GDAHA
GREATER DAYTON AREA HOSPITAL ASSOCIATION
The Link to Quality Care

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 (if known) 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:

(1) 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

(2) 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

1. Your Name: _____

2. Your Home Address: _____
   City/State/Zip: _____

3. Your telephone number: Home: _____ Work: _____ Pager: _____

4. Have you completed more than two (2) injections in Hepatitis B series. Yes _____ No _____

5. Employer or volunteer agency for whom you were administering health care when exposure occurred:
   Employer or Agency: _____
   Address: _____
   City/State/Zip: _____ Phone: _____

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
   _____ Splash - Eye, Nose, Mouth
   _____ Broken Skin Exposure
   _____ 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

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Place: _____

Manner of exposure:

_____ Dirty Needle Stick
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Other: **Describe the Incident (be specific)** _____

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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 conscious) 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

REQUEST NO. _____

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 infections 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
   - ☐ Signs & symptoms of disease
   - ☐ Date of Exposure
   - ☐ Incubation period of disease
   - ☐ Mode of transmission
   - ☐ (Medical) precautions necessary to prevent transmission
   - ☐ Recommended prophylaxis (if any)
   - ☐ Suggested treatment
   - ☐ Appropriate Counseling

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 related to 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 PATIENT.

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

RESPONSE TO EMERGENCY CARE WORKER REQUEST FOR MEDICAL INFORMATION

REQUEST NO. _____

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   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:

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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.

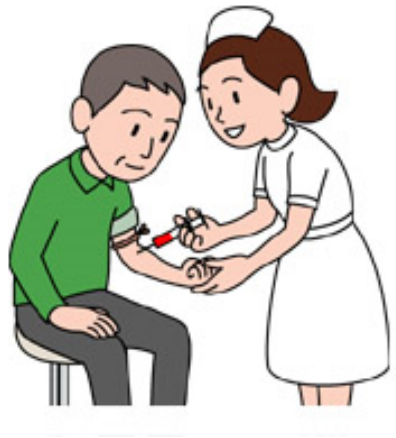
Public Safety Worker Baseline Testing (Post Exposure)

- 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 minimu
  - 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

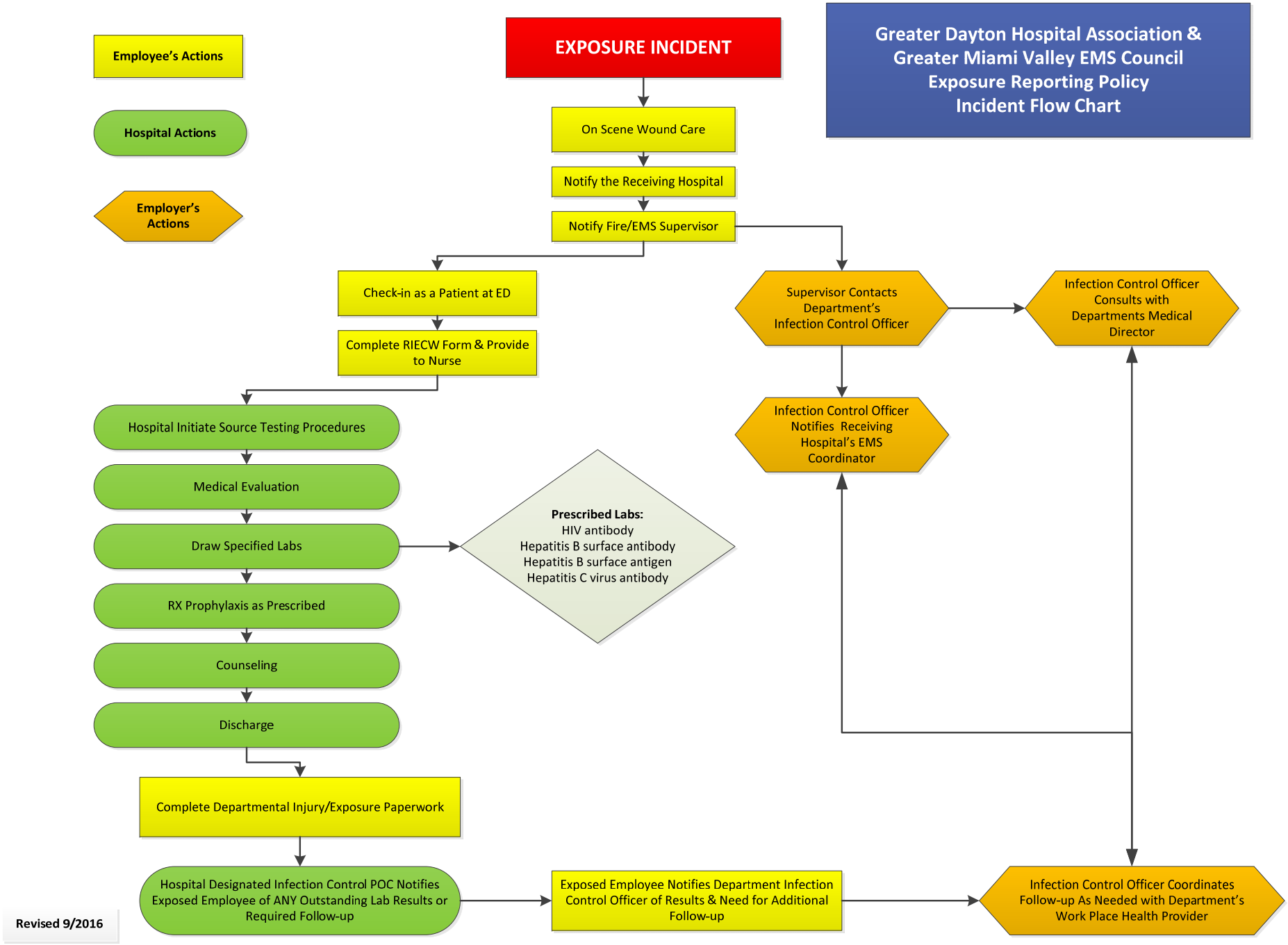
- Actions of the ICO or designee:
  - The Coroner or Coroner's Investigator shall be notified as soon as possible by the department's ICO or designee that an exposure has occurred.
  - A *Request for Information by Emergency Care Workers* form (Appendix A) shall be forward to the Coroner's Office as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

Corner'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.

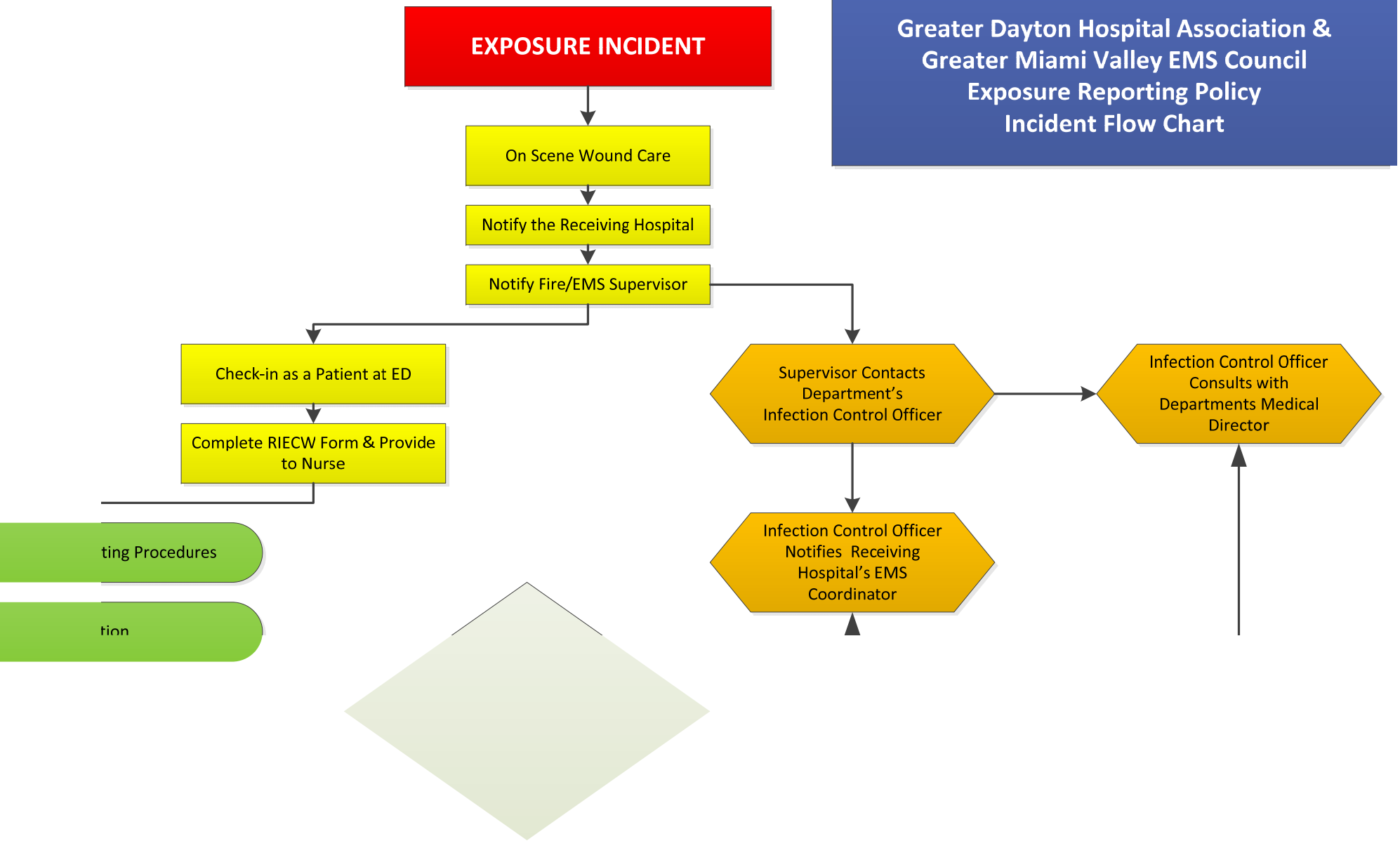
Source patients test results:

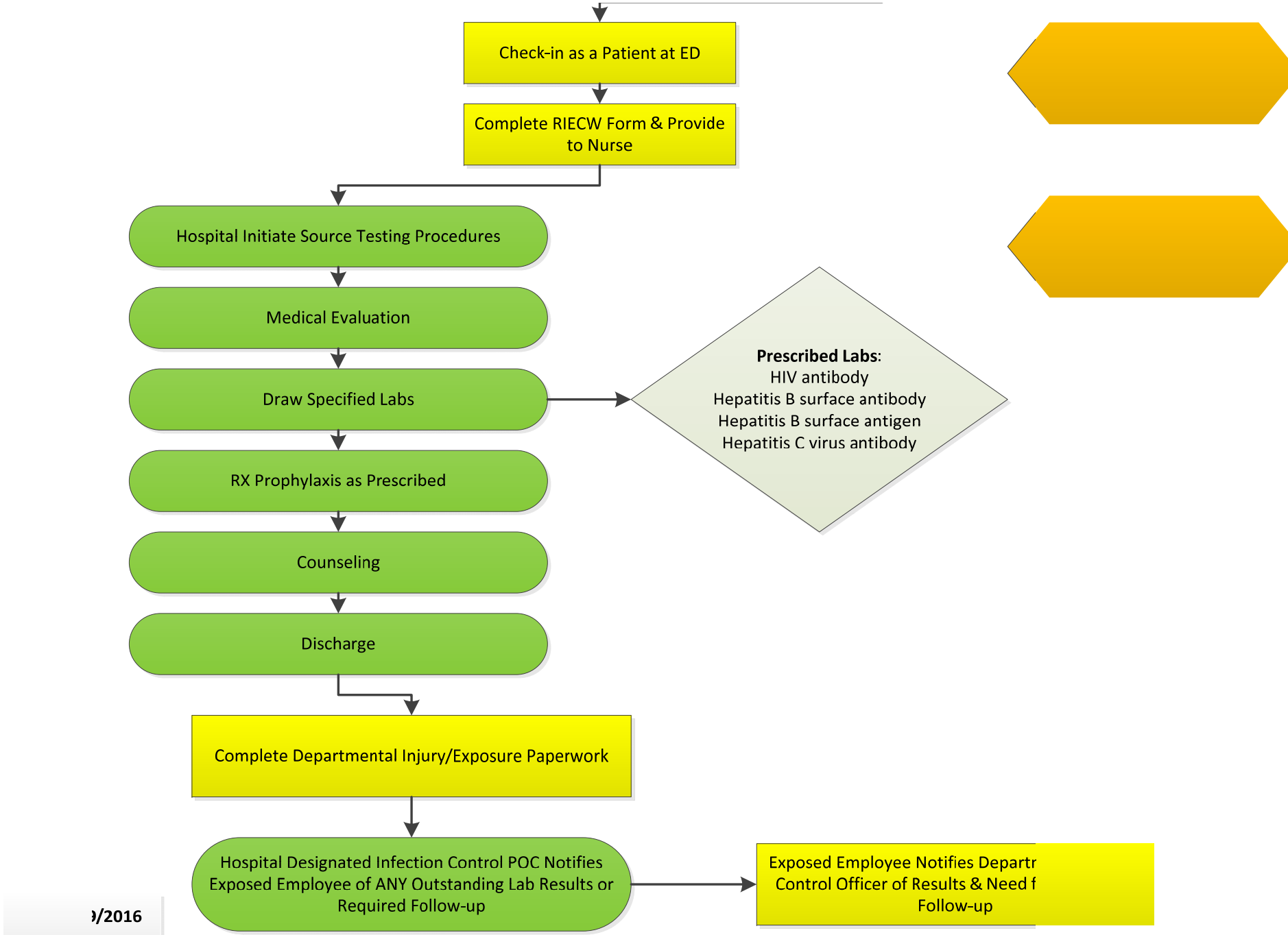
- The Coroner or Deputy Coroner shall notify the department ICO or designee of source patient test results as soon as possible. Oral notification of source HIV status (positive or negative) shall be provided to the department ICO or designee within two days of test results, and written notification of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


Greater Dayton Hospital Association &
Greater Miami Valley EMS Council
Exposure Reporting Policy
Incident Flow Chart
Employee's Actions
Hospital Actions
Employer's Actions
EXPOSURE INCIDENT
On Scene Wound Care
Notify the Receiving Hospital
Notify Fire/EMS Supervisor
Check-in as a Patient at ED
Complete RIECW Form & Provide to Nurse
Supervisor Contacts Department's Infection Control Officer
Infection Control Officer Consults with Departments Medical Director
Infection Control Officer Notifies Receiving Hospital's EMS Coordinator
Hospital Initiate Source Testing Procedures
Medical Evaluation
Draw Specified Labs
Prescribed Labs:
HIV antibody
Hepatitis B surface antibody
Hepatitis B surface antigen
Hepatitis C virus antibody
RX Prophylaxis as Prescribed
Counseling
Discharge
Complete Departmental Injury/Exposure Paperwork
Hospital Designated Infection Control POC Notifies Exposed Employee of ANY Outstanding Lab Results or Required Follow-up
Exposed Employee Notifies Department Infection Control Officer of Results & Need for Additional Follow-up
Infection Control Officer Coordinates Follow-up As Needed with Department's Work Place Health Provider
Revised 9/2016


Employee's Actions
Hospital Actions
Employer's Actions

Greater Dayton Hospital Association & Greater Miami Valley EMS Council Exposure Reporting Policy Incident Flow Chart




Check-in as a Patient at ED
Complete RIECW Form & Provide to Nurse
Hospital Initiate Source Testing Procedures
Medical Evaluation
Draw Specified Labs
Prescribed Labs:
HIV antibody
Hepatitis B surface antibody
Hepatitis B surface antigen
Hepatitis C virus antibody
RX Prophylaxis as Prescribed
Counseling
Discharge
Complete Departmental Injury/Exposure Paperwork
Hospital Designated Infection Control POC Notifies Exposed Employee of ANY Outstanding Lab Results or Required Follow-up
Exposed Employee Notifies Departr
Control Officer of Results & Need f
Follow-up

Ohio | Bureau of Workers' Compensation

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

Senate Bill (SB) 223 applies only to peace officers, firefighters, or emergency medical workers employed by or volunteering for public and private state-fund, and self-insuring public employers. The law requires BWC and self-insuring public employers to pay for post-exposure medical services when covered employees come into physical contact with blood or other body fluids. This applies even if the employee did not sustain a physical injury or contract an occupational disease.

Who is eligible to receive workers' compensation benefits under BWC's exposure to blood and other body fluids policy?
Covered employees, such as peace officers, firefighters and emergency medical workers employed by or volunteering for public and private state-fund, and self-insuring public employers are defined by SB 223 as:

- **Peace officers:** Includes sheriffs, deputy sheriffs, marshals, deputy marshals or members of an organized police department. They generally work for a city, county or state public employer. Peace officers are not limited to traditional law enforcement officers. Certain park rangers, tax and liquor agents, officers of metropolitan housing authorities or transit authorities, and others also are considered peace officers. For more detail, refer to section 2935.01 of the Ohio Revised Code;
- **Firefighters:** Whether paid or volunteer, of a lawfully constituted fire department;
- **Emergency medical workers:** First responders, emergency medical technicians-basic, emergency medical technicians-intermediate or emergency medical technicians-paramedic, certified under Chapter 4765 of the Ohio Revised Code, whether paid or volunteer.

What is covered under BWC's exposure to blood and other body fluids policy?
The policy specifically states covered employees must come into contact with another person's blood or other body fluid in one of several specific ways. One way is from splash or splatter in the eye or mouth. This includes when the contact occurs in the course of conducting mouth-to-mouth resuscitation. Another way is when the blood or other body fluid comes into contact with a puncture of the skin, or a cut in the skin or other opening in the skin, such as an open sore, wound, lesion, abrasion or ulcer.
Note: SB 223 claims do not include exposure to air-borne diseases.

When should a workers' compensation exposure claim be filed?
If covered employees come into contact with another person's blood or other body fluids while in the course of their job duties, they can file an exposure claim pursuant to SB 223.

How are claims filed?
It's easy to file a claim.

- Employees should alert their human resources or employee benefits department if they need to file a claim.
- Self-insuring public employers handle workers' compensation claims, including payment of medical services.
- Employees who are not employed by self-insuring public employers can file claims online at **www.bwc.ohio.gov**. Choose Injured worker, then Forms, then *FROI – First Report of Injury, Occupational Disease or Death* form.
- Employees and providers can complete and submit the *FROI* online at **www.bwc.ohio.gov**; notify the employer's managed care organization (MCO); or call **1-800-644-6292**.
- Employees and providers should indicate "alleged exposure to blood or other body fluids" in the Description of accident section.

What documentation is necessary to support the exposure claim?
Self-insuring public employers or BWC will gather the following information to investigate exposure claims:

- *FROI*;
- Medical documentation, such as emergency room records, notes or reports from the treating doctor or facility.

Continued on next page

SB 223 – Exposure claims
Effective for dates of occurrence on or after March 14, 2003

Exposure and physical contact with physical injury	Exposure and physical contact without physical injury	Exposure and no physical contact, and without physical injury
A peace officer, firefighter or emergency medical technician has been exposed to blood or other body fluids and has sustained a physical injury.	A peace officer, firefighter or emergency medical technician has been exposed to blood or other body fluids but did not sustain a physical injury.	A peace officer, firefighter or emergency medical technician had an air-borne exposure but did not sustain a physical injury. **Note:** SB223 does not cover these events. BWC will not pay for testing under these circumstances.
Check list	**Check list**	**Check list**
Covered employee: O Was physically injured; O Had another person's blood or other body fluid splashed on: O His/her eyes or mouth; O Puncture of the skin; O Cut or opening in his/her skin (sore, etc.).	Covered employee: O Was not physically injured; O Had another person's blood or other body fluid splashed on: O His/her eyes or mouth; O Puncture of the skin; O Cut or opening in his/her skin (sore, etc.).	Employee: O Was not physically injured; O Did not have physical contact with another person's blood or other body fluid; O Was exposed to an air-borne condition such as tuberculosis, whooping cough and/or meningitis or other infectious disease without physical contact with blood or body fluid.

What will workers' compensation cover?
Workers' compensation will cover the costs of conducting post-exposure medical diagnostic services to investigate whether the employee contracted an occupational disease from contact with another person's blood or other body fluids through any of the following methods:

- O Splash or spatter in the eye or mouth, including when received in the course of conducting mouth-to-mouth resuscitation;
- O Puncture of the skin;
- O Cut in the skin or another opening in the skin, such as an open sore, wound, lesion, abrasion or ulcer.

If the injured worker is exposed as covered by the law, and there is no physical injury or occupational disease, BWC will deny the claim. However, it will pay for testing and preventive care in accordance with the Occupational Safety & Health Administration and the Centers for Disease Control and Prevention's (CDC's) exposure treatment protocol. In addition, if the injured worker contracts a disease after BWC has denied the initial claim, it will re-consider the claim.

What if the employee contracts a disease from the exposure?
If a covered employee contracts a disease from exposure to blood or other body fluids at work during an event in which a physical injury had occurred and BWC allowed the claim filed, the employee may file a new claim or file to have the claim amended for the disease. BWC may allow the claim as an occupational disease claim.

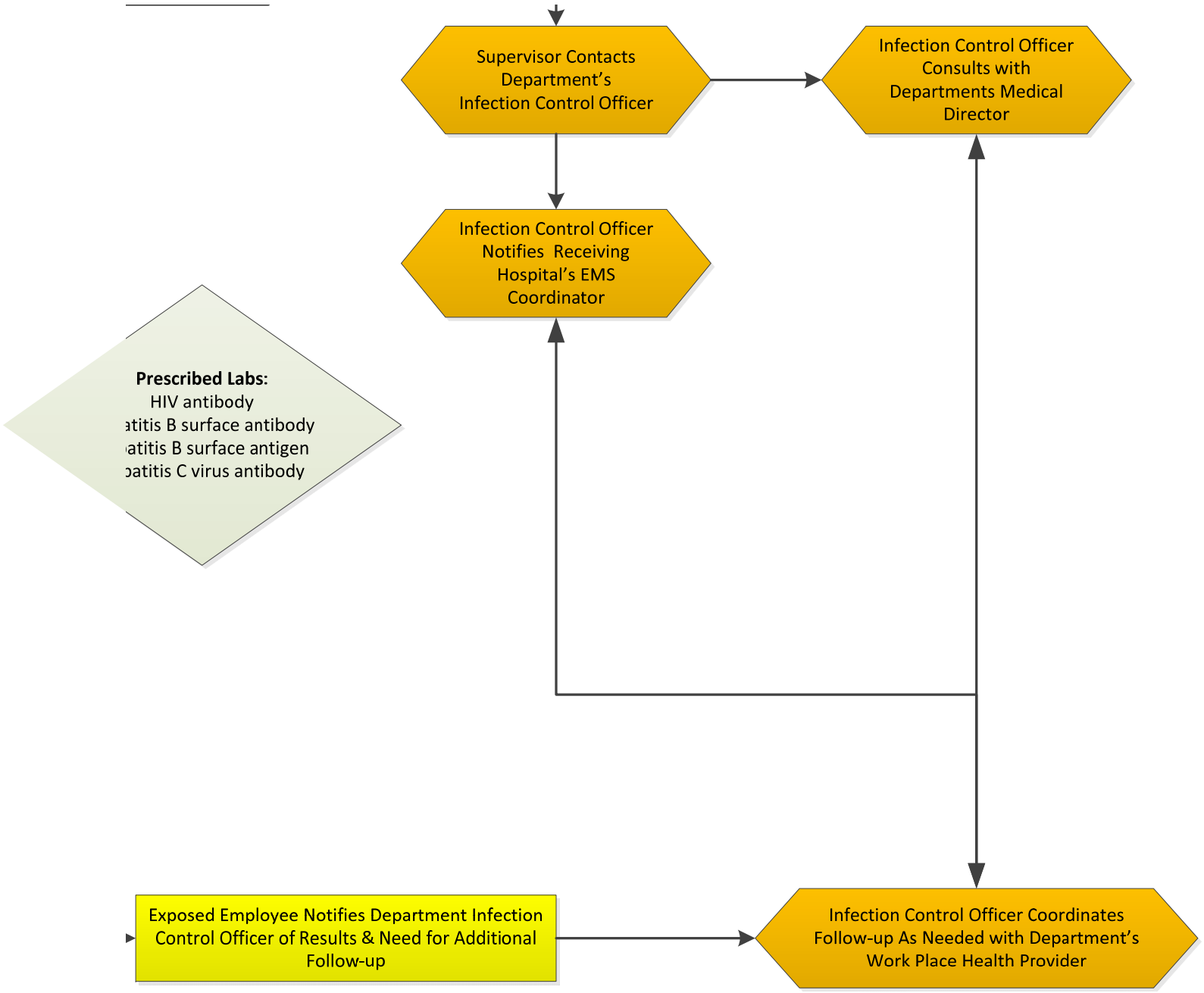
The date of disability in an occupational disease claim is the most recent of the following three dates available at the time the claim is filed:

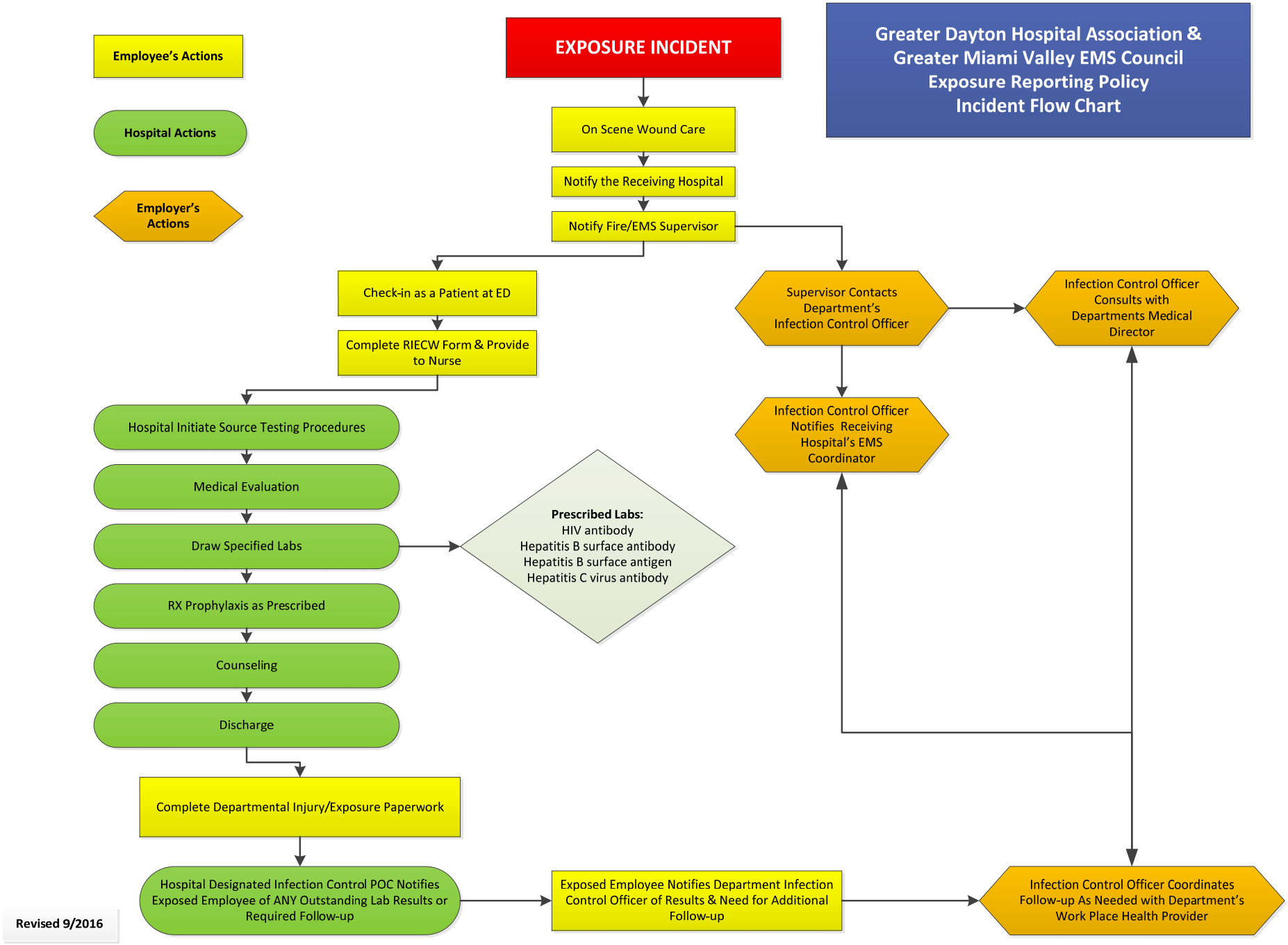
- O Date the injured worker was first diagnosed with the occupational disease;
- O Date the injured worker first received medical treatment for the occupational disease;
- O Date the injured worker first quit work because of the medical occupational disease.

If a covered employee contracts a disease from exposure to blood or other body fluids after being exposed at work during an event in which a physical injury did not occur and BWC disallowed the claim filed, the employee may file a new claim. BWC may allow the claim as an occupational disease claim.

Questions?
The complete policy is available online. To view the policy, choose BWC Library, then select Policies and then Claims Policy.

Fact sheet updated May 2010


Supervisor Contacts Department's Infection Control Officer
Infection Control Officer Consults with Departments Medical Director
Infection Control Officer Notifies Receiving Hospital's EMS Coordinator
Prescribed Labs:
HIV antibody
atitis B surface antibody
atitis B surface antigen
patitis C virus antibody
Exposed Employee Notifies Department Infection Control Officer of Results & Need for Additional Follow-up
Infection Control Officer Coordinates Follow-up As Needed with Department's Work Place Health Provider


Greater Dayton Hospital Association &
Greater Miami Valley EMS Council
Exposure Reporting Policy
Incident Flow Chart
Employee's Actions
Hospital Actions
Employer's Actions
EXPOSURE INCIDENT
On Scene Wound Care
Notify the Receiving Hospital
Notify Fire/EMS Supervisor
Check-in as a Patient at ED
Complete RIECW Form & Provide to Nurse
Supervisor Contacts Department's Infection Control Officer
Infection Control Officer Consults with Departments Medical Director
Infection Control Officer Notifies Receiving Hospital's EMS Coordinator
Hospital Initiate Source Testing Procedures
Medical Evaluation
Draw Specified Labs
Prescribed Labs:
HIV antibody
Hepatitis B surface antibody
Hepatitis B surface antigen
Hepatitis C virus antibody
RX Prophylaxis as Prescribed
Counseling
Discharge
Complete Departmental Injury/Exposure Paperwork
Hospital Designated Infection Control POC Notifies Exposed Employee of ANY Outstanding Lab Results or Required Follow-up
Exposed Employee Notifies Department Infection Control Officer of Results & Need for Additional Follow-up
Infection Control Officer Coordinates Follow-up As Needed with Department's Work Place Health Provider
Revised 9/2016

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