



University of Virginia Prehospital Post Exposure Control Packet

Post Exposure Control

The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that a medical facility respond to the request of an Emergency Response Employee (**ERE**) and their Designated Infection Control Officer (**DICO**), of a potential exposure incident such as a needle-stick injury, other contact with body fluids, or suspicion of exposure to an airborne or aerosolized infectious disease. This form will serve as notification.

The Emergency Department will follow the “Good Sam” exposure algorithm unless an EMS/Fire Agency/Provider have a different mechanism for follow-up, as stated in their agency Exposure Control Plan. This is used for agencies/providers in the TJEMS area, both career and volunteer. If the provider is an employee of UVA Medical Transport Network (Pegasus, Med V, NETS or SEMM) please refer to the employee algorithm, in addition to filling out these forms.

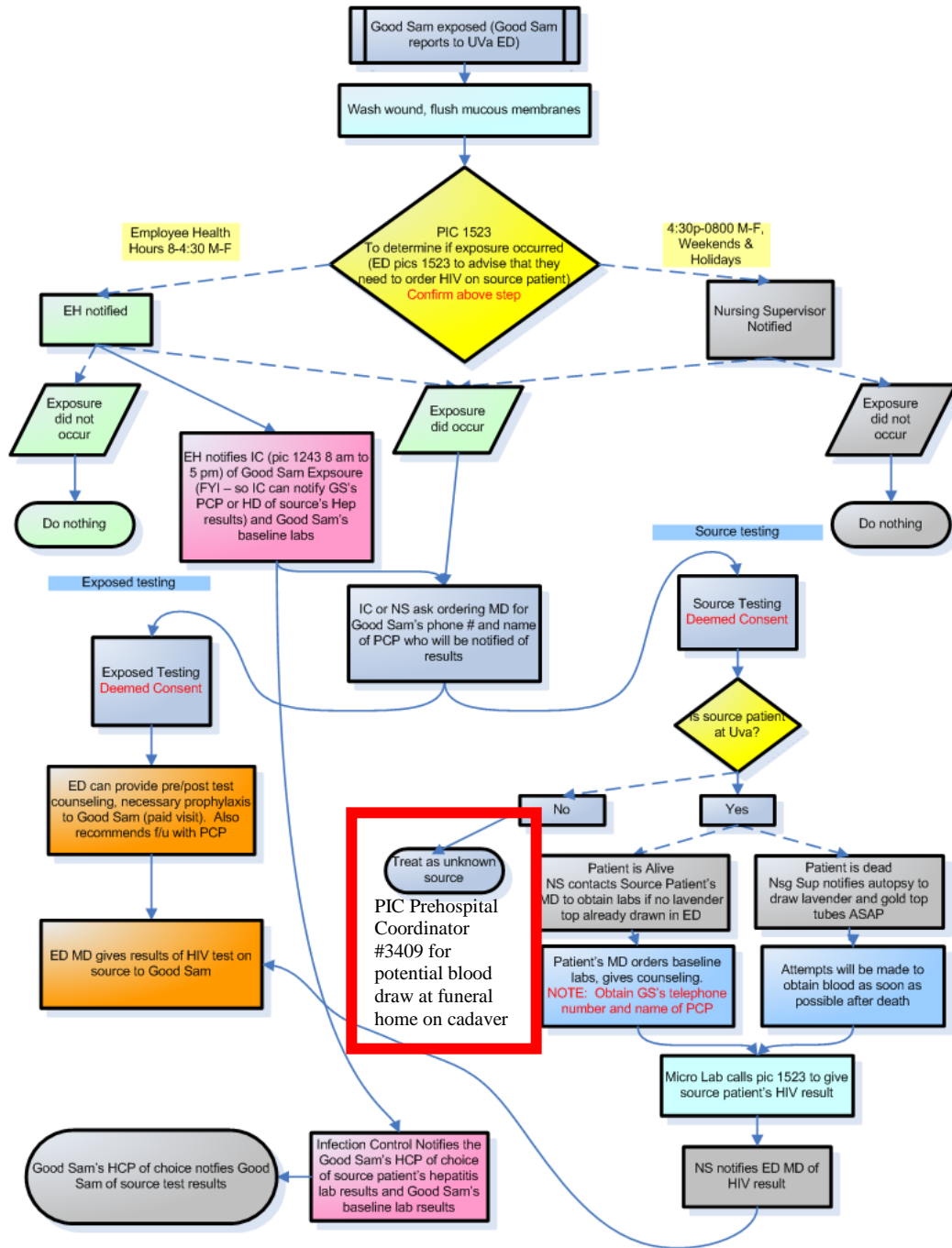
Please complete this form in its entirety. This not only provides the University of Virginia Health System with your personal demographic information, it is also used to determine how exposures can be prevented in the future. This documentation is suggested by *OSHA’s Bloodborne Pathogen Standard*.

Results of bloodwork (both source patient and ERE) will be **ONLY** be given to ERE or DICO by either the ED staff, Nursing Supervisor or Prehospital Coordinator.

BLOOD AND BODY FLUID EXPOSURE - #1523

For more information or help with EMS:

Valerie Quick, MSN, RN
UVA Health System
2205 Fontaine Ave, Ste 303
Charlottesville, VA 22903
valquick@virginia.edu
Office Phone: 434-924-8484
Cell Phone: 434-981-8033
PIC #3409





PART ONE: To be filled out by Exposed EMS/Fire Provider

Exposed EMS/Fire Personnel Information

| | |
|---------------------|---------------|
| Full Legal Name | Date of Birth |
| Best Contact Number | Email** |
| Address | |

Agency Information

| | |
|--|--------------|
| Agency Name | |
| Agency Address | |
| Designated Infection Control Officer (DICO) Name | |
| DICO Best Contact Number | DICO Email** |

****No sensitive information will be shared over email**

Incident Information

| | |
|---|---|
| Report Date/Time | Incident Date/Time |
| Incident Number | Incident Location |
| Exposure Type <input type="checkbox"/> Needle/sharp <input type="checkbox"/> Mucus membrane <input type="checkbox"/> Skin (Open/non-intact) <input type="checkbox"/> Respiratory/Airborne <input type="checkbox"/> Other _____ | Source of Exposure <input type="checkbox"/> Blood <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Human Tissues (brain, organs, etc) <input type="checkbox"/> Synovial Fluid <input type="checkbox"/> Cerebral Spinal Fluid <input type="checkbox"/> Respiratory/Airborne <input type="checkbox"/> Other body fluids with gross/visible blood <input type="checkbox"/> Other _____ |
| Precautions Used <input type="checkbox"/> Gloves <input type="checkbox"/> Eyewear <input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> None <input type="checkbox"/> Other _____ | |



| | |
|---------------------------------|---------------|
| Name of Exposed Provider | Date of Birth |
| Narrative of exposure incident: | |



PART TWO: To be completed by the Emergency Department

Blood/Body Fluid Exposure Data Sheet – Page 1/2

| | |
|---------------------------------|------------------------|
| Date | Person Completing Form |
| Exposed EMS/Fire Personnel Name | DOB |

Exposure Status

1. Was this deemed an exposure? Yes No
 - a. Explain rationale
 - b. If not, was the provider/DICO counselled? Yes No

Exposed Provider Vaccine Status

2. Tetanus booster up to date Yes No
 - a. If no, booster given? Yes No
3. Has the provider had a Hepatitis Vaccine Series Yes No

Exposed Provider Blood Draw

4. Blood sent for Hepatitis Profile and Rapid HIV Yes No

Source Patient

| | | |
|------------------------|-----|-----|
| Name of Source Patient | MRN | DOB |
|------------------------|-----|-----|

5. Is the source patient at UVA? Yes No
 - b. Source blood sent for Hepatitis & HIV profile (pt informed, consent not necessary) Yes No
6. If the patient is not at UVA, was it a medical examiner case? Yes No
 - c. Was the medical examiner notified of exposure? Yes No
 - d. Did the medical examiner draw source blood? Yes No
 - e. What is the name of the medical examiner: _____
7. If the patient is not at UVA or a medical examiner case, did you notify the DICO and UVA Prehospital Coordinator that the funeral home needs to be contacted to obtain source blood? Yes No
 - f. Where is the body? _____



Blood/Body Fluid Exposure Data Sheet – Page 2/2

| | |
|---------------------------------|-----|
| Exposed EMS/Fire Personnel Name | DOB |
|---------------------------------|-----|

- Notify Nursing Supervisor
- Email/Scan or Fax forms to Employee Health
- Exposed Person or DICO given results
- Notify Prehospital Coordinator (valquick@virginia.edu or PIC #3409)

Assessment/Treatment

- Seen by physician in ED
 - Referred to private or contract physician
 - Refused to be seen by ED physician or left AMA
 - Plans to see own physician
 - Counselling and education provided
 - Vaccine given, Type(s) _____
 - Post-exposure prophylaxis (PEP)
 - Medical F/U Indicated _____
- Other: _____



Authorization to Perform HIV/HBV Test

I have received, read, and understand the package of information regarding post exposure precautions and the protocol for HIV and hepatitis testing used by the University Of Virginia Health System Department Of Employee Health.

I understand that further information regarding the testing procedure and precautions to follow, post-exposure counseling, and the opportunity for face-to-face disclosure and discussion of test results will be provided by Employee Health.

I hereby authorize the drawing of my blood for the purpose of performing a hepatitis B and C profiles, and for the purpose of testing for HIV antibodies if indicated by Employee Health’s evaluation protocols for exposure to blood and/or body fluids.

Prehospital Provider’s Signature

Date

Witness Signature

Date

Authorization to Receive HIV/HBV Test Results by Phone

I understand that I have the right to receive the results of any test for HIV in person with a qualified health care provider. I hereby authorize Employee Health to disclose the results of any HIV test performed on my blood sample over the phone. I understand that I will still be afforded the opportunity for counseling. I also understand and agree that Employee Health may require me to come in person for disclosure with them or a physician of my choice.

Prehospital Provider’s Signature

Date

Witness Signature

Date



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Part 2

To be given to the Prehospital Provider for informational purposes.

1. You or your Designated Officer should be receiving any further follow-up. If you have any questions, please feel free to contact the UVA Prehospital Coordinator:
Valerie Quick 434-981-8033, PIC #3408, valquick@virginia.edu
2. We also recommend a follow-up phone call to Employee Health (434-924-2013) as soon as possible after the exposure to confirm that they received the appropriate documentation.

A Brief Description of AIDS

AIDS is an infectious disease caused by the human immunodeficiency virus (HIV) which is also known as the human T-lymphocyte virus-III (HTLV-III). This virus infects the blood stream of an individual, then moves on to other body organs. The immune defense system and the brain and central nervous system are especially affected. Because of the effect of the virus on the body's immune system, other infections, usually not seen in healthy people, may occur. These other infections are usually the ultimate cause of death. The infections include a type of pneumonia (PCP), a type of cancer (Kaposi's sarcoma), and tuberculosis.

AIDS is really the end-stage of a disease that begins with infection of the blood stream by the virus (HIV). Spread of infection most often occurs from sticks with contaminated needles used by drug addicts or as a result of unprotected sexual practices. A person may become infected by and remain infected for years without knowing it or without showing signs of disease in any way. However, an infected person, whether he/she shows signs of disease or not, can infect others by sharing intravenous needles or by sexual contact.

During this period of infection without apparent disease, which may last several years, an infected person's blood will test positive. The person will also have HIV in his blood. The exact chain of events is not yet clear, but in many cases the person will go on to develop AIDS-Related Complex. This may be seen as any combination of the following:

- Loss of appetite
- Night sweats
- Swollen lymph glands
- Weight loss



- Diarrhea
- Poor resistance to other infections
- Mental problems

The patient with symptoms will probably, after years or months, proceed to full blown AIDS. The length of survival time with the full blown disease varies, but AIDS is believed to always be fatal. Some people live with AIDS only a few weeks or months, while others have lived for several years with the disease. However, there are numerous antiretroviral medications currently in use in the United States. Should one be exposed to the virus, the appropriate medication will be selected by a highly trained health care provider who carefully weighs the benefits of each medication according to the type of exposure and the risk of toxicity to the individual. **The effectiveness of these medications is dependent upon prompt access, ideally within two hours of exposure. For this reason, it is ideal that you remain at the facility until you have received the results of the rapid HIV test.**

Notes to Rescue Squad Personnel with Blood/Body Fluid Exposure

Your lab studies will be followed by the UVA Employee Health (434-924-2013). You may have signed the form that allows Employee Health to give you the results over the phone. If you did, Employee Health may call you to give you the results. Please be aware, however, that this may not be permitted in all situations. You will be advised of the availability of counseling and treatment, if necessary. If you did not sign the consent form to receive your results by telephone, you will be asked to come to Employee Health (free of charge) or to the physician of your choice to receive the results. At that meeting, you will be informed of any follow-up that is indicated.

You may choose to receive your follow-up care at UVA's employee Health (free of charge) or you may have Employee Health send your results to your local medical doctor.

Follow-up care is very important. Please follow the recommendations given to you. Most of all, please try to help prevent future blood/body fluid exposures to you or your fellow squad members.

Please notify your Captain. Your squad insurance will be billed for the Emergency Department visit. UVA Medical Center has graciously agreed not to charge the volunteer squads for treatment beyond the normal insurance coverage.

Protocol for HIV/HBV Testing after an Exposure to Volunteer Rescue Squad Personnel

Exposure to blood/body fluids occurs when:

- Receive a puncture wound (i.e. needle stick) from a sharp object that has previously been exposed to the patient's blood/body fluid
- Get blood/body fluid in an open lesion, cut or rash, splash into mucous membranes (mouth or eyes)
- Or have a large blood spill on you intact skin (without open cuts)



1. Employee Health may choose to send an HIV test on you after your exposure is reported to the emergency department. The patient's blood will be drawn with the order of the ED physician. This is only available if the patient is transported to UVA. If the patient was transported to another facility, that facility will need to obtain the "source blood." Your blood will be drawn with your signed permission only. The results will be given to you only in person at the Employee Health Department or to the physician of your choice. If you signed the telephone consent form, you may receive your results by telephone. In accordance with state law, should this test be positive, the results must be reported to the State Health Department.
2. If the patient to whom you were exposed is brought to the emergency room, the ED personnel caring for you will ask the Attending Physician to order a hepatitis and rapid HIV and inform the patient that this testing is being done due to a an exposure of rescue squad personnel. If you have reported this exposure after the patient has been admitted to the hospital, Employee Health will contact the House Officer in charge of the patient and follow the above protocol.
 - a. If the patient's HIV is negative, you will not be placed on follow-up.
 - b. If the patient's HIV is positive, your HIV will be followed for 1 year. The intervals for checking your HIV are at 6 weeks, 3 months, 6 months, and 1 year following the date of exposure.

Notes Regarding the Hepatitis B Virus

Although much emphasis is placed on the threat of HIV infection from blood or body fluid exposure, Hepatitis B (HBV) should also concern the prehospital providers since it can cause serious illness and death. For this reason, it is very important that you follow up to see if any further treatment is necessary. If the hospital is unable to get a blood sample from the patient to whose blood you were exposed, Employee Health will advise you to have follow-up treatment. When blood is available from the patient, treatment recommendations will be made after the patient's blood is tested. Treatment must be initiated within 7 days of exposure.

The electronic version of this packet has been made available on-line for the sole purpose of education and review of regional the regional post exposure plan. In the event, an actual exposure occurs, please review the hard copy of this packet that will be given to you in the emergency department as it contains pamphlets of additional information (ie pamphlets from the CDC, etc) that is not reproducible in the electronic format.

If this packet is not offered to you in the emergency department, please do not hesitate to ask a charge nurse or contact one of the prehospital coordinators immediately....your continued safety is our concern.