

Potential Exposure

1. Notify your chain of command up through your BC immediately.
2. Contact dispatch; ask for "Page" to the Exposure Group. This will alert the Safety Chief and other key personnel
3. Contact the Safety Chief at: **Office 974-4170 Pager 802-1299**

REMINDER: Notify your supervisor.

It is the company officer's responsibility to make sure that the correct people are notified, preferably by voice contact or in person.

The notification is not truly complete until an *AFD Safety Officer, an FMO, or the AFD/AEMS Infection Control Officer (Bill Coll)* acknowledges receipt of the notification. A Safety Chief, or Acting Safety Chief is *always on duty*.

If you are unsuccessful in contacting the Safety Chief via pager, call the Safety Chiefs' pass-along cell phone 512 927 6727.

Leaving a voice message on the Safety Office answering machine is not adequate.

The first contact from the Safety Office or Infection Control Officer will involve discussion to determine whether or not a true exposure occurred. For certain types of exposures (NOT ALL), effective infectious disease exposure follow up requires that we know the source patient's name and address (or driver license number), or at a minimum, to which hospital the patient was transported.

In some cases, definitive determination of an exposure requires testing of the source patient's blood. The infection control responder from AFD will request that the source patient's blood be tested for disease(s).

The firefighter must sign a notarized request (AFD infection control responders will carry this form and some will be able to notarize the form) that a potential exposure has occurred. Among other purposes, this notarized form allows the County Health Department to obtain the sample if the source patient refuses permission. This form is also required for Workers Compensation claims.

Typically, a baseline blood sample from the exposed firefighters must be drawn within 10 days.

In the case of strongly suspected HIV exposure, early initiation of the antiviral drug regimen is critical, so the notification must be made as early as possible in order to get treatment started early. Treatment with the retroviral drug cocktail is not mandatory, and does have side effects. The exposed firefighter will consult with a doctor on side effects vs. likelihood of infection. For maximum effectiveness, the drug regimen typically must begin before the blood test has confirmed the presence of HIV antibodies in the source patient blood. If negative results are returned, the doctor will likely suggest the firefighter cease drug therapy.

True exposure requires the pathogens contact non-intact skin or mucous membranes (inhalation or nose/eye/mouth contact). **When in doubt as to whether you were exposed to an infectious disease, MAKE THE NOTIFICATION**, and have dispatch make the page to the exposure group.

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Use the regular IOJ forms for your part of the documentation. The Safety Office representative will bring the other forms.

Exposure to toxic substances or irritants (dusts, poison ivy) do not fall into the same category as infectious disease exposures and should be treated as an IOJ. For information regarding [scabies](#) (a common skin infection that causes small itchy bumps and blisters due to tiny mites that burrow into the top layer of human skin to lay their eggs), [click on this link](#).