

Regional Blood or Body Fluids Exposure Process for Emergency Response Employees

The STRAC EMS committee, in concert and collaboration with the STRAC Infection Control Committee, San Antonio Metro Health (SAMH) and Department of State Health Services (DSHS) Region-8, has developed this packet to provide a common, consistent method for Emergency Response Employees to obtain proper evaluation and necessary treatment when exposed to blood and/or body fluids (BBF) in the course of their duties. For brevity, this packet refers to EMS, Public Safety, including Law Enforcement (Jail Guards, Detention Officers) and Firefighters, Rescuers, etc., as Emergency Response Employees (ERE), volunteer and paid (HSC 81.003).

Process steps for the ERE once exposed to Blood or Body Fluids (BBF):

1. Prompt first aid for the affected area should include washing wounds/non-intact skin with soap and water for at least 2 minutes. Flush mucous membranes with water for at least 5 minutes. Irrigate eyes with water or normal saline for at least 5 minutes.
2. The ERE should notify his/her supervisor and complete first report of injury paperwork per employer SOP. The ERE should notify his/her Designated Infection Control Officer (DICO).
3. ERE should make every attempt to be evaluated at the same hospital where the source patient (SP) is transported as this will improve the odds of getting the source patient's blood drawn or other specimen (HSC 81.095) for analysis.
4. The ERE completes the BBF Exposure packet (available on www.strac.org or EMSsystem), pages 8-9.
5. The ERE will provide a copy of the BBF Exposure Report (pages 8-9 of packet) to the Emergency Department Charge Nurse and retain a copy for his/her department's DICO.
6. If the **SP is in the ED**, the Emergency Department Charge Nurse receiving the exposure report shall ensure the ERE go through the normal admission process and be evaluated by the ED physician and the BBF exposure is assessed for risk for reportable disease(s)(HSC 81.095):
 - a. Based on the risk assessment, the ED physician will consider drawing blood and/or specimen from the SP.
 - b. Counseling and prophylaxis should be provided to the ERE based on the SP history, risk of transmission, and/or blood draw/specimen test results (HSC 81.048). If prophylaxis is selected, the ERE should receive *at least* the first dose and script (minimum of 3 days), similar to hospital employees.
 - c. ED Charge Nurse will fax BBF Exposure packet (pages 6-9) to the hospital ICP.
 - d. ICP will fax the BBF Exposure packet (pages 8-9) to:
 1. Source patient originates from Bexar County:
 - **San Antonio Metro Health Department, Epidemiology**
(210) 207-8876; Fax (210) 207-8807
 2. Source patient originates from outside Bexar County:
 - **DSHS Health Service Region 8**
(210) 949-2121; Fax (210) 692-1457
 - Note the contact number for DSHS is a 24 hour hotline voice message which will activate the on call representative within 30 minutes.
 - e. ICP will notify the DICO and provide baseline test results for the ERE.
 - f. **After normal business hours**, the ED Charge Nurse may provide follow up information (such as lab results) to the DICO (HSC 81.046c).
7. If the **Source Patient** is has not been transported and/or not admitted to the ED, ensure the Consent to Test and Release Results document is signed. If the SP refuses testing, refer to HSC 81.050. Deliberately exposing an ERE is a criminal offense per Penal Code, Title 5, §22.11. If the SP refuses testing, refer to Code of Criminal Procedure Article 18.22 and 21.31.
8. If the **Source Patient is not in the ED**, that Emergency Department Charge Nurse receiving the exposure report shall contact:
 - a. Source patient originates from Bexar County:
 - **San Antonio Metro Health Department, Epidemiology**
(210) 207-8876; Fax (210) 207-8807

- b. Source patient originates from outside Bexar County:
 - **DSHS Health Service Region #8**
(210) 949-2121; Fax (210) 692-1457
- c. ICP will notify the DICO and provide baseline test results for the ERE.
- d. **After normal business hours**, the ED Charge Nurse may provide follow up information (such as lab results) to the DICO.

HSC 81.046(c)

- c) Health and Safety Code, to authorize medical or epidemiological information to be released to a designated infection control officer in addition to certain persons and entities as set forth.

HSC 81.095(a) and (b), are amended to read as follows:

- a) In a case of accidental exposure of a health care worker to blood or other body fluids of a patient in a licensed hospital, the hospital, following a report of the exposure incident, shall take reasonable steps to test the patient for hepatitis B, [or] hepatitis C, HIV, or any reportable disease.
- b) This subsection applies only in a case of accidental exposure of certified emergency medical services personnel, an emergency response employee or volunteer [a firefighter, a peace officer], or a first responder who renders assistance at the scene of an emergency or during transport to the hospital to blood or other body fluids of a patient who is transported to a licensed hospital. The hospital receiving the patient, following a report of the exposure incident, shall take reasonable steps to test the patient for hepatitis B, [or] hepatitis C, HIV, or any reportable disease if the report shows there is significant risk to the person exposed.
- c) A test conducted under this section may be performed without the patient's specific consent.

HSC 81.106 General Consent:

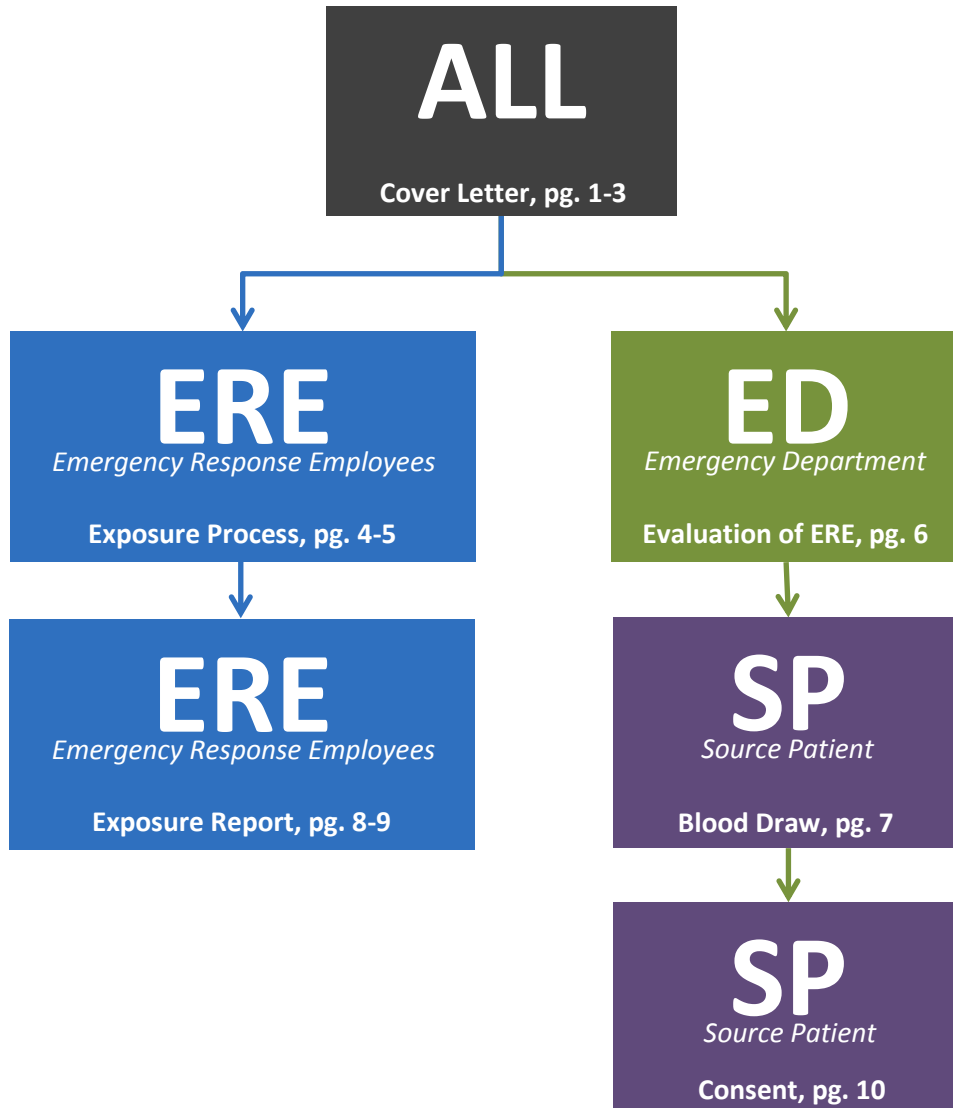
- 1. A person who has signed a general consent form for the performance of medical tests or procedures is not required to also sign or be presented with a specific consent form relating to medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS that will be performed on the person during the time in which the general consent form is in effect.
- 2. Except as otherwise provided by this chapter, the result of a test or procedure to determine HIV infection, antibodies to HIV, or infection with any probable causative agent of AIDS performed under the authorization of a general consent form in accordance with this section may be used only for diagnostic or other purposes directly related to medical treatment.

HSC 81.107(a):

- a) If general consent has been given upon admission, **specific consent** for testing for reportable diseases is not required after an accidental exposure to a healthcare worker or ERE. Effective September 1, 2015.

Regional Blood or Body Fluids Exposure Process For Emergency Response Employees

Document Map



Abbreviations:

ERE – Emergency Response Employee

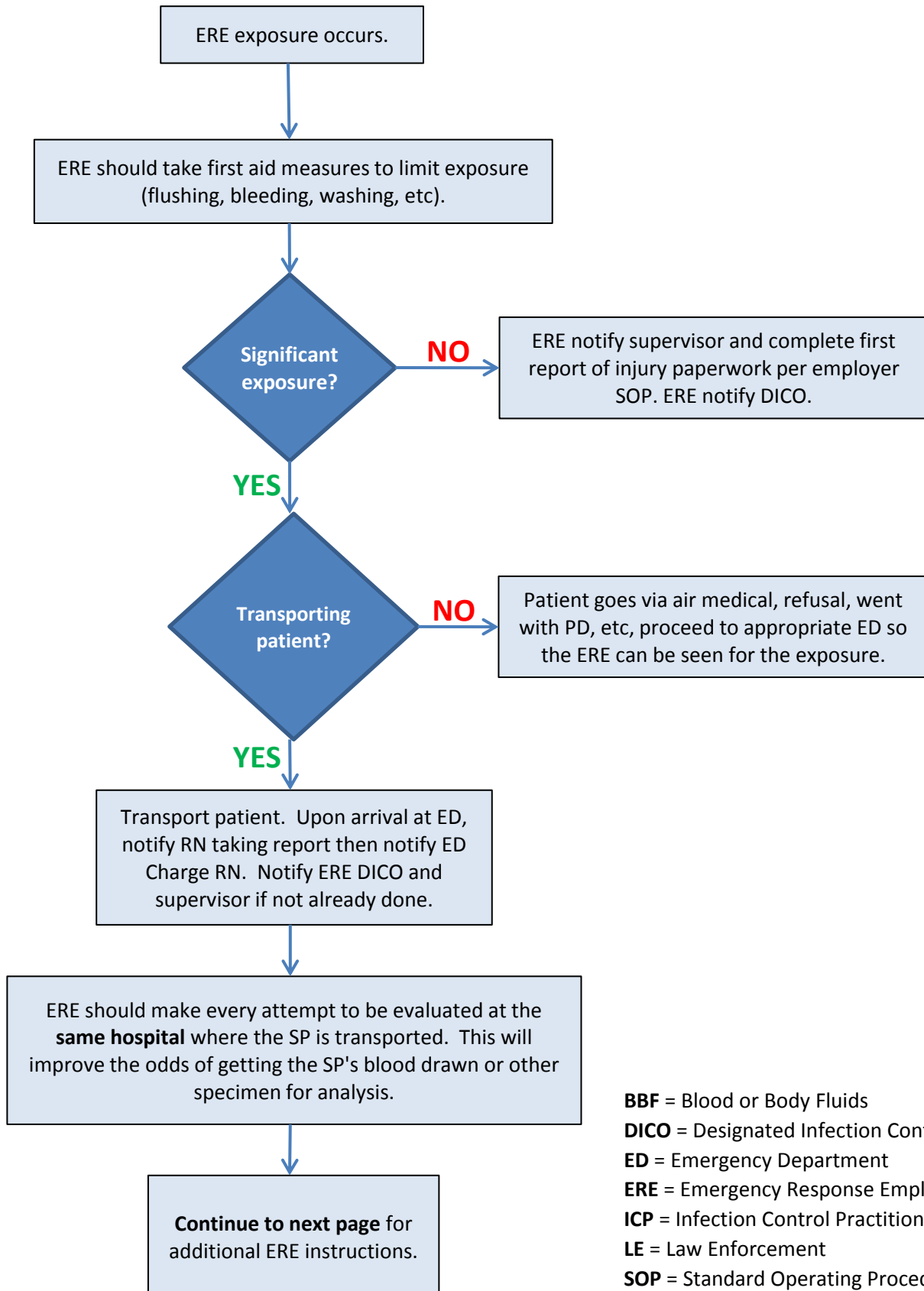
(EMS, Public Safety including Law Enforcement including Jail Guards & Detention Officers, Firefighters, Rescuers, etc.; volunteer and paid)

ED – Emergency Department

SP – Source Patient

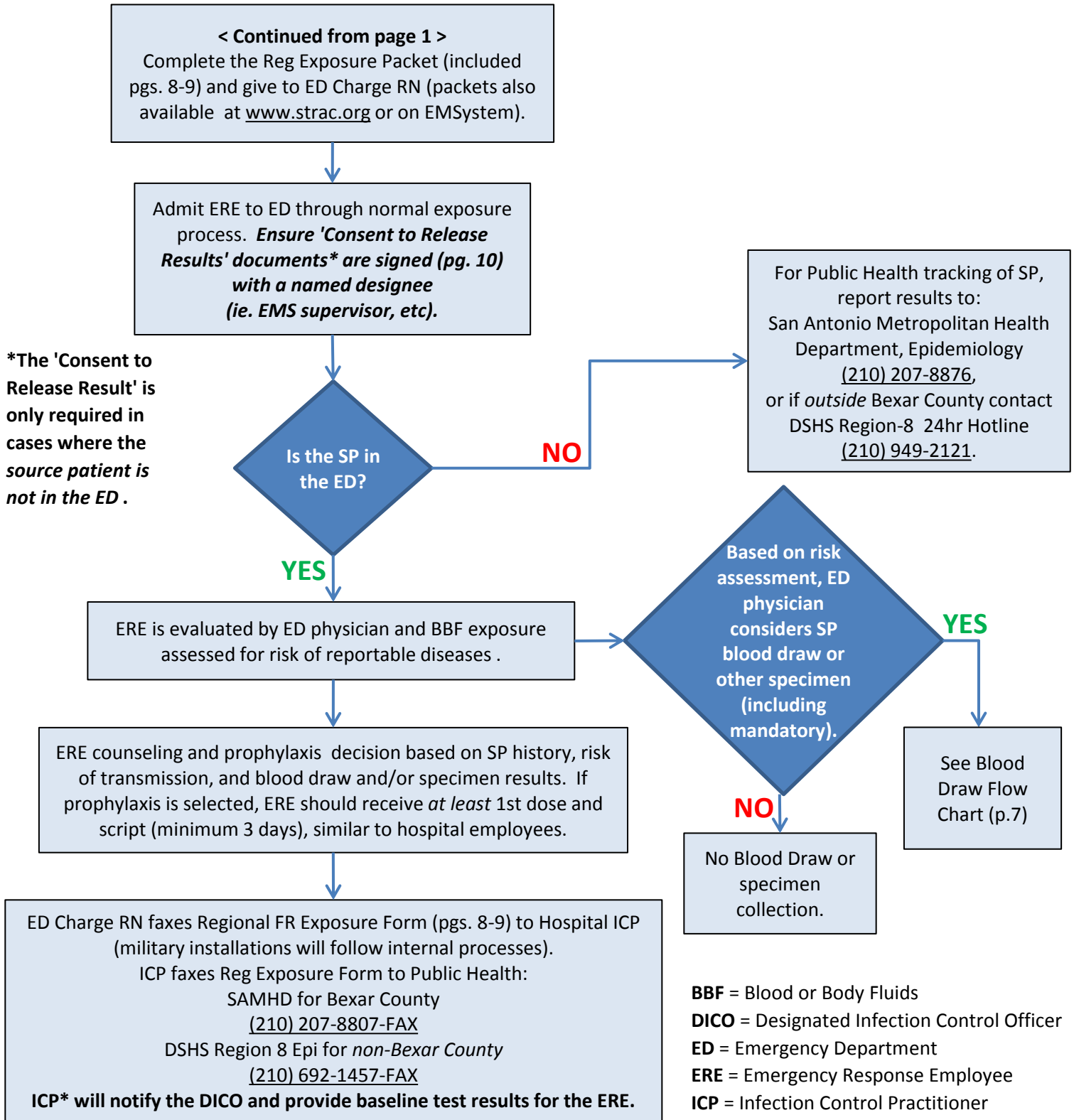
***Note: The Source Patient Blood Draw (pg. 7) and Source Patient Consent (pg. 10) fall under the responsibility of the Emergency Department.**

Emergency Response Employee (ERE) Process for Blood or Body Fluids Exposure:



BBF = Blood or Body Fluids
DICO = Designated Infection Control Officer
ED = Emergency Department
ERE = Emergency Response Employee
ICP = Infection Control Practitioner
LE = Law Enforcement
SOP = Standard Operating Procedure
SP = Source Patient

Emergency Response Employee (ERE) Process Blood or Body Fluids Exposure
(continued from page 3):

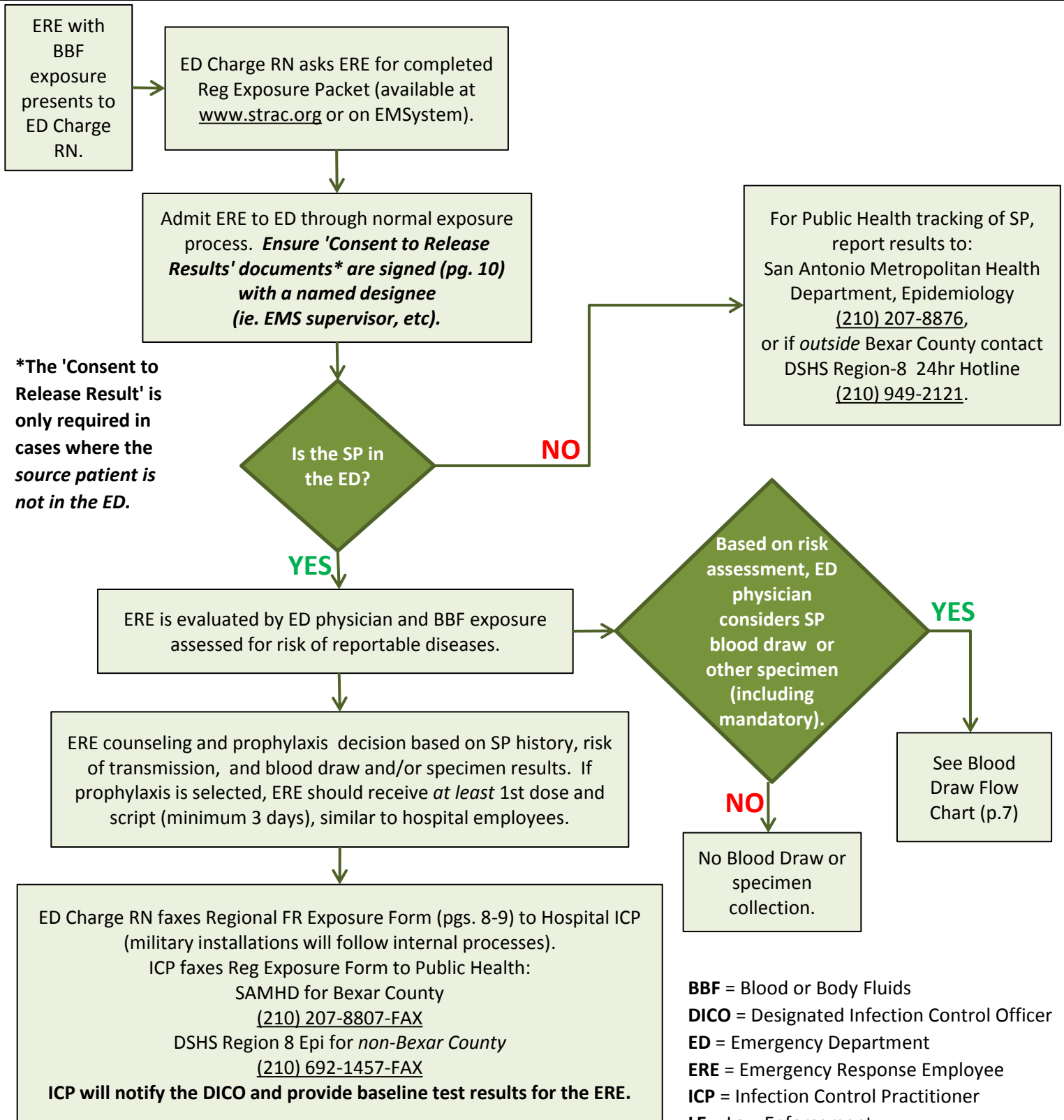


*The 'Consent to Release Result' is only required in cases where the source patient is not in the ED.

*** After normal business hours, the ED Charge Nurse may provide follow up information (such as lab results) to the DICO.**

- BBF** = Blood or Body Fluids
- DICO** = Designated Infection Control Officer
- ED** = Emergency Department
- ERE** = Emergency Response Employee
- ICP** = Infection Control Practitioner
- LE** = Law Enforcement
- SOP** = Standard Operating Procedure
- SP** = Source Patient

**Emergency Department process for evaluation of a Emergency Response Employee
with On-duty Blood or Body Fluids Exposure:**



*The 'Consent to Release Result' is only required in cases where the source patient is not in the ED.

*** After normal business hours, the ED Charge Nurse may provide follow up information (such as lab results) to the DICO.**

BBF = Blood or Body Fluids
DICO = Designated Infection Control Officer
ED = Emergency Department
ERE = Emergency Response Employee
ICP = Infection Control Practitioner
LE = Law Enforcement
SOP = Standard Operating Procedure
SP = Source Patient

Source Patient Blood Draw Process

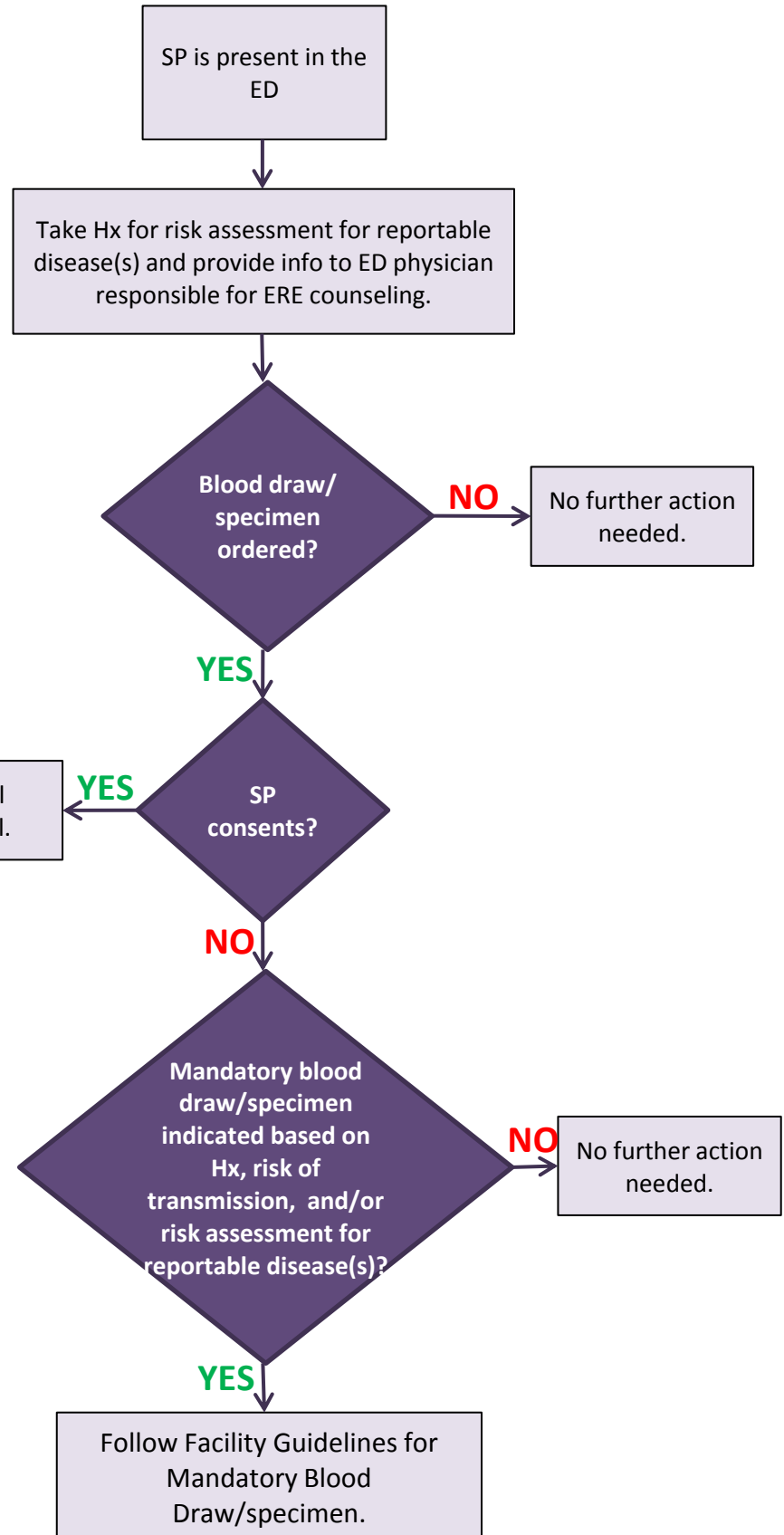
HSC 81.106 General Consent

(a) A person who has signed a general consent form for the performance of medical tests or procedures is not required to also sign or be presented with a **specific consent** form relating to medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS that will be performed on the person during the time in which the general consent form is in effect.

(b) Except as otherwise provided by this chapter, the result of a test or procedure to determine HIV infection, antibodies to HIV, or infection with any probable causative agent of AIDS performed under the authorization of a general consent form in accordance with this section may be used only for diagnostic or other purposes directly related to medical treatment.

HSC 81.107(a)

If general consent has been given upon admission, **specific consent** for testing for HIV is not required after an accidental exposure to a healthcare worker or ERE. Effective September 1, 2015.



Send blood draw/specimen results to consulting physician if timely results available /feasible, and send all results to ICP.

Draw full set/panel.

- BBF** = Blood or Body Fluids
- DICO** = Designated Infection Control Officer
- ED** = Emergency Department
- ERE** = Emergency Response Employee
- ICP** = Infection Control Practitioner
- LE** = Law Enforcement
- SOP** = Standard Operating Procedure
- SP** = Source Patient

SELF-FIRST AID MUST BE DONE AS SOON AS POSSIBLE FOLLOWING ONE OF THE ABOVE EXPOSURES. RINSE/FLUSH THOROUGHLY WITH SOAP & WATER THE BODY PART EXPOSED TO BLOOD/BODY FLUIDS

REPORT OF POSSIBLE EXPOSURE OF EMERGENCY RESPONSE EMPLOYEE (ERE)

ERE who have an exposure listed in #2 below must complete this form immediately. A copy of the completed form should be given to the Emergency Department Charge Nurse where the source patient is delivered and the original returned to the DICO of the ERE agency.

PLEASE PRINT LEGIBLY

ITEMS 1-5 TO BE COMPLETED BY FIRST RESPONDER PERSONNEL

1. The exposure described in #2 below occurred during the care / management of the following patient /person (**SOURCE**):

Source Patient Name: _____ [] Male [] Female DOB ____/____/____

Transported to: _____ on Date / Time ____/____/____ @ _____ AM / PM

Suspected Disease: _____ Other Responders Involved? [] Yes [] No Who: _____

2. Exposure Type:

What were you exposed to:

[] Blood [] Feces [] Urine [] Saliva [] Vomitus [] Sputum [] Other _____

How Were You Exposed?

[] Coughing [] BVM Use [] Mouth to Mouth [] Intubation [] Throat Exam [] Needle Stick

[] Puncture Wound [] Splash [] Open Wound [] Non-intact Skin [] Other _____

Specifically, where were you exposed?

[] Face [] Hands [] Arms [] Legs [] Chest [] Abdomen [] Eyes Nose [] Mouth

Was personal protective equipment (PPE) utilized?

[] Gloves [] Mask [] Face Shield [] Gown [] Other _____

How did the exposure occur? _____

3. NAME OF ERE EXPOSED: _____

SS#: ____ - ____ - ____ TELEPHONE: Home: _____ Work: _____

Unit / Station # _____ Shift: _____ Case / Run # _____

Last Tetanus Immunization: _____ Year of Hep. B Vaccination: _____ Measles/Rubella _____

4. ERE Name: _____

Address: _____ City/State/Zip: _____ Telephone #: _____

5. Signature of Person Reporting Exposure: _____ Date Form Completed: ____/____/____

ERE Provide Copy to ED Charge Nurse and retain copy for your agency's DICO; ensure 'Consent to release' documents (page 8) is signed with a named designee (i.e. Supervisor, etc.); This step is only necessary for cases in which the SP is not in the ED.

TO BE COMPLETED BY THE RECEIVING FACILITY'S INFECTION CONTROL / EPIDEMIOLOGY REPRESENTATIVE:

DISEASE IDENTIFIED _____ **Date Specimen Collected** ____ / ____ / ____

NO DISEASE IDENTIFIED DURING THIS HOSPITALIZATION / STAY

RESULTS REPORTED TO: San Antonio Metropolitan Health Department 210-207-8807 (fax) on ____ / ____ / ____

RESULTS REPORTED TO: (Outside Bexar County) DSHS Health Service Region-8 210-692-1457 (fax) on ____ / ____ / ____

RESULTS REPORTED TO: Designated Infection Control Officer (DICO) or alternate.

Name / Title of Person Completing this Section: _____

CONFIDENTIAL
HOSPITAL ICP SHOULD CONTACT THE EPIDEMIOLOGY OF SAN ANTONIO METROPOLITAN HEALTH DEPARTMENT OR THE DSHS REGION 8 OFFICE WITH RESULTS; ICP WILL NOTIFY THE DICO OF ERE AGENCY AND PROVIDE BASELINE TEST RESULTS FOR THE ERE.

VISIT WWW.STRAC.ORG/DOCUMENTS FOR ADDITIONAL COPIES OF THIS FORM AND ASSOCIATED DOCUMENTS.

TEXAS ADMINISTRATIVE CODE

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 97 COMMUNICABLE DISEASES
SUBCHAPTER A CONTROL OF COMMUNICABLE DISEASES
 RULE §97.11 **Notification of Emergency Response Employee, Fire Fighters, Peace Officers, Detention Officers, County Jailers, or Other Persons Providing Emergency Care of Possible Exposure to a Disease (should reflect doc-1).**

(a) Purpose. The Communicable Disease Prevention and Control Act (Act), §81.048, requires a licensed hospital to notify a health authority in certain instances when an emergency medical service employee, peace officer, detention officer, county jailer, or fire fighter may have been exposed to a reportable disease during the course of duty from a person delivered to the hospital under conditions that were favorable for transmission. A hospital that gives notice of a possible exposure under this section or a local health authority that receives notice of a possible exposure under this section may give notice of the possible exposure to a person other than emergency medical service employee, a peace officer, a detention officer, a county jailer, or a fire fighter if the person demonstrates that the person was exposed to the reportable disease while providing emergency care.

(b) Disease and criteria which constitute exposure. The following diseases and conditions constitute a possible exposure to the disease for the purposes of the Act, §81.048:

(1) chickenpox; diphtheria; measles (rubeola); pertussis; pneumonic plague; SARS; smallpox; pulmonary or laryngeal tuberculosis; and any viral hemorrhagic fever, **if the worker and the patient are in the same room, vehicle, ambulance, or other enclosed space;**

(2) Haemophilus influenzae type b infection, invasive; meningitis; meningococcal infections, invasive; mumps; poliomyelitis; Q fever (pneumonia); rabies; and rubella, **if there has been an examination of the throat, oral or tracheal intubation or suctioning, or mouth-to-mouth resuscitation;**

(3) acquired immune deficiency syndrome (AIDS); anthrax; brucellosis; dengue; ehrlichiosis; hepatitis, viral; human immunodeficiency virus (HIV) infection; malaria; plague; syphilis; tularemia; typhus; any viral hemorrhagic fever; and yellow fever, **if there has been a needlestick or other penetrating puncture of the skin with a used needle or other contaminated item; a splatter or aerosol into the eye, nose, or mouth; or any significant contamination of an open wound or non-intact skin with blood or body fluids;** and

(4) amebiasis; campylobacteriosis; cholera; cryptosporidiosis; Escherichia coli O157:H7 infection; hepatitis A; salmonellosis, including typhoid fever; shigellosis; and Vibrio infections, **if fecal material is ingested.**

(5) Methicillin-resistant *Staphylococcus aureus* (MRSA) wounds, skin infections or soft tissue infections, if there has been contact of non-intact skin to these infections or drainage from these infections.

To Access Texas Administrative Code Documents Pertaining to Communicable Diseases & Exposure, Please Visit:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&p_g=1&p_tac=&ti=25&pt=1&ch=97&rl=11](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&p_g=1&p_tac=&ti=25&pt=1&ch=97&rl=11)

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&p_g=1&p_tac=&ti=25&pt=1&ch=97&rl=12](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&p_g=1&p_tac=&ti=25&pt=1&ch=97&rl=12)

Workers Compensation / Health Insurance Information:

Name of Insured: _____

Address: _____ Phone: _____

Attention: _____

Name of Workers Compensation / Insurance Company: _____

Address: _____ Phone: _____

Policy #: _____ Group #: _____

Attention: _____

Source Patient Consent to Test and Release Results
Consent for Testing due to Exposure of an
Emergency Response Employee (ERE)

I, (PRINT: Source Patient Last Name, First Name), hereby give permission to (Hospital Name) to test my blood and/or specimen for reportable disease(s) to include, but not limited to: Hepatitis B, Hepatitis C and the presence of the HIV antibody which is associated with Acquired Immune Deficiency Syndrome (AIDS).

I, (PRINT: Source Patient Last Name, First Name), hereby give permission to (Hospital Name) to provide all test results to (ERE Designated Infection Control Officer-DICO) to be used solely to determine appropriate care for exposed Emergency Response Employee.

I understand that I have been requested to have this test because a healthcare or public safety worker has been exposed to my blood or other body fluid and because the United States Centers for Disease Control and the Texas Department of State Health Services (DSHS) recommend testing of patients following such exposure.

I understand that a negative result from this test does not conclusively exclude the possibility of infection with the HIV (AIDS) virus. All positive test results will be confirmed by repeating the same test as a control for performance or laboratory error.

I understand that a positive result from this test will be reported to the Texas Department of State Health Services and ERE DICO as required by law.

I understand that (ERE DICO) will take precautions to protect the confidentiality of these test results. There will be no disclosure to unauthorized parties without my express written consent.

I understand that the results of this test will not be recorded in my medical record and that the results will be released only to persons or entities to which I authorize the release of my lab results.

I understand and agree that the results may be disclosed as necessary to assure appropriate follow up testing of the ERE exposed to my blood, body fluids, or specimen.

I have been given the opportunity to ask questions which have been answered to my satisfaction. I have read the above and have had the opportunity to discuss this information with Dr. (Physician Name). I am aware of the test's limitations and the potential consequences of positive and negative test results. My signature indicates that I give my informed consent to have the HIV, HBV and HCV screening test, and/or any test for reportable disease(s) performed on a sample of my blood, body fluid, or specimen (HSC 81.095) and to provide results with designated parties.

Source Patient Last Name, First Name – PRINT LEGIBLY

Source Patient Signature

Witness

Date

Time

**Place Patient MRN
Sticker if Available**