

Infectious Disease Post-Exposure Policy



Date: May 18, 2022

Attention: Treasure Valley Fire, Police & EMS Personnel
Treasure Valley Medical Center Personnel
Ada County | Canyon County

Sent By: Ada County/City Emergency Services System (ACCESS)
Treasure Valley Emergency Medical Services System (TVEMSS)
Emergency Responders Health Center (ERHC)

Re: First Responder Infectious Disease Post-Exposure Policy, Exposure Report Form & Clinical Reference Guide

Policy Summary

- Background:** Coordination among emergency response agencies and local hospital systems is essential to safeguard the health of first responders and the communities they serve. In recognition of responders' significant risk of infectious disease exposures, ACCESS, TVEMSS, and ERHC have collaborated to develop an Infectious Disease Post-Exposure Policy and Exposure Report Form. This policy is aligned with Centers for Disease Control (CDC) *Post-Exposure Prophylaxis Guidelines*¹ and the National Clinician Consultation Center (NCCC) *PEP Quick Guide for Occupational Exposures*.²
- Purpose:** This policy is designed to ensure that a) potential infectious disease exposures impacting responders are immediately documented; b) appropriate blood samples are drawn from "source patients" without delay; c) "source patient" test results are expedited and communicated to field officers without delay; and d) preventative treatment, referred to as "post-exposure prophylaxis" (PEP), is provided to exposed responders when indicated, within optimal timeframes.
- Scope:** This policy supports fire, law enforcement, and paramedic/EMS personnel serving in Ada County and Canyon County, Idaho. This policy will enable expedited decision-making for occupational exposures to: **HIV | Hepatitis B | Hepatitis C | Tuberculosis**
- Included:** The attached packet includes the Infectious Disease Post-Exposure Policy, Infectious Disease - Exposure Report Form, and Instructions & Clinical Reference Guide.
- Requested Action:** All Ada County/Canyon County first responder personnel are encouraged to review this packet and direct any questions to their Field Safety Officer or Department Occupational Health Director.
- Revisions:** The Infectious Disease Post-Exposure Policy, Exposure Report Form & Clinical Reference Guide will be periodically reviewed and updated as necessary. Comments and suggestions should be forwarded to:
Robert Hilvers, MD | Medical Director | Emergency Responders Health Center
(208) 229-8436 | rhilvers@er-hc.org

¹ <https://www.cdc.gov/hiv/risk/pep/index.html>

² <https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide-for-occupational-exposures>

Infectious Disease Post-Exposure Policy

Rev. May 18, 2022

Definitions: For potential infectious disease transmission to occur, the Exposed Responder must come into contact with the infectious bodily fluid of a Source Patient, through a portal-of-entry on the responder's body.

Exposed Responder: Fire, police, EMS, or aligned personnel serving in the line of duty.

Source Patient: An individual, whose infectious disease status is either unknown or suspected, whose bodily fluid comes in contact with the body of an active duty first responder. The Source Patient may be a community member receiving first response care, a law enforcement suspect, a bystander, etc.

Bodily Fluid: Fluids which can transmit HIV, Hepatitis B, or Hepatitis C, including blood, cerebrospinal fluid (CSF), semen, vaginal fluid, amniotic fluid, breast milk, and synovial/pericardial/peritoneal/pleural fluids.

Note: Saliva, vomitus, urine, feces, sweat, tears and respiratory secretions do not transmit HIV (unless they are blood-tinged). The risk of Hep B/Hep C from non-blood saliva is considered negligible.

Portal of Entry: Needlestick (SQ, IM, IV), contact with non-intact (open) skin, or contact with mucous membranes.

Response Protocol:

- When the infection status of the Source Patient is unknown or suspected, *a risk of infection should be assumed*.
- Source Patient testing should be initiated without delay for at risk exposures, using the Protocol in the table below.
- HIV post-exposure prophylaxis (PEP) should be initiated in the event the Source Patient tests positive or is unknown with a high-risk exposure. [Refer to the Clinical Reference Guide.]
- The Exposed Responder should consult an Occupational Health provider in all cases, regardless of Source Patient blood test results.

INFECTIOUS DISEASE POST-EXPOSURE PROTOCOL:	
For the Exposed Responder:	From the Source Patient:
<p>1) Immediately Cleanse All Exposure Sites</p> <ul style="list-style-type: none"> ✓ Needlesticks: Lightly wash affected skin area with soap and water; water lavage is recommended when possible. ✓ Exposed nose, mouth or skin: Flush exposed areas with water; water lavage is recommended when possible. ✓ Eyes: Irrigate with clean water, saline, or sterile irrigants. 	<p>1) Complete the Exposure Report Form</p> <ul style="list-style-type: none"> ✓ Obtain: Source Patient name, DOB, and status information. ✓ Complete: All pertinent sections of the Exposure Report Form, as indicated directly on the Exposure Report Form and Instructions.
<p>2) Await Notification of Source Patient Test Results</p> <p>DO NOT transport the Exposed Responder to an ER (unless they need treatment). The Exposed Responder can remain on active duty, pending further notice from their Field Supervisor/Occupational Health provider.</p>	<p>2) Arrange for Source Patient Testing</p> <ul style="list-style-type: none"> ✓ Determine: Whether the Source Patient will be transported to a local ER for testing, or have their blood drawn in the field. [Refer to the Clinical Reference Guide for instructions on using the Post-Exposure Lab Kit.] ▪ Test for HIV, Hep B, and Hep C in all exposure cases (field or hospital testing) ▪ Test for Tuberculosis in cases of suspected TB only (hospital testing only) ✓ Alert: The destination hospital that will receive either the Source Patient for testing, or blood samples from a field blood draw. Only participating hospitals, with rapid HIV testing capabilities, should be used to test Source Patients or process Source Patient blood samples. Use the appropriate access pathway, per the Clinical Reference Guide. ✓ Transport: Any blood samples drawn in the field to the destination hospital.
<p>3) Initiate PEP if Indicated</p> <ul style="list-style-type: none"> ✓ The Exposed Responder will be notified if the Source Patient tests positive for an infectious disease, and will be referred for medical follow-up as necessary.* ✓ The Field Safety Officer, or EMS Supervisor, is responsible for communicating Source Patient test results directly to the Exposed Responder and the department Occupational Health provider. ✓ Exposed Responders should follow up with their Occupational Health provider, or ERHC, within 48-72 hours of exposure, regardless of Source Patient blood test results. ERHC: (208) 229-3742 	
<p>IF immediate lab results are not available to determine the HIV status of a <u>high-risk</u> Source Patient, PEP should be administered within 2-8 hours following exposure, and no later than 72 hours following exposure.</p> <p>*Refer to the Clinical Reference Guide for more information.</p>	