

# EL DORADO COUNTY EMS AGENCY

## FIELD POLICIES

Effective: July 1, 2015

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Revised: July 1, 2015



EMS Agency Medical Director

### EXPOSURE DETERMINATION, TREATMENT AND REPORTING

#### PURPOSE:

Preventing exposures to blood and body fluids is the most important strategy for preventing occupationally acquired infection. Prehospital care providers and the departments that employ them should work to ensure adherence to the principles of Standard Precautions, including ensuring access to and consistent use of appropriate work practices, work practice controls, and personal protective equipment (PPE). When an occupational exposure has occurred, appropriate post-exposure management is an important element of workplace safety.

#### POLICY:

##### 1. Protection

All prehospital care providers should receive the HepBV vaccine series.

- a. Frequent hand washing.
- b. Use PPE including gloves, gowns, eyewear and masks.
- c. Use sharps with caution, do not recap needles, dispose of in appropriate receptacle immediately after use.

##### 2. Treat Exposure Site

- a. Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure.
- b. Flush exposed mucous membranes with water.
- c. Flush eyes with saline solution or water.

##### 3. Report and Document

- a. Report occupational exposures immediately to supervisor and/or designated officer.
- b. Complete the appropriate employee exposure reporting forms.
- c. Document the incident, including:
  - i. Date and Time of incident.
  - ii. Details of where and how exposure occurred.
  - iii. Exposure site, type and amount of fluid or material, severity of exposure.
  - iv. Details about exposure source including history of HIV, HepCV, HepBV.

##### 4. Evaluate the Exposure

For transmission of blood borne pathogens (HIV, HepBV and HepCV) to occur, an exposure must include **both** of the following:

#### Infectious body fluid

Blood, semen, vaginal fluids, amniotic fluids, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid can transmit HIV, HBV and HCV

#### A portal of entry

Percutaneous, mucous membrane, cutaneous with non-intact skin.

If both of these factors are not present, there is no risk of transmission and further evaluation is not required.

**Note:** Saliva, vomitus, urine, feces, sweat, tears and respiratory secretions **DO NOT** transmit HIV (unless visibly bloody). The risk of HepBV and HepCV transmission from non-bloody saliva is negligible.

Factors to consider in assessing need for evaluation of the exposure:

- a. Type of exposure:
  - i. Percutaneous injury
  - ii. Mucous membrane
  - iii. Non-intact skin
  - iv. Bites resulting in blood exposure
- b. Type and amount of fluid/Tissue
- c. Infectious status of source patient
- d. **Optimal time to start prophylaxis is within hours of exposure. Go to the closest ER if immediate treatment is needed or return to the base hospital for further evaluation. Bring any legally obtained source patient samples with you.**

**5. Evaluate the Exposure Source**

- a. Request testing of source patient following state regulations related to informed consent and confidentiality if the source is known.
- b. For patients who cannot be tested, consider medical diagnoses, clinical symptoms and history of risk behaviors.

**Note:** California Health and Safety Code §120262

1. Allows an exposed provider to request an evaluation in writing within 72 hours to determine if there is a significant exposure, be counseled regarding the need for testing, treatment options and follow-up.
2. The source patient or legal representative will be given the opportunity to consent for testing. If a good faith effort to notify source is unsuccessful or if the source refuses consent within 72 hours, any available blood or patient sample that was legally obtained in the course of giving care (**routine blood draw**) may be tested.
3. An exposed provider shall be prohibited from directly obtaining informed consent for testing from the source patient.

**6. Follow-Up testing: All high risk exposures require 6 week re-testing to be done through your department's occupational health provider.**