PURPOSE

To protect the patient and pre-hospital providers from contacting infectious diseases from other sources.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

Amita St. Mary’s EMS System Exposure Form (Attached)

PROCEDURE

Pre-hospital providers and law enforcement personnel (providers) are required to report any and all exposure incidents which occur on the job, such as parenteral, mucous membrane or cutaneous exposures, to their supervisors, the Resource Hospital, and the EMS System Coordinator as soon as possible.

I. When a provider has a parenteral or mucous membrane exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded or afflicted with dermatitis, the source patient shall be assessed for risk factors (see attached document) and tested for serologic evidence of HIV infection.

II. Source patient testing will be done as soon as possible after the exposure.

III. If the source patient has AIDS, is positive for HIV antibody, the health care worker shall be counseled regarding the risk of infection and recommendations for preventing transmission of HIV and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure.

Such an illness, particularly one characterized by fever, rash or lymphadenopathy, may e indicative of recent HIV infection. Sero-negative health care workers shall be retested six weeks post-exposure and on a periodic basis thereafter (e.g., 12 weeks and at least six months after exposure) to determine whether transmission has occurred. During this follow-up period, when most infected persons are expected to seroconvert, exposed health care workers shall follow U.S. Public Health Service (PHS) recommendations for preventing transmission of HIV.

IV. If the source patient is seronegative, prudent practice indicates that the health care worker shall still be provided a baseline HIV antibody test and counseled regarding the risk of infection and recommendations for preventing transmission of HIV. A subsequent specimen (e.g., 12 weeks
following exposure) may be obtained from the health care worker for antibody testing. The reason for this additional follow up after exposure to individuals who may have unidentified high-risk, but test seronegative, is that the possibility remains that the source patient may have recently become infected (and, hence, capable of transmitting the virus) but has not yet developed antibodies against HIV. Finally, because of heightened employee concern, serologic testing shall be available to all health care workers who are fearful that they may have been infected with HIV.

Kevin Bernard
Department Leader

DATE: 03/29/2019

NOTE: Policies with original signatures are on file in Administration.
# Presence St. Mary's EMS System Exposure Form

## This section is to be completed by the exposed person

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Department:

<table>
<thead>
<tr>
<th>Type of Exposure:</th>
<th>Type of Fluid:</th>
<th>Personal Protective Equipment Worn at Time of Exposure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sharps Injury</td>
<td>□ Mucous Membrane</td>
<td>□ Blood</td>
</tr>
<tr>
<td>□ Intact Skin</td>
<td>□ Non Intact Skin</td>
<td>□ Urine</td>
</tr>
<tr>
<td>□ Active Bleeding</td>
<td>□ Other</td>
<td>□ Saliva</td>
</tr>
<tr>
<td>□ Clothing Only</td>
<td>□ Other</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

### Name of Source Patient:

#### Explain Injury:

Yes  No  Hepatitis B Vaccine:  Doses  Year Completed:

Yes  No  The yellow copy of the EMS run sheet attached to this form with exposure documented.

## This section to be completed by ED Physician to determine if exposure was significant.

**Risk Assessment Section.** Obtain history on the source patient to determine the following:

- □ History of acute Hepatitis B, previous Hepatitis B, or chronic carrier state of Hepatitis B.
- □ Hemophilia, hemodialysis patient, or transplant patient (heart, kidney, etc.).
- □ Known AIDS, AIDS related complex, or HIV positive.
- □ Known IV drug user.
- □ Known homosexual, bisexual, prisoner, prostitute
- □ Immigrant of/visited Haiti, China, Southeast Asia, Sub-Saharan Africa, Amazon Basin, Pacific Islands
- □ Received any blood transfusions between April 1985 through 1997.
- □ Elevated liver enzymes in chart, if drawn.
- □ Patient does not have any of the risk factors listed above.
- □ Unable to obtain information. Explain: ____________________________

### A Significant Exposure Is:

1. Percutaneous puncture with a contaminated sharp.
2. Body fluid contact directly to the mucous membranes.
3. Contact of body fluids to skin that may be cut, abraded, chapped or with dermatitis.
4. A positive response to any factors in the Risk Assessment Section.

#### ED Physician Evaluation

□ Significant Exposure  □ Insignificant Exposure

### Physician Signature: ____________________________  Hospital: ____________________________

**STOP – If Significant Exposure, Complete Other Side**
This page to be completed by ED Staff

For significant exposures only, the following shall be done:

A. On the source patient:
   1. Hepatitis profile (Hepatitis A antibody, IgM Hepatitis B surface antigen, Hepatitis B core antibody IgM, Hepatitis C antibody).
   2. HIV (If the patient is not being transferred to the hospital or the receiving hospital does not do the rapid HIV test, (S.U.D.S.) bring a red top tube with source patient’s blood to PSMH ED immediately to run the test.) Provider has to stay at the ED until rapid HIV results are back. (If the results are positive, the Provider shall register at Presence St. Mary’s ED IMMEDIATELY for appropriate prophylactic treatment.

* Note: No consent necessary to obtain blood from source patient. The source patient must sign Medical Release of Information form if they are transported to a hospital other than to PSMH.

B. On the exposed Provider, PSMH ED will order the following tests. These labs are drawn as an outpatient and not as an ED patient.
   1. HIV
   2. Hepatitis Profile (Hepatitis A antibody, IgM Hepatitis B surface antigen, Hepatitis B core antibody IgM, Hepatitis C antibody).
   3. Hepatitis B titer

   Consent for HIV from exposed individual ________________________________
   (Signature of exposed individual)

C. If source patient has tested positive for HIV, is known to have AIDS or AIDS related complex, Dr. Panuska or the Infectious Disease Physician will be notified to determine if further treatment should be initiated.

D. Providers previously vaccinated for Hep B will have a Hep B titer drawn. Providers who have not been vaccinated will receive prophylactic HbsAg and will be offered Hep B vaccine.

E. Was post exposure prophylaxis (PEP) treatment given?

   Yes   No   Post Exposure Prophylaxis (PEP) treatment received for HIV.
   Yes   No   Post Exposure Prophylaxis (PEP) treatment received for Hepatitis B.

   If Provider received PEP, what was given? ________________________________

F. Notify Dave Nagel, EMS Coordinator (815) 937-2104.

Leave the original form, the yellow copy of the EMS run sheet, and the “Request for Release of Medical Records” in an envelope marked “confidential” in the mailbox outside the EMS office. If treatment was received at another hospital, immediately fax all completed forms to (815) 937-2136 with a cover sheet to the attention of Dave Nagel. The originals need to be mailed as soon as possible to Presence St. Mary’s EMS Office, 500 West Court Street, Kankakee, Il 60901.

This section to be completed by EMS Office

Follow up:

Signature: ________________________________ Date: __________________

☐ Sent to exposed individual
Request for Release of Medical Records

Source Patient’s Name: ___________________________ DOB: ________ Age: _____ M / F

Source Patient’s Address: ___________________________________________________________

Source Patient’s Daytime Telephone Number: __________________________________________

I hereby Authorize: _________________________________________________________________

Name of Hospital

Address of Hospital

Release to: Presence St. Mary’s Hospital
500 West Court Street
Kankakee, IL 60901

The following specific portion of my medical record: Any portion of my medical record that is necessary to provide treatment for any exposure.

Approximate date(s) of: Thirty days before or after exposure date.

To be used for the purpose of: Providing treatment for any individual who received an exposure to blood or body fluids in the pre-hospital setting.

_________________________ ____________________________
Signature of Patient

Signature of Other authorized Person

_________________________ ____________________________
Date Signed

Relationship of Other Authorized Person

_________________________ ____________________________
Address of Other Authorized Person