

NWC EMSS I-2 Appendix – Procedure for Exposure Determination and Follow-up

I. Immunizations And Other Preventive Testing

The agency DICO shall obtain and maintain immunization records for their respective employees as covered by OSHA Standard CFR 1910.1030. Personnel are urged to have all appropriate immunizations or have evidence of immunity, when possible for the following:

- Tetanus / Diphtheria
- TDAP booster
- Measles, Mumps, Rubella
- Chickenpox vaccine
- Initial TB skin test
- Flu vaccine
- H1N1 vaccine
- Hepatitis B antibody titer, or others as effective immunizations become available. The DICO shall maintain immunization records in accordance with OSHA Guidelines relative to HBV immunization and/or declination statements.

II. Exposure Event Defined

- A. Exposure - Specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.
- B. Bloodborne Pathogen - Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B (HBV) and human immunodeficiency virus (HIV). 1910.1030(b)
 - 1. Contaminated needle stick injury
 - 2. Blood/OPIM contact with the surface of the eye, nose, or inner surface of the mouth
 - 3. Blood/OPIM in contact with an open area of the skin
 - 4. Cuts with sharp objects covered with blood/OPIM
 - 5. Human bites (with blood-to-blood exposure)
- C. Airborne Diseases - Exposure to individual(s) with communicable airborne diseases, Confirmed exposure shall be based on:
 - 1. Organism present
 - 2. Transport time
 - 3. Task/procedure performed
 - 4. Ventilation
 - 5. Distance
 - 6. Health status of employee

III. Procedure for a Suspected Exposure

- A. A person may still have direct contact with a patient's blood, body secretions, or an exposure to a communicable disease, even though all safety precautions are followed. Employees should always follow agency procedures regarding notification of Designated Infection Control Officer (DICO) when there is the possibility of a Bloodborne, airborne, or Other Potentially Infectious Materials (OPIM) exposure.
- B. Employees are encouraged to seek Workman's Compensation information from their employer. Under OSHA guidelines, EMS agencies are required to develop internal Bloodborne Pathogens Exposure Plans regarding the use of PPE, vaccinations, and follow-up of personnel if exposed.
- C. In the event of a potential exposure, the employee must contact a qualified DICO as soon as possible to report the incident. The DICO will review the circumstances with the employee(s) and evaluate the facts of the potential exposure and determine if there is a potential for occupational acquisition of a communicable disease, based on CDC guidelines for Risk of Occupational Exposure (**Center for Disease Control (CDC) MMWR June 29, 2001**). The DICO shall generate a Request for Exposure Determination form documenting the rationale for an exposure/non-exposure finding. Having the call go directly to the DICO from the employee serves to insure that confidentiality is maintained and that critical time frames are met. If the exposed employee(s) incurs an injury related to the exposure the employee shall seek medical attention using their own agency's procedures.

- D. If the DICO determines that there is no exposure, he/she shall explain to the employee(s) the rationale and facts supporting the “no exposure” decision. This provides an opportunity for the DICO to provide education/training. If the employee has additional concerns, the DICO shall refer the employee(s) to CDC.gov for current exposure information. If the employee is not satisfied, the DICO has the option of offering the employee(s) a second opinion from an Infection Control Specialist. The DICO shall begin a log noting the call and events as they occurred for record keeping in the employee file. If more than one employee is involved, copies of said document shall be placed in each individual file. If the event was preventable, the DICO shall document this in verbal and written form. The documentation shall be sent to the exposed individual(s) and a copy placed in their exposure file.
- E. If the DICO determines that circumstances indicate that an exposure occurred, he/she shall contact the receiving facility's emergency department where the source patient was transported to. The DICO must speak with the receiving facilities designated staff member and advise him/her of the need for source patient testing (See Notes). If unable to speak with the designated staff member the DICO shall contact the hospital EMSC to request source patient testing. The DICO shall transmit the Request for Source Patient Testing form to said staff member confirming that the following blood tests are to be completed;
- HBV surface antigen
 - HCV surface Antigen
 - Rapid HIV (must automatically run viral load test if source patient tests positive. (Allow 1-2 hours)
 - Syphilis if source patient is HIV or HCV positive
1. The DICO will begin a running account of all phone calls and events. This documentation shall be kept in employee(s) exposure file.
 2. The DICO shall document the exposure using the Request for Exposure Determination form and request that the employee(s) complete a written summary of the events. This summary must be returned to the DICO within 24 hours. This summary will be attached to the Request for Exposure Determination form.
 3. When source patient test results are available, the DICO shall notify the exposed employee(s) of the results. The DICO shall remind the exposed employee(s) that all information is confidential. The employee(s) will be advised of any needed referrals to the designated care provider for testing and/or counseling. (Note: All results and conversations shall be noted on the running log).
 4. If the DICO does not receive source patient testing results within 1-2 hours, he/she shall contact the receiving facility's designated staff member to obtain the information. (Note: It is not a HIPAA violation to release source patient test results). The designated staff member shall contact DICO as soon as HIV, HBV, and HCV results are available.
 5. **If the source patient tests NEGATIVE** for the targeted organisms or any other evidence of infection, no further follow-up is generally required. The exposed employee(s) should be notified of the negative results and any further recommendations for follow-up through the mail or personal service.
 6. **If the source patient tests POSITIVE**, the exposed employee(s) shall be referred to the appropriate Occupational Health physician or Infection Control specialist. The DICO shall arrange for the referral and advise the exposed employee(s).

In the event that the Occupational Health physician or Infection Control specialist cannot be reached the DICO shall refer the exposed employee(s) to the appropriate Emergency Department. **This option should be considered a last resort.**
 7. After the employee(s) complete(s) their referral testing/counseling the DICO shall initiate a follow-up meeting, or telephone call to insure that he/she received testing and/or counseling. The DICO shall address any additional questions or needs.
 8. The DICO must insure that the evaluating physician generates a “letter of written opinion” or provides supporting documentation within 15 days of the exposure. This provides the employer with documentation that the agency offered care and counseling. The DICO shall insure that the employee(s) receive information in a similar letter. Once all documentation is received and distributed the DICO can close the case.

IV. Recommended Procedures for Receiving Facilities Regarding Source Patient Testing

- A. Upon notification from the DICO that an exposure occurred, a blood draw from the source patient shall be initiated at the receiving facility. This blood draw shall include the rapid testing for the presence of infectious diseases as outlined in Section III. E. (HBV surface antigen, Rapid HCV antibody, Rapid HIV (viral load if positive), and Syphilis (if HIV positive). **OSHA and CDC guidelines mandate that, all source patient tests must be RAPID tests with results to be expected within one hour and, generally, no more than two hours.**
- B. The receiving facility conducting the testing must make a determination that one of the following exists;
1. Source patient tested negative. [No exposure has occurred]
 2. Source patient tested positive. [There is an exposure]
 3. Insufficient information. Test is inconclusive. [The DICO will refer employee(s) to the Occupational Health physician or Infection Control specialist]

A designated hospital staff member shall contact the DICO representing the exposed employee(s) to disclose the laboratory test results of the source patient. This individual shall then follow up by completing their portion of the Request for Source Patient Testing Form and forward to the appropriate agency DICO.

V. Recommended Follow-up for an Employee Exposed to a Positive Source Patient

- A. It is recommended that the Occupational Health physician or Infection Control specialist determine confidential counseling and treatment plan for the exposed employee(s).
- B. Baseline testing of the exposed employee(s) may be recommended by the evaluating physician based on the nature of the exposure.

All laboratory results are to be disclosed in strict confidence. All source patient results are to be communicated **ONLY** to the DICO. At the time of test disclosure, the exposed employee(s) should be informed that any disclosure of the source patient's personal information and test results to other parties not authorized under the statute may be in violation of the Act and may result in criminal penalties or civil liability.

VI. Recommended Procedure when Source Patient is Unknown, Unavailable, or a Release/Refusal of Service

- A. The DICO will evaluate the employee's reported exposure and make a determination.
- B. If no exposure is determined to have occurred, no further action is required. A copy of the completed Request for Exposure Determination Form is placed in the employee's DICO file for a period of thirty years.
- C. If an exposure is determined to have occurred then the employee should be referred to an Occupational Health physician or Infection Control specialist. A copy of the completed Request for Exposure Determination Form and referral are placed in the employee's DICO file.

VII. General Information for Follow-up Care

The exposed employee(s) are encouraged to follow CDC guidelines for post exposure care.

- A. **Follow-Up for HIV Exposure** – www.cdc.gov/mmwrhtml/rr5011a1.htm
- B. **Follow-Up for Hepatitis Exposure** – www.cdc.gov/mmwrhtml/rr5011a1.htm
- C. **Follow-Up for Meningitis Exposure** – www.cdc.gov
- D. **Tuberculosis Detection and Control** – www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm

VIII. Refusal of follow-up care

If after receiving counseling the exposed employee(s) refuses the recommended diagnostic tests and/or treatment prescribed, he/she must sign a Declination form (Available at each agency). A copy of the signed Declination form is to be retained by the DICO of the employees Provider Agency. In the event the exposed employee(s) does not consent to serologic testing at the time of the exposure he/she may request a baseline blood sample be drawn and preserved by the lab for 30 days. If within 30 days of the exposure incident the worker elects to have the baseline sample tested, such testing shall be completed upon notification. If not, the sample shall be discarded.

IX. System Documentation Requirements

The EMS Administrative Director shall establish and maintain a sharps injury log in compliance with the Needlestick Safety and Prevention Act. The sharps injury log shall contain, at a minimum: (A) The type and brand of device involved in the incident, (B) the work area where the exposure incident occurred, (C) an explanation of how the incident occurred, (D) the procedure being performed, (E) objects or substances involved and how they were involved. The log shall be kept in a manner that protects the privacy of the injured person.

X. Hospital Requirements IN THE ABSENCE OF A Request for Exposure Determination

- A. According to the Hospital Licensing Act (P.A. 85-135), effective January 1, 2002, and the Ryan White HIV/AIDS Extension Act of 2009, every hospital shall provide notification as required in the Act to police officers, firefighters, emergency medical technicians, and ambulance personnel (from here on referred to as emergency response personnel) who have provided or are about to provide emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease. Such notification shall not include the name of the patient, and the emergency services provider agency and any person receiving such notification shall treat the information received as a confidential medical record. (The Department shall establish by regulation a list of those communicable diseases and conditions for which notification shall be provided).
- B. **Notification shall be required for the following diseases:** AIDS, ARC, Anthrax, Chickenpox, Cholera, Diphtheria, Hepatitis B, Hepatitis C, Herpes Simplex, Human Immunodeficiency Virus (HIV), Invasive Meningococcal Infection (Meningitis or Meningococcemia), Measles, Mumps, Plague, Polio, Rabies (Human Rabies), Rubella (including Congenital Rubella Syndrome), Smallpox, Tuberculosis, and Typhus (louseborne). The EMS System also recommends notification for head and/or body lice.
- C. The hospital shall send a letter of notification to the exposed employee's DICO within 72 hours after a confirmed diagnosis of any of the communicable diseases listed by the Department pursuant to subsection (b), except confirmed diagnosis of Acquired Immunodeficiency Syndrome (AIDS). If there is a confirmed diagnosis of AIDS, the hospital shall send the letter of notification only if the emergency response personnel have indicated on the ambulance run sheet that a reasonable possibility exists that they have had blood or body fluid contact with the patient, or if the hospital personnel providing the notification have reason to know of a possible exposure.

Notification letters shall be sent to the employee's DICO at the municipal or private provider agencies listed on the ambulance run sheet. Except in municipalities with a population over 1,000,000, a list attached to the ambulance run sheet must contain all municipal and private provider agency personnel who have provided any pre-hospital care immediately prior to transport. In municipalities with a population over 1,000,000, the ambulance run sheet must contain the company number or unit designation number for any emergency response personnel who have provided any pre-hospital care immediately prior to transport. The letter shall state the names of all personnel exposed listed on an attachment to the ambulance run sheet and the name of the communicable disease diagnosed, but shall not contain the patient's name. Upon receipt of such notification letter, the applicable private provider agency or the designated infectious disease control officer of a municipal fire department or fire protection district shall contact all personnel involved in the pre-hospital or inter-hospital care and transport of the patient.

- D. The receiving facility representative must contact by telephone, the DICO at the Provider Agency (List available at each system hospital ED) and provide the following information: (The information shall **not** include the name of the patient or any patient-identifying information).
1. The date and time of the patient's arrival along with the provider's Incident number;
 2. The patient's diagnosed disease;
 3. A statement that this information shall be maintained as a confidential medical record (see 77 Ill. Adm. Code 697.140); and
 4. A statement that upon receipt of the notification letter, the provider agency DICO shall contact all personnel involved in the prehospital or inter-hospital care and transport of the patient.
- E. When a hospital transfers a patient with a communicable disease listed previously or below via ambulance personnel, the hospital shall notify the ambulance personnel of appropriate precautions to take against exposure to a communicable disease, but shall **NOT** identify the name of the disease (per state law).

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1. Typhoid fever
2. Amebiasis
3. Shigellosis
4. Giardiasis
5. Hepatitis A

NOTES:

#1. Section III, E

The following statement should be used by the DICO upon contacting the “Designated Facility Representative” when requesting source patient testing;

*Hello, this is DICO & Agency Name. I am contacting you to request a source patient blood draw on Pt. Name. We have an employee(s) who sustained an exposure while in contact with this patient. I will be sending you a copy of the Request for Source Patient Test form. Please initiate source patient testing and call me back with the results as soon as they are available. I can be reached at ### - ### - ##
##.*

#2. Section X, C

SAMPLE NOTIFICATION LETTER
(NAME OF HOSPITAL)
(ADDRESS)

TO:..... (Designated Infection Control Officer / Agency Name)

FROM:.....(Infection Control Coordinator)

DATE:.....

As required by Section 6.08 of the Illinois Hospital Licensing Act,(name of hospital) is hereby providing notification that the following crew members or agencies transported or provided pre-hospital care to a patient on (date), and the transported patient was later diagnosed as having(name of communicable disease):(list of crew members). The Hospital Licensing Act requires you to maintain this information as a confidential medical record. Disclosure of this information may therefore result in civil liability for the individual or company breaching the patient's confidentiality, or both.

If you have any questions regarding this patient, please contact me at(telephone number), between(hours). Questions regarding exposure or the financial aspects of obtaining medical care should be directed to your employer.

(e) Upon discharge of a patient with a communicable disease to emergency personnel, the hospital shall notify the emergency personnel of appropriate precautions against the communicable disease, but shall not identify the name of the disease.

(f) The hospital may, in its discretion, take any measures in addition to those required in this Section to notify police officers, firefighters, emergency medical technicians, and ambulance personnel of possible exposure to any communicable disease. However, in all cases this information shall be maintained as a confidential medical record.

(g) Any person providing or failing to provide notification under the protocol required by this Section shall have immunity from any liability, either criminal or civil, that might result by reason of such action or inaction, unless such action or inaction is willful.

(h) Any person who willfully fails to provide any notification required pursuant to an applicable protocol which has been adopted and approved pursuant to this Section commits a petty offense, and shall be subject to a fine of \$200 for the first offense, and \$500 for a second or subsequent offense.

(i) Nothing in this Section shall preclude a civil action by a firefighter, emergency medical technician, or ambulance crew member against an emergency services provider agency, municipal fire department, or fire protection district that fails to inform the member in a timely fashion of the receipt of a notification letter.

(Source: P.A. 92-363, eff. 1-1-02.)