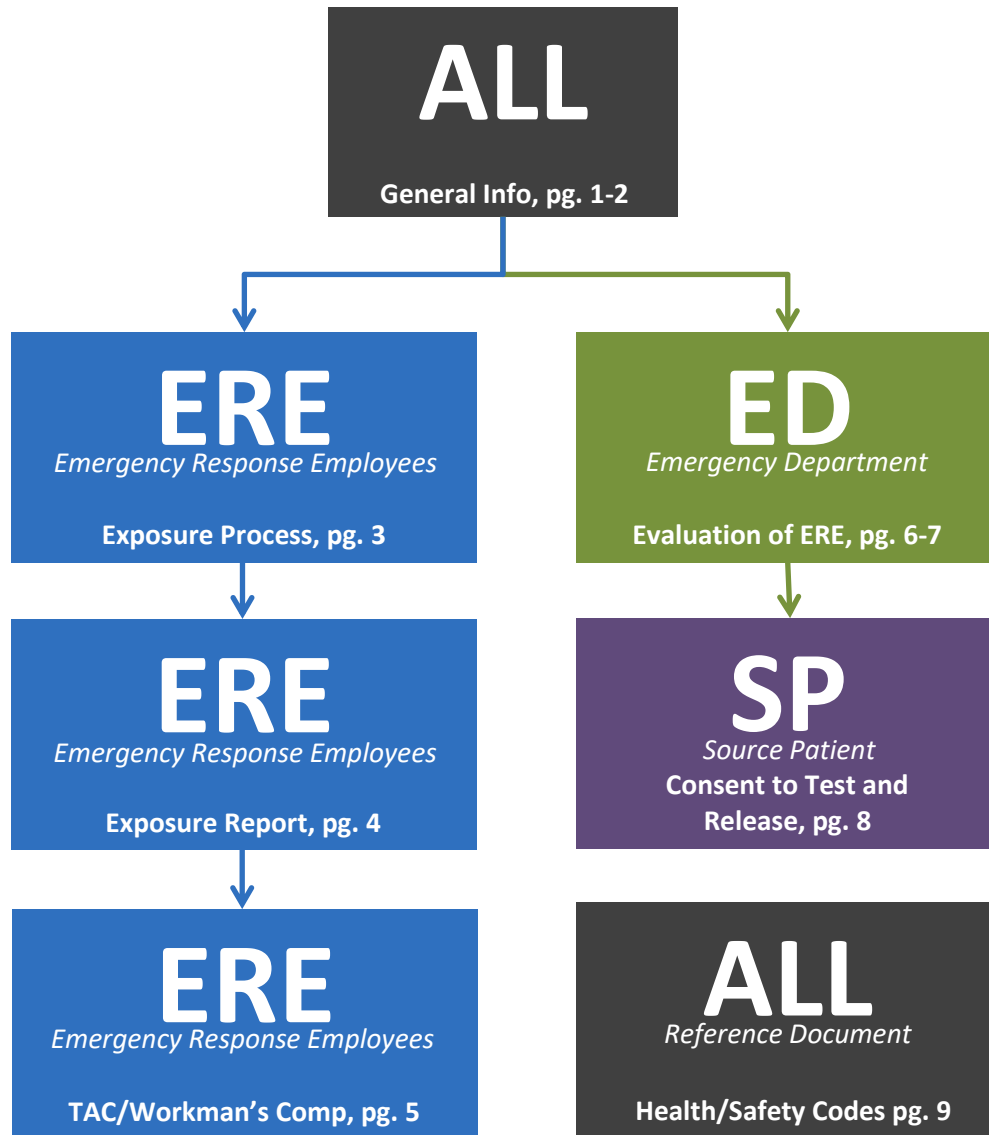


Regional Blood or Body Fluids Exposure Process For Emergency Response Employees

What to do when exposed: Flowchart



Abbreviations:

ED – Emergency Department

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

ICP – Infection Control and Prevention

PEP – Post Exposure Prophylaxis

RICO – Regional Infection Control Officer

SP – Source Patient

Regional Infection Control Officer Program Points of Contact

For a current list of member agencies in the RICO Program, visit www.strac.org/RICO.

24/7 RICO HOTLINE: (210) 355-0804

STRAC Regional Infection Control Officer:

On Call RICO
UTHSCSA OMD
Regional Infection Control Officer

24/7 RICO Hotline: (210) 355-0804
Secure FAX: (210) 568-6444

Alternate Point of Contact:

Dr. David Miramontes
UTHSCSA OMD
SAFD Medical Director

(210) 265-7891 Mobile
MiramontesD@uthscsa.edu

24/7 STRAC Regional Communications Center:

STRAC MEDCOM 24/7
Regional Communications Center

(210) 233-5815 Work

7500 US Hwy 90 West
San Antonio, TX 78227

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), Department of State Health Services (DSHS) Region-8, and UTHSCSA OMD 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 BBF:

Initial When Complete

1. _____ ERE should take first aid measures to limit exposures (flushing, washing, etc.).
2. _____ The ERE should note the source patient's name, date of birth, and hospital transported to.
 - a. If your agency is in Pulsara, add "STRAC Regional Infection Control Officer" to the patient channel when transporting for early notification to the on-call RICO.
3. _____ Unless otherwise directed by RICO, the exposed ERE should report to the ED where the source patient (SP) was transported with a completed STRAC Exposure Form and release of PHI specifically for infection control assistance.
4. _____ The ERE should notify RICO to determine if additional actions are required:
RICO Hotline: (210) 355-0804
5. _____ The ERE should notify his/her supervisor to get the paperwork going:
 - a. STRAC Exposure Form & Release of PHI Form (pg. 4) are completed by the exposed ERE to present at the ED.
 - b. Follow your agency rules for return-to-work documentation (example: agency return to work form or Physician Assessment).
 - c. **ERE RETAIN COPIES OF ALL FORMS.**
 - d. If the RICO Response Packet isn't readily available, all documents available at www.strac.org/RICO.
6. _____ The ERE should notify RICO to determine if additional actions are required: (210) 355-0804
7. _____ Once at the ED, unless otherwise directed by RICO, the exposed ERE should remain there until evaluated and consulted.
 - a. Call the RICO Hotline or alternate POC **before leaving the hospital: (210) 355-0804**
 - b. **Fax ALL forms and results to the RICO Secure Fax Line at: (210) 568-6444**
8. _____ For HIV counseling and prophylaxis, the treating physician should provide the **first dose STAT**, and then prescribe a **3-day course PEP Pack** which includes:
 - a. Truvada (Tenofovir 300mg and Emtricitabine 200mg) 1-tab PO Daily, **plus**
 - b. Isentress (Raltegravir 400mg PO Twice Daily) Integrase Inhibitor,
OR Tivicay* (Dolutegravir 50mg) **once daily** (*be mindful of use in females of child-bearing age)
 - c. If items **a/b** are not available, call **PEP Hotline** for advice **(888) 448-4911**.
9. _____ The initial treatment for the exposure should cover treatment for the ERE if/when an exposure occurs over the weekend/holiday. For further evaluation and treatment, the ERE will need to follow-up with his/her workman's compensation provider or infectious disease physician for continued dosing for total of 28 days and repeat labs (6 weeks, 3 months, 6 months, and 12 months).
10. _____ If the **SP** has not been transported and/or not admitted to the ED, ensure the SP Consent to Test and Release Form (see page 8) 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.

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

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 RICO OF ERE AGENCY AND PROVIDE BASELINE TEST RESULTS FOR THE ERE.

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 RICO 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 EXPOSED ERE: _____ DOB: ____/____/____

ERE Agency Name: _____

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

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

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

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

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

ERE Provide Copy to ED Charge Nurse and retain copy for the RICO; 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: Regional Infection Control Officer (RICO) at (210) 355-0804 or alternate, UTHSCSA OMD (210) 265-7891.

Name / Title of Person Completing this Section: _____

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

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: _____

Agency Name: _____

Address: _____ Phone: _____

Attention: _____

Name of Workers Compensation / Insurance Company: _____

Address: _____ Phone: _____

Policy #: _____ Group #: _____

Attention: _____

**Regional Blood or Body Fluids Exposure
Process for Emergency Department Treatment for ERE**

Process steps for the Emergency Department Charge Nurse for handling the Emergency Response Employee (ERE) and/or Source Patient (SP):

Initial When Complete

1. _____ The ERE will provide a copy of the STRAC Regional BBF Exposure Form (pg. 4) and the SP Consent to Test and Release Form (pg. 8) to the ED Charge Nurse and retain a copy for him/herself.
2. _____ If the **SP is in the ED**, the Emergency Department Charge Nurse receiving the exposure report (pg. 4) shall ensure the ERE go through the normal admission process and be evaluated by the ED physician and the blood or body fluids 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 (pg. 4, item 8) 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 treating physician should provide the first dose STAT, and then prescribe a 3-day course PEP Pack.**
 - c. ED Charge Nurse will fax BBF Exposure packet (pages 4, 5, and 8) to the hospital ICP.
 - d. ICP will fax the BBF Exposure packet (pages 4, 5, and 8) to:
 - i. SP originates from Bexar County:
San Antonio Metro Health Department, Epidemiology
(210) 207-8876; Fax (210) 207-8807
 - ii. SP 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 RICO at (210) 355-0804 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 RICO at (210) 355-0804 (HSC 81.046c).
3. _____ If the **SP is not in the ED**, that Emergency Department Charge Nurse receiving the exposure report shall contact:
 - a. SP originates from Bexar County:
San Antonio Metro Health Department, Epidemiology
(210) 207-8876; Fax (210) 207-8807
 - b. SP 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.
 - c. ICP will notify the RICO at (210) 355-0804 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 RICO at (210) 355-0804 (HSC 81.046c).

Table 1: Below is a general description of actions/treatment that may result from an exposure based on the pathogen:

<u>Possible Pathogen</u>	<u>What Will Be Done</u>	<u>Required Labs (ALL) for Emergency Response Employee (ERE)</u>	<u>Required Labs (ALL) for Source Patient (SP)</u>	<u>Treatment</u>
HIV	Initial blood draw at hospital on source patient and first responder	<ul style="list-style-type: none"> 4th generation rapid HIV HIV 1/2 Ab/Ag HIV Ab Genotype immunoassay 	<ul style="list-style-type: none"> 4th generation rapid HIV HIV 1/2 Ab/Ag HIV Ab Genotype immunoassay 	ED physician will determine need for treatment. Treatment window is 72 hours. Efficacy is 79% within 2 hours of exposure.
Hep C	Initial blood draw at hospital on source patient and first responder	Anti-HCV (antibody)	<ul style="list-style-type: none"> Hep C Ribonucleic acid (RNA) Anti-HCV (antibody) 	None initially. If source patient is positive, first responder will be referred to ID specialist
Hep B	Initial blood draw at hospital on source patient and first responder	Anti-HBs (antibody)	HBsAg (antigen)	None initially. If source patient is positive, first responder will be re-checked for immune status
Meningococcal Meningitis	Infection Control will follow up on meningitis diagnosis on source patient			If diagnosis is positive, prophylaxis with antibiotics will be initiated. Treatment window is 24 hours to 2 weeks
TB	Infection Control will follow up on TB diagnosis on source patient	TB Skin Test		Repeat skin test in 8-10 weeks. If positive, begin treatment
MRSA	Consultation with first responder			

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

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

I, _____, hereby give permission to
(PRINT: Source Patient Last Name, First Name)
_____ to provide all test results to the STRAC Regional Infection Control
(Hospital Name)
Officer (RICO) 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 RICO as required by law.

I understand that the STRAC RICO 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._____. I am aware of the test's limitations and the potential consequences of
(Physician Name)
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

APPLICABLE HEALTH AND SAFETY CODES:

HSC 81.046(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):

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.