

Out of Hospital Care Provider Policy

Title: Erie County Emergency Medical Services Prehospital Occupational Blood/Body Fluid
Post Exposure Protocol

Effective Date: February 1, 1995

Revised Date: January 23, 2001

INTRODUCTION

With the implementation of Universal Precautions the incidence of prehospital care provider exposures to bloodborne pathogens should be minimized. However, mishaps will occur; and each EMS agency must develop a postexposure policy.

While an exposure to blood or body fluids may be a frightening experience for any patient care provider, fortunately few of these exposures will result in any physical sequelae. It is our hope that through initial and routine education of prehospital care providers this emotional trauma will be minimized; and postexposure reporting and follow-up confidential medical evaluation of the exposed prehospital care provider will be streamlined.

The following policy is a general guideline to assist all Erie County based EMS agencies in developing a policy specific to their organization. It is based on the Occupational Safety and Health Administration (OSHA) Standard 29 CFR Part 1910.1030; Occupational Exposure to Bloodborne Pathogens; Final Rule, and the Ryan White Comprehensive AIDS Resources Emergency Act as well as on the current standard of care of occupationally exposed health care providers. It assumes that the EMS agency has also developed other policies and procedures as required by this OSHA Infection Control Program. These components include: 1.) health history documentation for employees, 2.) furnishing personal protective attire, 3.) educational programming and training, 4.) immunization program for hepatitis B, 5.) cleaning, disinfection and sterilization procedures, and 6.) quality and compliance monitoring. It also assumes that each EMS agency has designated a Designated Officer.

For further assistance in developing and/or implementing an infection control program please feel free to contact the Office of Prehospital Care at the Erie County Medical Center at 898-3525.

WHAT IS AN EXPOSURE?

All incidents involving the contact of blood and/or any body fluid from any patient, in any manner, with any portion of a prehospital care provider, must immediately be reported to the EMS agency's Designated Officer. These exposures must be documented; and a determination must be made as to if the exposure is **significant**.

The contact of blood, semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any other body fluid that is visually contaminated with blood (or in which it is difficult or impossible to

differentiate between these and other body fluids) with a prehospital care provider's mucous membranes (eyes, mouth, nose, etc.), non-intact skin, or through piercing of the skin or mucous membranes (e.g., needle sticks, human bites, cuts, and/or abrasions) is considered a significant exposure. Any prehospital care provider who is determined to have had a **significant** exposure should be offered a confidential postexposure medical evaluation and follow-up, and source patient information should be requested according to the Ryan White Comprehensive AIDS Resources Emergency Act. Contact of any body fluid with **intact** skin is an exposure that should be reported to the EMS agency, but is not considered a **significant** exposure; and therefore does not require medical evaluation nor an inquiry into source patient disease status as outlined by the Ryan White Comprehensive AIDS Resources Emergency Act. If there is a question to whether the exposure was significant or not then seek medical evaluation within 1 to 2 hours after exposure (ideally 1 hour after exposure).

EXPOSED PREHOSPITAL CARE PROVIDER ACTIONS

The exposed prehospital care provider should immediately wash any exposed skin with soap and copious amounts of water, and/or flush exposed mucous membranes with copious amounts of water. Waterless hand cleanser may be used if running water is not immediately available, but should be followed up by the above procedures as soon as running water becomes available. **Note:** If the incident is determined to be a significant exposure, medical evaluation should not be delayed to do appropriate paperwork, this paperwork will be available at the Emergency Room at ECMC.

The exposed prehospital care provider should then complete and sign the "EMS AGENCY NOTIFICATION FORM" (1), and report the exposure to his/her EMS agency's immediate supervisor and Designated Officer for his/her review. The Designated Officer should then sign and date the "EMS AGENCY NOTIFICATION FORM" (1) to verify this review.

If the Designated Officer is not immediately accessible, and if the exposed prehospital care provider feels that immediate medical evaluation is needed, then he/she should document such and seek this evaluation.

DESIGNATED OFFICER ACTIONS

Immediately after being notified of an exposure by a prehospital care provider, the EMS agency's Designated Officer should review the "EMS AGENCY EXPOSURE NOTIFICATION FORM"(1) as described above. The Infection Control Coordinator should then complete the "SIGNIFICANT EXPOSURE DETERMINATION FORM" (2) to determine if the exposure is **significant**. He/She should then have the exposed prehospital care provider sign this form to acknowledge his/her agreement or disagreement.

If the exposure has been determined to be **significant**, then the Designated Officer should complete the "SOURCE PATIENT INFORMATION REQUEST FORM" (3). It should be forwarded to the medical agency/provider responsible for care of the **source patient** (e.g., the hospital or ER that the patient was transported to) in addition to a signed letter requesting that a determination be made as to whether the prehospital care provider was exposed to an infectious disease.

Also, if the exposure is determined to be **significant**, then the prehospital care provider should be provided with the Medical Agency Copies of the: "EMS AGENCY EXPOSURE NOTIFICATION FORM" (1), "SIGNIFICANT EXPOSURE DETERMINATION FORM" (2) and "POST EXPOSURE MEDICAL EVALUATION REQUEST FORM" (4). These forms should be brought by the exposed prehospital care provider along with his/her medical and immunization records to the medical agency that will provide the postexposure medical evaluation.

If the exposed prehospital care provider refuses medical evaluation (or medical evaluation by the medical agency recommended by the EMS agency's Designated Officer), then the EMS agency's Designated Officer should complete the "POST EXPOSURE MEDICAL EVALUATION REFUSAL FORM" (2A), and have the exposed prehospital care provider sign it. It should be witnessed by another EMS agency official.

WHEN AND WHERE TO SEEK POSTEXPOSURE MEDICAL EVALUATION

Each EMS agency is encouraged to establish a relationship(s) with a medical agency(ies)/provider(s) both willing to and knowledgeable in evaluation and follow-up of occupationally exposed health care providers. These medical agencies/providers may include the emergency department to which the agency transports its patients, the EMS agency's physician, a local physician or the prehospital care providers' private physicians. It is very important that this relationship be established well in advance of any occupational exposure so that the medical agency is knowledgeable about both medical evaluation of occupational exposures and the administrative components of this follow-up. A copy of this postexposure policy (including all forms) along with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR Part 1910.1030; Occupational Exposure to Bloodborne Pathogens; Final Rule and Ryan White Comprehensive AIDS Resources Emergency Act should be provided to that medical agency(ies) / provider(s) to assist with this orientation.

Most prehospital care providers who have incurred a **significant** occupational exposure will require **emergent** medical evaluation. This follow-up medical evaluation must be obtained **urgently** within 1 to 2 hours (ideally within 1 hour).

Some exposed prehospital care providers will require emergent (i.e., 1-2 hours after exposure) medical evaluation. These situations include, but are not limited to, lacerations or other wounds that may require immediate medical attention; exposures to blood or body fluids of patients known or strongly suspected to have hepatitis B, HIV and/or AIDS; and any other circumstances for which the exposed prehospital care provider or the EMS agency's official(s) feels that emergency medical evaluation may be warranted. This evaluation may be obtained from any emergency department (perhaps most conveniently from the emergency department to which the source patient was transported).