INFECTIOUS DISEASE - EXPOSURE REPORT FORM

INSTRUCTIONS & CLINICAL REFERENCE GUIDE

HOW TO COMPLETE THE EXPOSURE REPORT FORM

This form should be completed by the Field Safety Officer for every potential infectious disease transmission impacting a first responder serving in Ada County or Canyon County. [Refer to the Infectious Disease Post-Exposure Policy for complete definitions and recommended protocol.]

Section 1: SOURCE PATIENT — FILLED OUT BY FIELD SUPERVISOR

Record the full legal name, date of birth, status, and disposition (location) of the Source Patient whose bodily fluids may have come in contact with the Exposed Responder. Note if the Source Patient will be transported to a hospital for a blood draw, or if their blood sample has been drawn in the field. Be certain to alert the destination hospital, in order to ensure expedited blood sample collection and analysis. If possible, briefly interview the Source Patient to record any known history of infectious disease or associated high-risk behaviors (i.e., IV drug use).

Section 2: EXPOSED RESPONDER — FILLED OUT BY FIELD SUPERVISOR

Record the full legal name, contact number, and agency of the Exposed Responder. Record the type of exposure (i.e., needlestick, specific bodily fluids, and possible portal of entry). Record all known details surrounding the exposure incident, such as type of needle, depth of needlestick and a description of any circumstances that could influence disease transmission. This information will be critical for Occupational Health providers to perform a risk assessment, in order to recommend any necessary post-exposure prophylaxis (PEP). Direct the Exposed Responder to follow up with their department's Occupational Health provider **within 48 - 72 hours of the exposure incident**.

Section 3: HOSPITAL/LAB ORDERS — FILLED OUT BY FIELD SUPERVISOR (NON-SHADED PORTION ONLY)

Record the destination hospital (including specific location - i.e., "Boise" or "Nampa") where either the Source Patient, or the Source Patient's blood sample(s), are to be transported. Check the box(es) to select which laboratory samples are required. The 'Routine Panel' (HIV, Hepatitis B Surface Antigen, Hepatitis C antibody) should be selected in all exposure cases; the 'Serum TB Screen' should be selected *only* if the Source Patient is suspected to be infected with tuberculosis. Leave the shaded portion blank to be filled out by the appropriate Hospital Supervisor.

IMPORTANT: Be certain to select a destination hospital participating in this post-exposure system, and to follow the appropriate notification pathway to alert the hospital of the exposure incident. [Refer to p. 2 of this Guide.]

Section 4: BILLING INFORMATION — FILLED OUT BY FIELD SUPERVISOR

Select the correct Workers' Compensation Agency representing the Exposed Responder's employer.

Section 5: RESULTS COMMUNICATION — FILLED OUT BY FIELD SUPERVISOR (ITEMS 1 & 2 ONLY)

Complete the name and mobile number of the Field Safety Officer, or check the appropriate EMS Supervisor box, to ensure the hospital can correctly notify the Exposed Responder's authorized department official(s) with the Source Patient's STAT laboratory results (HIV results). The Field Officer is responsible for communicating results directly to the Exposed Responder and for reporting any positive results to the department Occupational Health provider. **If indicated, PEP for HIV should be started immediately - within 2 to 8 hours following the exposure, and no later than 72 hours following the exposure.** [Refer to p. 3 of this Guide.] Remind the Exposed Responder to follow up with their department's Occupational Health provider **within 48 - 72 hours of any exposure incident**, regardless of Source Patient blood test results.

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CLINICAL REFERENCE GUIDE

SOURCE PATIENT TESTING

I. 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 Post-Exposure Lab Kit instructions that follow.]

- Test for HIV, Hepatitis B, and Hepatitis C in all exposure cases (field or hospital testing)
- Test for Tuberculosis in cases of suspected TB only (hospital testing only)

II. Use the appropriate access pathway to alert the destination hospital that will receive either the Source Patient for testing, or the Source Patient's blood sample(s) (from a field blood draw). Only participating hospitals, with rapid HIV testing capabilities, should be used to process Source Patient blood samples. [Refer to the hospital roster that follows below.]

USING THE POST-EXPOSURE LAB KIT FOR FIELD BLOOD DRAWS

If the Source Patient (a) will not be transported to a hospital (i.e., will remain at home and/or does not need to seek ER care) or (b) is deceased, perform a blood draw in the incident field following these steps:

1. USE: The Post-Exposure Lab Kit, which contains phlebotomy supplies (blood collection needle, tourniquet, alcohol swabs) and 2 Yellow Top tubes (SST). Fill both tubes to the top (as much volume as possible).
2. LABEL: Each tube with the Source Patient's: 1) first and last name, 2) date of birth, and 3) date of lab draw.
3. SELECT: 'Routine Panel' (HIV, Hep B Ag, and Hep C Ab) on the Exposure Report Form [Section 3]. Select 'Serum TB Screen' only if indicated. *Leave the shaded portion of this section blank for the Hospital Supervisor to complete.*
4. ALERT: The selected destination hospital where the Source Patient's blood samples will be transported. [See hospital roster below.]
5. RECORD: The destination hospital on the Exposure Report Form [Section 3].
6. TRANSPORT: The labeled SST tubes in the BIOHAZARD bag to the selected destination hospital.
7. ADVISE: The Exposed Responder to await Source Patient test results from their Field Safety Officer.

INFECTIOUS DISEASE POST-EXPOSURE TESTING – PARTICIPATING TREASURE VALLEY DESTINATION HOSPITALS

These hospital facilities perform rapid HIV testing (goal ≤ 2 hours from needlestick to results notification) and are equipped to coordinate results notification with Field Safety Officers (24/7 availability).

Hospital System/Location:		Call to Alert Destination Hospital:
Saint Alphonsus Regional Medical Center	Boise - 1055 N. Curtis Road	Saint Alphonsus Central MAC: (208) 367-8855
	Nampa - 4300 E. Flamingo Avenue	
	Eagle Health Plaza - 323 E. Riverside Drive	
St. Luke's Regional Medical Center	Downtown Boise - 190 E. Bannock Street	(208) 381-2235
	Meridian - 520 S. Eagle Road	(208) 706-1140
	Nampa - 9850 W. St. Luke's Drive	(208) 505-2050
West Valley Medical Center	Caldwell - 1717 Arlington Avenue	(208) 696-9316 – **PRIMARY Point of Contact** (208) 455-3789 – **SECONDARY Point of Contact** **(Emergency Room Direct Line)**

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INFECTIOUS DISEASE TRANSMISSION, IMMUNITY & PROPHYLAXIS

HIV: If the Source Patient a) is confirmed HIV-positive or b) reports a high-risk history (i.e., past IV drug use) *and* blood test results are not immediately available (i.e., within several hours), we recommend HIV post-exposure prophylaxis (PEP) be administered to the Exposed Responder within 2 - 8 hours following the contact incident, and no later than 72 hours after exposure. *The effectiveness of PEP decreases over time.*

IMPORTANT: Rapid HIV tests are highly sensitive and specific; therefore, test results are reliable for basing clinical decisions on whether or not to initiate PEP. If the Source Patient tests positive for HIV, then HIV PEP should be initiated without delay. If the Source Patient tests negative for HIV, this is generally considered a "true negative" (the test results can be trusted). Unless the Source Patient presents with signs and symptoms of acute HIV (acute retroviral syndrome) and reports a recent high-risk exposure (i.e., within the previous 2- month period), no further action is necessary.

Note: No cases of occupational transmission of HIV during the "window period" - the time between when a person is infected with HIV and when a test can accurately detect the infection - have been reported in the United States as of this revision.[1]

HEPATITIS B: If the Exposed Responder is known to be immune to Hepatitis B (i.e., has completed the Hepatitis B vaccination series *and* has positive titer response), then the responder is considered to have lifelong immunity, and no further testing or PEP is recommended.

If the Exposed Responder is considered an immune non-responder (indeterminate or negative titers after undergoing a Hepatitis B immunization series), the Exposed Responder must receive Hepatitis B immune globulin (HBIG) within 7 days of exposure if: 1) the Source Patient tests positive for Hepatitis B; 2) the Source Patient's Hepatitis B status is unknown and considered high-risk (i.e., needlestick at scene of IVDA).

HEPATITIS C: No PEP for Hepatitis C exposure is available at this time.

If the Source Patient is either confirmed Hepatitis C positive or their status is unknown, we recommend the Exposed Responder follow up with their Occupational Health provider for serial blood tests (including an immediate baseline test, then a follow-up test in 3 to 12 weeks following the exposure, depending on the circumstances) to monitor for possible seroconversion. Treatment is available for individuals who become Hepatitis C positive.

TUBERCULOSIS: If the Source Patient is suspected to have tuberculosis, we recommend obtaining a serum TB test (e.g. QuantiFERON Gold or T-SPOT.TB test) from the Source Patient through a visit to a participating ER. (This test is more complicated, and is not recommended to be conducted in the field.)

[1] UCSF National Clinician Consultation Center – NCCC. (2021, June 18). *PEP Quick Guide for Occupational Exposures*. Retrieved from: https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide-for-occupational-exposures/