



Austin-Travis County
EMS



EMPLOYEE EXPOSURE PACKET

Use this along with the **OJI Packet**

Contents

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General Instructions

- **Report any work related exposures within 24 hours of occurrence and/or diagnosis or at the beginning of next work shift.**
- **Report event to immediate supervisor.**
- **Avoid getting a refusal if at all possible. Law mandates source patient blood testing, which is difficult to obtain if patient is not transported.**
- **Seek medical attention in the ED *as soon as possible*. Strongly recommended in the same hospital or hospital network the patient was transported to.**
 - **Why? It makes testing results known quicker, and overall process smoother.**
- **However, you may choose any healthcare provider that accepts Workers' Compensation.**
- **You may also seek medical attention at St. David's Occupational Health.**
- **Complete all required documentation.**
 - **OJI Supplemental - Employees Report : electronic submission**
 - **DWC1 – Supervisor's Report : electronic submission**
 - **Form #1 – Paper document**
 - **Emergency Physician Work Status Report – Paper document**
 - **Wage Continuation – Paper document**
 - **Informed Decision When Leaving Work – Paper document**
- **Ensure you have gone over OJI Packet along with this Exposure Packet**
- **Contact Human Resources OJI staff within 1 business day**
 - **HQ: 512-972-7200. Ask for OJI Staff**
- **Utilize a DWC-73 for every follow-up, health care provider, visit**

Basic Post Exposure Checklist:

Exposure: Known or suspected contact with a potentially infectious agent. This document does not address exposures to chemical agents, poison ivy, insect stings, etc.

Purpose: To provide guidance to paramedics and field command staff when responding to an employee exposure.

Summary of Post Exposure Checklist (details are below)

- Step #1) Clean the site and apply antiseptic (rinse eyes, nose, mouth).**

- Step #2) Determine if the exposure warrants a follow-up consultation with a physician.**

- Step #3) Physician consultation at the ED**

- Step #4) Blood Testing**
 - From the source patient
 - From the exposed employee

- Step #5) Paperwork: The DC will assure that the following forms are completed and submitted to Human Resources (HR):**
 - OJI Supplemental - Employees Report : electronic submission
 - DWC1 – Supervisor’s Report : electronic submission
 - Form #1 – Paper document
 - Emergency Physician Work Status Report – Paper document
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 - Informed Decision When Leaving Work – Paper document

- Step #6) Investigation & Consultation with Health and Safety Staff on follow-up.**

****Workers’ Compensation rules require testing of the exposed individual’s blood within 10 days to verify that they do not already have one of the diseases of concern. This is coordinated by St. David’s Occupational Health Department, or the test may be conducted as part of the employee’s evaluation and treatment by the Emergency Department Physician. St. David’s Occ. Health can obtain the employee’s test results if done in the treating hospital. ****

**Health & Human Services Exposure
Document**

Form #1

**“SWORN AFFIDAVIT REQUESTING TESTING
FOLLOWING AN EXPOSURE”**

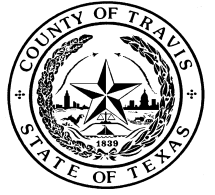
This form is required for all employee exposures including airborne.

Once form is filled out, hand deliver to Safety Office at HQ.

Safety will have the form notarized. This form initiates the Health Department’s source blood testing or determination of source status for airborne exposures.



Austin/Travis County Health and Human Services Department



Office of the Health Authority
Surveillance Program
15 Waller Street
Austin, TX 78702

Form #1

SWORN AFFIDAVIT REQUESTING TESTING FOLLOWING AN EXPOSURE

PERSON MAKING REQUEST: **(Exposed Medic)**

(Last) (First) (MI)

EMPLOYED BY OR VOLUNTEERS FOR EMERGENCY RESPONSE PROVIDER:

Employer Name: Austin-Travis County EMS

Employer Contact: Mike Von Wupperfeld

Employer Address: 15 Waller, Austin Texas

Employer Phone: Main: 972-7200; VonWupperfeld: 217-3142

FIRST RESPONDER'S INFORMATION:

I, (Name) _____ do attest that in the course of my duties as an employee or volunteer emergency responder, the following circumstances occurred on

(month) _____, (day) _____, 20 ____ at approximately (time) _____ am/pm.

In the space below describe the incident. **If body fluids were involved**, be specific on type(s) of fluids, the approximate amounts involved in the exposure, and the route of entry.

If airborne transmission is thought to have occurred, state whether the exposure was in a closed space, the approximate duration of exposure, and other circumstances (e.g. CPR) which may have increased the risk of transmission.

If respiratory secretions are thought to have been the mode of transmission, state how secretions were expelled (e.g. cough, sneezing, talking/yelling, drooling), the distance between the potential transmitter and yourself and the duration of exposure. Also, relate other relevant circumstances such as if CPR or intubation was attempted.

Describe the incident in the box below:

Form #1 continued

SWORN AFFIDAVIT REQUESTING TESTING FOLLOWING AN EXPOSURE

Describe the incident in the box below:

(include EMS call # and patient's MR # if possible)

SOURCE INFORMATION (The source of the bodily fluids or airborne infectious agent)

Name: _____
 Last First Date of Birth

Address: _____

Present location, if known: _____

Responder's Signature

Name (print or type)

Date

Form #1 continued

SWORN AFFIDAVIT REQUESTING TESTING FOLLOWING AN EXPOSURE

NOTARIZED:
State of Texas
County of Travis

I, _____, do solemnly affirm that the person listed above did personally appear as stated above, and is known to be the person whose name is subscribed to the foregoing documents and, being by me first duly sworn, declare this statement herein is true and correct.

Given under my hand and seal of office this _____ day of _____,

Notary Public Signature

Addendum

SPECIAL INSTRUCTIONS TO ANY TEXAS PEACE OFFICER NOTARIZING SWORN AFFIDAVIT REQUESTING TESTING FOLLOWING AN EXPOSURE

Officer, by acting as the Notary, **ALL** the following **MUST** apply:

I have identified the above Signature as being that of the Emergency Responder who is making the above request.

I have no relation to and I am not a party to this incident (possible exposure) in any manner. Relation includes both victim and witness.

Because I am not a party to this incident, I do not have the ability to testify to any facts or circumstances regarding the incident; the **ONLY** facts that I can testify to are witnessing the above Signature and confirming the identity of the signing Officer.

State of Texas
County of Travis

I, _____, do solemnly affirm that the person listed above did personally appear before me as stated above, and is known to me to be the person whose name is subscribed to the foregoing documents and, being by me first duly sworn, declare the statements contained herein are true and correct

Given under my hand this _____ day of _____, 2011.

Notarizing Officer Name (print)

Police Agency

Detailed Post Exposure Checklist

STEP #1 – Clean the Exposure Site:

FOR ANY SKIN EXPOSURE:

Clean the exposed area as soon as possible with soap and water; then apply an antiseptic such as Vionex, iodine, antiseptic foam or gel hand cleaner, or alcohol.

FOR EYE, MOUTH, OR MUCOUS MEMBRANE:

Rinse with copious amounts of water or saline.

Step #2 - Does the Exposure Warrant a Follow-up Consultation With a Physician?

While the District Commander and/or other individuals may provide advice or information, this decision is made by the exposed individual. There are 4 primary factors to consider when making this determination:

- 1) the route of exposure,
- 2) the transmission substance,
- 3) the infectious agent,
- 4) source patient risk factors

The four factors are equally important and must all be considered together to appropriately evaluate the exposure. Therefore, intact skin contact with liquid blood from a HIV positive patient still ranks as a relatively low level of concern; because intact skin is a very good barrier. Other factors such as quantity of transmission substance and the length of time of exposure are also significant, but these four factors are the most important.

WHEN IN DOUBT – MOVE TO STEP #3 AND CONSULT WITH A PHYSICIAN.

Factor #1: Route of Exposure

From Least to Most Concern:

- **Least Concern**
 - Intact skin Note: Skin shaved within 24 hours may appear intact, but should be considered as somewhere between “abraded” and “non-intact”.
 - Abraded skin (no visible blood)
 - Inhalation
 - Eyes/mouth/nose
 - Bite
 - Non-intact skin (abrasion, laceration, lesion)
 - Puncture or laceration with a contaminated scalpel
 - Puncture with a contaminated hollow-bore needle
 - **Most Concern**
- **Risk of contracting HIV without prophylaxis (per the CDC)**
- 0.3% (3/1,000) percutaneous injury
 - 0.09% (9/10,000) mucocutaneous exposure

➤ **Increased risk of transmission if:**

- Deep injury
- Visible blood on device
- Device placed in vein/artery
- High viral load source patient

Factor #2: Transmission Substance

From Least to Most Concern:

- **Least concern**
- Urine
- Dry skin-to-skin contact
- Saliva
- Feces
- Blood (dried)
- Sputum/mucus
- Wound or lesion exudate
- Other body fluids
- Blood (liquid)
- **Most concern**

Factor #3: Common Infectious Agents of Concern

From Least to Most Concern:

(Obviously this list could be extensive, but these are the most common)

- **Least concern**
- Lice/Scabies
- Common Cold or Flu
- MRSA
- Pertussis, Mumps, Measles, Rubella, Chicken Pox
- Tuberculosis, Meningitis, Syphilis
- HIV, Hepatitis B & C
- **Most concern**

Source Patient Risk Factors

- Homeless
- Prostitution
- IV drug user
- Served time in jail/prison
- If the source patient states they are positive for HIV, HBV, or HCV
- Viral load of the source patient

STEP #3 Physician Consultation at the Emergency Department

TIME IS CRITICAL if the individual decides to undergo Post Exposure Prophylaxis (PEP) for HIV. This PEP is often most effective if administered within 2 hours of the exposure. PEP can still be initiated after 2 hours, but it may be less effective.

Once the exposed individual has made contact with the ED physician, the physician will take the lead in advising them on the appropriate course of action. There are many resources available to physicians who are unfamiliar with treating blood borne exposures.

- National Clinician's PEP hotline: 888-448-4911 answered 8:00am to 1:00 am (expert consultation).
- A Quick Guide to Post Exposure Prophylaxis in the Healthcare Setting (Includes guidance on evaluating the exposure)
[http://www.mpaetc.org/downloads/PEP%20final%20\(2006\).pdf](http://www.mpaetc.org/downloads/PEP%20final%20(2006).pdf)
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis (2001) can be found at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- Updated Guidance for HIV Prophylaxis
www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm
- National HIV/AIDS Clinician's Consultant Center
http://www.nccc.ucsf.edu/hiv_clinical_resources/pep_resources/

Advise the clerk that this is a Workers' Compensation claim for the City of Austin. You cannot be billed for any medical costs associated a Workers' Compensation. Do not give them your private health insurance card or pay any co-pays.

IMPORTANT NOTE: Under Workers' Compensation (WC) rules, an exposure is not considered an injury or illness unless the employee later develops a disease. Therefore, WC will notify you that they are denying the claim. However, the City of Austin pays for medical costs associated with exposures. Our Workers' Compensation Administrator, (JI Companies) still processes these bills and sends them to the City. Consult with HR for details.

Treatment Locations:

- If the source patient is transported to the ED, it may be best for the exposed individual to seek physician consultation at that hospital.
- **Based on recent experiences, St. David's and South Austin Hospital have handled our exposures very well.**
- Exposed individuals may be seen at any ED where ATCEMS normally transports patients except Dell, Women's, or the Heart Hospital.
- After the initial ED consultation, follow-up care may be provided by any physician who accepts Workers' Compensation. **St. David's Occupational Health Clinic is preferred because they frequently handle exposure cases.** Most clinics and General Practitioners are not familiar with exposures.

STEP #4 Blood Testing

Source Blood Testing:

According to Texas Senate Bill 1574, sections 9 and 10, the patient cannot refuse to have their blood drawn. It is law that if an exposure to first responders occurs, source blood testing is mandatory. Best practice is to transport the patient and the provider do the OJI process at the same location the patient is transported.

Recommended source blood tests:

Hepatitis BsAg, Hepatitis C antibody, Syphilis, Rapid HIV, Liver Function Panel.

Blood Testing for the Exposed Employee:

Workers' Compensation rules require testing of the exposed individual's blood within 10 days to verify that they do not already have one of the diseases of concern. This is coordinated by St. David's Occupational Health Department, or the test may be conducted as part of the employee's evaluation and treatment by the Emergency Department Physician. St. David's Occ. Health can obtain the employee's test results if done in the treating hospital.

Recommended exposed employee baseline labs: Hepatitis BsAg, Hepatitis BsAb, Hepatitis C antibody, HIV 1 & 2 antibody, Syphilis, and serum pregnancy test for females of childbearing age who have not had surgical sterilization if PEP is recommended or started.

STEP #5 Paperwork

The DC will assure that the following forms are completed and submitted to Human Resources (HR) within 24 hours:

- **OJI Supplemental - Employees Report : electronic submission**
- **DWC1 – Supervisor's Report : electronic submission**
- **Form #1 – Paper document**
- **Emergency Physician Work Status Report – Paper document**
- **Wage Continuation – Paper document**
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STEP #6 Initial Investigation & Consultation With Safety Staff

While the information is still fresh in your head, write a summary of the incident/accident. Be sure to include the basics below, and just the facts. Send the summary to "EMS Safety".

- **Who** was exposed and who else was involved? Partner, AFD, Patient (including patient's contact information).
- **What** happened. Re-read your description to be sure someone who was not there can understand what happened.
- **When** - Time and Date of exposure
- **Where** - Location(s)
- **Why** – Again, just the facts, but the extenuating circumstances can be important information, such as: in a moving ambulance, the end of a long busy shift.
- **PPE** – What PPE was actually in use at the time of exposure? Be specific.
- **Route of exposure** – and the duration: seconds, minutes, hours?
- **Transmission substance** - and the amount of it.
- **Agent of Concern** – if known.

BLOOD EXPOSURE INFORMATION SHEET **(PROVIDE THIS TO THE EXPOSED INDIVIDUAL)**

It has been determined that you experienced an occupational exposure to a patient's blood or other infectious bodily materials (OPIM). This may put you at risk for several blood borne diseases including HIV, Hepatitis B, Hepatitis C, and Syphilis. This is a frightening event that can be very stressful and create some confusion. The purpose of this information sheet is to provide you with a summary of information on the treatment plan(s) that have been recommended in the follow-up to your exposure. This information sheet is a supplement to the other information you have received from the treating medical facility regarding blood borne pathogens. Additionally, the Infection Control Practitioner stands ready to assist you in any way.

It is important to remember that you must consider yourself infected with the above listed diseases for at least 6 months. During this time period, you must make certain behavioral changes. Such changes include:

- ◆ do not share any household items that may have your blood or body fluids on it i.e.. toothbrushes, razor blade
- ◆ abstaining from sex or practicing safe sex (properly using a latex condom)
- ◆ stop breast feeding an infant
- ◆ do not donate
 - ⇒ blood
 - ⇒ tissue
 - ⇒ semen
 - ⇒ organs
 - ⇒ bone marrow.

All blood exposures require follow-up over an extended period of time. The purpose of such follow-up is to ensure that you remain disease free and initiate additional treatment, if necessary. Follow-up is particularly important if HIV prevention treatment has been started. The follow-up includes repeat lab work to monitor your health and referrals for specialized care as necessary.

As part of your exposure evaluation, baseline blood was drawn and analyzed for HIV, Hepatitis B and C, Syphilis, Complete Blood Count, and Liver Enzymes. Additionally, the source patient's blood has been or every attempt will be made for his / her blood to be analyzed for the same disease agents.

The following chart summarizes the timetable for blood testing:

Time Period	Test Conducted	
Baseline (within 10 days)	HIV Hepatitis B	Hepatitis C Syphilis
3 Months	HIV	Hepatitis C
6 Months	HIV	Hepatitis C

Exposure follow-up is conducted by St. David's Occupational Medicine Clinic at 918 East 32nd street, 404-8195. Call them to make an appointment for follow-up.

The Infectious Disease Specialist/Safety would prefer to see you when all of the above baseline lab tests have been completed and a report is available. Should all of the tests not be available, at least the HIV and Hepatitis B/C test should be completed. In the event blood results are not available on the source patient, the specialist will still see you, but will treat you as if the source patient has all of the above diseases. The

Infectious Disease Specialist should determine any additional follow-up tests or treatment. Should you continue on the prescribed medications and experience side effects that prevent your return to work, obtain the necessary documentation (MODS) from the specialist.

You are advised to seek medical evaluation for any acute illness that occurs during the follow-up period. Such an illness, particularly if characterized by fever, rash, myalgia, fatigue, malaise, or lymphadenopathy (swelling in the lymph nodes), may be indicative of acute HIV infection but also may be due to drug reactions, or another medical condition.

HIV

You have been given medications as part of a Post-Exposure Prophylactic Treatment for HIV, the virus that may result in AIDS. You have been given a 3-day supply of the medications. **Because of the side effects of the medications (vomiting), you may need to be placed on “No Duty” status for the 3 days.**

The effectiveness and toxicity of these drugs used in this setting has not been fully determined. However, the short term effects in the use of these medications are generally mild and are self limiting to the course of the medication. The rates of these side effects have ranged from 17% to 47%. The most frequently reported reactions are nausea (27%) and malaise and fatigue (23%).

In one study of health care workers taking PEP, 503 (24%) who prematurely stopped did so because of adverse reactions. Most of this data is based on AZT containing regimens. Your regimen may not contain AZT, thus your side effects may be less. Regardless of the potential side effects, every effort should be made to ensure you understand the need to complete the 4 week course regardless.

Please note that this is not an all-inclusive list. Please refer to the information provided by the treating medical facility or Infectious Disease consultant to whom you have been referred.

HEPATITIS B

The Infection Control Practitioner will verify your immune status to Hepatitis B.

While every effort will be made to determine the Hepatitis B status of the source patient, it may not be possible. If the source patient's blood can not be tested for Hepatitis B, the follow-up protocol will assume the possibility of Hepatitis B infection.

If you have not been immunized or have not completed the immunization series, Hepatitis B immunization should be initiated. A single dose of Hepatitis B Immune Globulin (HBIG) at 0.06 ml/kg should be given as soon as possible after exposure and within 24 hours, if possible. For greatest effectiveness, passive prophylaxis with HBIG, when indicated should be given as soon as possible after exposure. Its value beyond 7 days after exposure is unclear.

If you have already been immunized against Hepatitis B, and had an adequate response in the past, the anti-HBs level will be tested to determine if it is still adequate. If the anti-HBs level is adequate, no treatment is necessary. If the anti-HBs level is inadequate, a booster dose of Hepatitis B vaccine should be given.

If you are known not to have responded to the primary vaccine series, you should be given either a single dose of HBIG and a dose of Hepatitis B vaccine as soon as possible after exposure, or two doses of HBIG, one given as soon as possible after exposure and the second 1 month later. The latter treatment is preferred for those who have failed to respond to at least four doses of vaccine.

HEPATITIS C

If the lab test for Hepatitis C Virus antibody is positive in the source patient, serologic examination of your blood will be conducted at 3 and 6 months. Additionally, liver function tests will be completed. Hepatitis C Virus can be detected in the blood in 1 - 3 weeks. Referral to the Infectious Disease Specialist at St. David's Occupational Health will offer the opportunity for PCR testing within 8 weeks of the exposure. There currently is no effective post-exposure prophylaxis available. During the follow-up period, you should minimize excessive strain on your liver. You should curtail drinking alcoholic beverages. Should follow-up blood lab results indicate a positive conversion to Hepatitis C antibody, consultation with a gastroenterologist or infectious disease specialist is recommended.

SYPHILIS

If the lab test for Syphilis infection is positive in the source patient, parenteral penicillin G will be administered unless there is known allergy to penicillin. Serologic examination should be conducted during the 6-month blood lab work as listed above.

Should you have any further questions regarding the procedures involved in your exposure, please do not hesitate to contact the Infection Control Practitioner and/or Workers Compensation Specialist.

TB

Tuberculin PPD test within 7 days (must be read within 48-72 hours). Retest at 90-120 days. Prophylaxis may be prescribed depending on nature of exposure.

Meningitis

The course of treatment will be determined by the type (viral, bacterial, pneumococcal). Source confirmation for suspected patients is often obtained within a few hours. Prophylaxis may be prescribed depending on nature of exposure. **Prophylaxis for bacterial is often one dose of Cipro. Time is critical in getting this medication following a bacterial meningitis exposure.** No testing for the exposed individual, just be alert for symptoms.

Non-Employee (Good Samaritan) Exposures

Should a Good Samaritan believe they have experienced exposure to a source patient know the following:

Reassure the citizen that they did the right thing in providing the assistance they did to the patient. Regardless of the end outcome, the need for action was necessary.

Assist the individual in cleaning exposed skin or wounds and irrigating mucous membranes with copious amounts of water or saline.

Wound should be cleaned as soon as possible with soap and water; apply an antiseptic.

There are currently no laws, regulations, or procedures that provide for the testing of source patients in the event of a Good Samaritan exposure. Per the HEALTH & SAFETY CODE

SUBTITLE D. PREVENTION, CONTROL, AND REPORTS OF DISEASES
CHAPTER 81.

There are no documented cases of HIV or Hepatitis B transmission as a result of CPR / mouth-to-mouth resuscitation.

Individuals should be referred to their private physicians for follow-up evaluation, testing, and / or post exposure prophylaxis.

Should the individual not have an ongoing relationship with a physician, referral to the ATC Health Dept. HIV Outreach program maybe an option.

Austin Travis County Health and Human Services

HIV Outreach
7901 Cameron Road Bldg 2 Room 224
Austin, TX 78754
512-972-5580