01.26 *Reporting and Notification of Emergency Personnel, Peace Officers, Correctional Officers and Firefighters of Possible Exposure to a Communicable Disease*

Audience

All emergency medical service employees, peace officers, correctional officers and firefighters (transporters).

Policy

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, a peace officer, correctional officer or a firefighter (transporter) may have been exposed to a communicable disease during the course of duty from a person delivered to the hospital under conditions that were favorable for transmission.

Any emergency medical service employee, peace officer, correctional officer or firefighter (transporter) who believes he has experienced a “possible exposure” to a communicable disease during the course of duty shall complete a “Report of Possible Exposure of Transporter” form available in the UTMB Emergency Department.

Possible Exposure

Possible exposures include but are not limited to:

- Mouth-to-mouth resuscitation
- Penetrating puncture of the skin with a contaminated needle or other sharp item
- Splash or aerosol into the eye, nose, or mouth with blood or bloody body fluids
- Any significant contamination of an open wound or non-intact skin with blood or bloody body fluids.

Procedure

- The transporter is registered into the Emergency Department (ED)
- The transporter fills out the form “REPORT OF POSSIBLE EXPOSURE OF TRANSPORTER”. (If possible, document the date of birth or UH# of the source of the exposure).
- This form is given to the ED Charge Nurse. The ED Charge Nurse then faxes this form to the Department of Infection Control & Healthcare Epidemiology (ICHCE) at # 22337.
- Consent for HIV testing must be obtained from the source of the exposure.

- Source blood should be sent using the lab slip in the Bloodborne Pathogens Packet marked "Source Exposure Profile". See IC Policy 1.02 Bloodborne Pathogens (BDP) Occupational Exposure.

- Transporters requesting prophylaxis will get a 2-3 day prescription. The transporter will need to bill their WCI office for the medication and ED visit.

- Blood must be drawn prior to giving medication.

- Consent for HIV testing must be obtained.

- Transporter blood should be sent using the lab slip in the Bloodborne Pathogens Packet marked "Student/Employee Exposure Profile". Indicate on the lab slip that this was a transporter exposure (i.e., EMS, Police Officer, etc.).

- The transporter should then report to their Department Health Safety Officer for proper follow-up.

- If it is determined that the source of the exposure has a reportable bloodborne disease, ICHE will notify the Galveston County Health Department (GCHD). The Report of Exposure form will be sent to GCHD with the following information:
    - Name of exposed transporter
    - Date of the exposure
    - Type of exposure
    - Disease or condition to which exposure may have occurred

References

1. Rules and Regulation for the Control of Communicable Disease and Reporting of Occupational Diseases, 25 TAC, Section 97.1 - 97.11, Procedures for Reporting of Transport Exposures, Austin-Travis County Health Department.

REPORT OF POSSIBLE EXPOSURE OF TRANSPORTER

Any transporter who has one of the exposures listed in #2 below must complete this form immediately. The completed form should be placed in the designated receptacle provided by the hospital where the patient is delivered. ITEMS 1-5 are to be completed by the transporter. Questions in the box are to be completed by the hospital.

PLEASE PRINT LEGIBLY

ITEMS 1-5 TO BE COMPLETED BY THE TRANSPORTER:

1. The exposure described in #2 below occurred in the care of the following patient/person:

_____ /on ____/____/____/ - _____AM/PM
(Patient Name) (Date) (Time)

Taken to: _____
(Facility)

HOSPITALS: Cut on dotted line and send this lower portion only to your health authority. You may wish to keep a copy for your records.

---

2. Describe the details of contact with blood or body fluids.

TYPE OF EXPOSURE (check those that apply)	**ADDITIONAL DESCRIPTION**
____ Mouth to mouth resuscitation	_____
____ Intubation	_____
____ Throat exam	_____
____ Suctioning	_____
____ BLOOD AND/OR	
____ BODY FLUID contact with:	
_____ Eyes	_____
_____ Nose	_____
_____ Mouth	_____
_____ Puncture or cut with Needle or Sharp object	_____
_____ Open wound/lesion	_____
_____ Non-intact skin	_____

SELF-FIRST AID MUST BE DONE AS SOON AS POSSIBLE FOLLOWING ONE OF THE ABOVE EXPOSURES. RINSE/FLUSH THOROUGHLY THE BODY PART EXPOSED TO BLOOD/BODY FLUIDS.

Follow with antimicrobial scrubbing of the exposed area, if not contraindicated, (ie, eyes, etc)

3. TRANSPORTER NAME:
_____

4. TELEPHONE: (home) _____ (work) _____

Name of EMPLOYER/AGENCY (EMS/FIRE/POLICE): _____

5. Address: _____ City: _____ Telephone #: _____

6. Transporter Signature: _____ Date Form Completed: _____/____/____

Transporter: Now place completed form in the designated receptacle.

TO BE COMPLETED BY THE HOSPITAL:

DISEASE * IDENTIFIED _____ ____/____/____/
(name of disease) (date specimen collected)

NO DISEASE * IDENTIFIED DURING THIS HOSPITALIZATION

REPORTED TO HEALTH AUTHORITY BY TELEPHONE (for true exposures only).
Name of agency: _____ Person contacted: _____

Date Contacted: ____/____/____ By: _____

NAME/TITLE OF PERSON COMPLETING THIS SECTION: _____

SIGNATURE: _____ DATE: ____/____/____