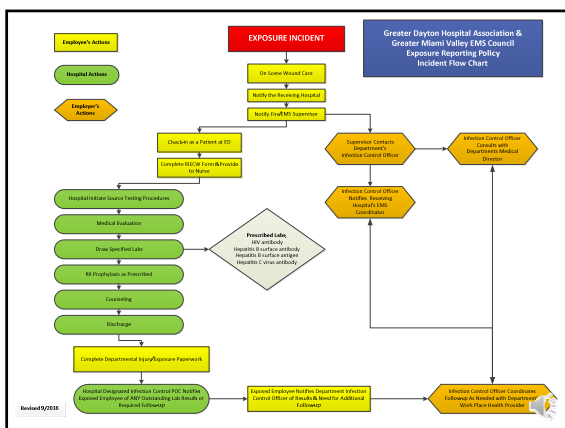
- Actions of the ICO or designee:
 - The Coroner or Coroner's Investigator shall be notified as soon as possible by the department's ICO or designee that an exposure has occurred.
 - A Request for Information by Emergency Care Workers form (Appendix A) shall be forward to the Coroner's Office as soon as possible after notification.

Coroner's Office Testing Source Patient

The Coroner shall make every effort to test a source patient by the next business day of being notified of the exposure. In some cases, the Coroner may elect to send a specimen to an outside lab for testing. The public safety worker shall not wait for testing results from the Coroner to seek medical evaluation.

Source patients test results:

- The Coroner or Deputy Coroner shall notify the department ICO or designee of source patient test results as soon as possible. Oral notification of source HIV status (positive or negative) shall be provided to the department ICO or designee within two days of test results, and written notification of positive test results shall be provided within three days after oral notification (ORC §3701.248).



Ohio Department of Public Safety

Workers' Compensation Claims Management
Guidelines for Exposure to Blood and Other Body Fluids Under 63 223

What is the purpose of these guidelines?
 The purpose of these guidelines is to provide a clear and concise set of instructions for the management of workers' compensation claims for employees exposed to blood and other body fluids. These guidelines are intended to be used by the Department of Public Safety, its divisions, and its employees.

Who is responsible for implementing these guidelines?
 The Department of Public Safety is responsible for implementing these guidelines. The Department will provide training and support to its employees to ensure they are able to comply with these guidelines.

What are the key elements of these guidelines?
 The key elements of these guidelines are:
 1. Reporting requirements: Employees must report any exposure to blood and other body fluids to their supervisor immediately.
 2. Medical evaluation: Employees must undergo a medical evaluation by a licensed healthcare provider within 72 hours of the exposure.
 3. Testing: Employees must undergo testing for HIV, hepatitis B, and hepatitis C. Testing must be performed at the employee's expense.
 4. Treatment: Employees must receive appropriate medical treatment for any injuries or illnesses resulting from the exposure.
 5. Claims management: Employees must file a workers' compensation claim with the Department of Public Safety within 90 days of the exposure.

When are these guidelines applicable?
 These guidelines apply to all employees of the Department of Public Safety who are exposed to blood and other body fluids in the course of their duties.

What are the consequences of non-compliance?
 Employees who do not comply with these guidelines may be subject to disciplinary action, including suspension or termination.

How can I get more information?
 For more information, please contact the Department of Public Safety at (614) 467-3300.

Revised 10/16/16

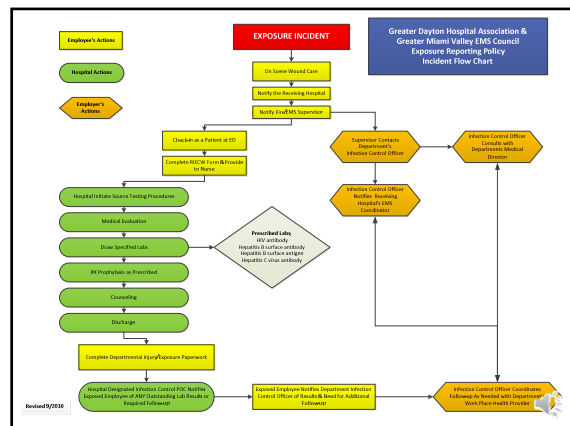
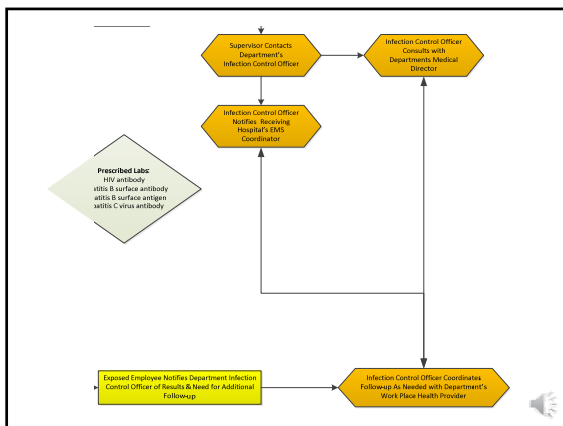
63 223 - Reporting Requirements for Blood and Other Body Fluids Exposure

Exposure Type	Reporting Requirements	Medical Evaluation Requirements	Testing Requirements
A person other than the employee is exposed to blood or other body fluids.	Report to supervisor immediately.	Medical evaluation by a licensed healthcare provider within 72 hours.	Testing for HIV, hepatitis B, and hepatitis C at employee's expense.
A person other than the employee is exposed to blood or other body fluids and the exposure results in a wound or injury.	Report to supervisor immediately.	Medical evaluation by a licensed healthcare provider within 72 hours.	Testing for HIV, hepatitis B, and hepatitis C at employee's expense.
A person other than the employee is exposed to blood or other body fluids and the exposure results in a blood splash or spill.	Report to supervisor immediately.	Medical evaluation by a licensed healthcare provider within 72 hours.	Testing for HIV, hepatitis B, and hepatitis C at employee's expense.

What are the consequences of non-compliance?
 Employees who do not comply with these guidelines may be subject to disciplinary action, including suspension or termination.

How can I get more information?
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Revised 10/16/16



GDAHA
GREATER DAYTON AREA HOSPITAL ASSOCIATION
 The Link to Quality Care

Questions?

Chad Follick, Fire Chief
 City of Vandalia Division of Fire/EMS
 Chair, GMVEMSC Infection Control Committee
 (937)898-2261 cfollick@vandaliaohio.org

Laura E Clark, RN, Paramedic, EMSI
 EMS Coordinator
 Good Samaritan Hospital
 Good Samaritan Hospital North Emergency Center
 Phone: 937-734-2448
 Fax: 937-641-7453

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