Rogers Fire Department Standard Operating Procedures

Policy Title:	Post Exposure Procedures		
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PURPOSE

The purpose of this policy is to ensure that Rogers Fire Department personnel exposed to potentially infectious substances receive appropriate treatment and/or follow up care after an occupational exposure.

POLICY

An exposure is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee's duties.

This policy focuses on several pathogens common to healthcare providers as identified by "The Center for Disease Control List of Potentially Life-Threatening Infectious Disease."

Post Exposure Actions

1. <u>Contact (formerly Blood borne)Exposure</u>

   If necessary, another EMT or paramedic should take over patient care. However, at no time should patient care be interrupted or degraded.

   Immediate Treatment:

   - Percutaneous (needle sticks/sharp objects) Injury (where the integrity of skin has been broken by a potentially contaminated item)
     - Wash wound thoroughly with soap and running water. If water is not available use alcohol. Betadine soap, not Betadine solution, is acceptable for this step. This first step directly reduces the viruses ability to infect.
     - Remove foreign materials embedded in would
     - Disinfect wound with Betadine

   - Non-intact Skin Exposure

- Wash wound thoroughly with soap and water. If water is not available use alcohol. Betadine soap, not Betadine solution, is acceptable for this step. This first step directly reduces the viruses ability to infect.
- Disinfect wound with Betadine
- There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

- Mucous Membrane Exposure
  - Irrigate copiously with tap water, sterile saline or sterile water.

- Intact Skin Exposure
  - Wash wound thoroughly with soap and running water. If soap and water is not available use alcohol. Betadine soap, not Betadine solution, is acceptable for this step. This first step directly reduces the viruses ability to infect.
  - Exposure of intact skin to potentially contaminated material is not considered an exposure and the member is neither an exposed person or in need of evaluation.

Procedure:

The exposed member should continue on to the same emergency room as the patient when possible. Upon arrival at the emergency room the EMS Program Manager or his/her designee should be contacted immediately following the transfer of patient care, while the member is at the Emergency Department. This contact will provide the EMS Program Manager or his/her designee a description of the incident and possible exposure to the employee. The EMS Program Manager or his/her designee will make the initial determination regarding whether an actual exposure occurred.

If it is determined that there was a potential exposure a “City of Rogers Workers Compensation Form” and a Post Exposure Form (Form 110) must be filled out and signed by the member, his/her immediate supervisor and the Attending Physician.

If the attending physician determines that an exposure has occurred, the source patient, when possible, shall be identified, documented and the following procedures (Emergency Department Contact, Employee Post-Exposure Examination, Follow-up) will be followed.

2. Droplet Exposure and Airborne Exposure

For safety purposes the exposed EMT or paramedic should continue patient care. If the potentially exposed member cannot continue, at no time should patient care be interrupted or degraded.

Immediate Treatment:

- Exposure without appropriate PPE
    - Immediately don a surgical mask, or N95, for the protection of others.
    - Alert the receiving facility of potential airborne infectious disease transport
    - Follow appropriate disinfection procedures as defined in "SOP 242 - Disinfection and Decontamination"

- Exposure with appropriate PPE
    - Follow appropriate disinfection procedures as defined in "SOP 242 - Disinfection and Decontamination"
    - Contact by a member wearing appropriate PPE with a known infectious patient is not an exposure.

Procedure:

The exposed member should continue on to the same emergency room as the patient when possible. Alert receiving facility of suspected airborne infectious disease exposure. Upon arrival at the emergency room the EMS Program Manager or his/her designee should be contacted immediately following the transfer of patient care, while the member is at the Emergency Department. This contact will provide the EMS Program Manager or his/her designee a description of the incident and possible exposure to the employee. The EMS Program Manager or his/her designee will make the initial determination regarding whether an actual exposure occurred.

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If the attending physician determines that an exposure has occurred, the source patient, when possible, shall be identified, documented and the following procedures (Emergency Department Contact, Employee Post-Exposure Examination, Follow-up) will be followed.

For guidance, follow "Return to Work Guidelines"

Emergency Department Contact

The EMS Program Manager or his/her designee will contact the charge nurse at the receiving facility and make notification of the need for source patient testing. Request that the tests be performed as soon as feasible. These tests will be

conducted at the Fire Departments expense. Document the name of the contact and ensure the following tests are conducted:

Contact (Bloodborne) Exposure:

HBV surface antigen
Rapid HCV antibody
Rapid HIV
Syphilis if the source is HIV or HCV positive

Airborne Exposure:

Appropriate testing should be determined by the EMS Program Manager and the attending physician.

The EMS Program Manager or his/her designee should follow-up at an appropriate time to obtain test results if not already provided. When source testing results are obtained the EMS Program Manager or his/her designee will inform the exposed employee of the results and inform the individual of applicable laws and regulations concerning disclosure of the identity and infectious status of the source patient.

Employee Post Exposure Examination

If it is determined that an exposure has occurred the exposed personnel will have the option of being tested for potential communicable and infectious diseases. If consent is given this blood draw should be tested for a baseline HIV, Hepatitis B and C. Exposed personnel may refuse HIV serologic testing, in which case the sample shall be preserved for at least 90 days. If, within 90 days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The results of all tests are to be reported to the exposed member by the Attending/Referral Physician.

Personnel should return to service and complete the worker's compensation paperwork provided by human resources documenting the occurrence.

Follow-Up

Follow up care or prophylaxis, when medically indicated will be provided as recommended by the U.S. Public Health Service. Members will be referred to the Arkansas Occupational Health Clinic (AHOC) or other providers as directed by worker's compensation. Care provided should include counseling and evaluation of reported illnesses.

The following information should be provided to the physician providing post exposure care to the employee:

Copy of CFR 1910.1030

Description of the exposed employee’s duties as related to the exposure Documentation of the route of exposure and circumstances involved

Results of source patient blood if available

All medical records relevant to appropriate treatment, including vaccination record

Healthcare Professional’s Written Opinion

The Rogers Fire Department will obtain and provide a copy to the employee the healthcare professional’s written opinion within 15 days of the completed evaluation. This written opinion for post exposure follow-up will be limited to the following information:

- Confirmation that employee has received the results of the evaluation.
- Confirmation that the employee has been notified of any medical conditions resulting from the exposure which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and not be included in the report.

Record Keeping

All documents resulting from the exposure and post exposure follow-up will be maintained in the employee’s medical records for the duration of employment plus 30 years.