

ABS Small Service EMS District

Exposure Control Plan

Written and Revised by
John Q Public
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Statement of Policy

This policy was created and adopted to provide a comprehensive infection control system that maximizes protection against blood and other potentially infectious material for all members of ABC Ambulance EMS District and the community they serve. This policy is intended to comply with OSHA Standard 29CFR1910.1030 for implementation and maintenance by all ABC AMBULANCE District personnel.

Furthermore, this policy will ensure that all ABC AMBULANCE District personnel, paid or volunteer, are protected from occupational exposure to blood and other potentially infectious material. Additionally, this policy requires that all procedures, as set forth in the OSHA Standard, are followed.

ABC AMBULANCE District recognizes that exposure to blood and other potentially infectious material is a hazard of this occupation. Infectious disease transmission is possible during any aspect of emergency response. The health and welfare of the employee is of concern to the employee, his family, and the staff of ABC AMBULANCE District. Although the employee is ultimately responsible for his health, ABC AMBULANCE District recognizes the need to provide the employee with as safe a workplace as is possible. The goal of this policy is to provide the employee with the tools necessary to protect him from occupational exposure to blood or other potentially infectious material.

It is the responsibility of the Director of Operations or his designee, hereinafter known as the Infectious Control Officer, to ensure that the procedures contained herein are followed.

It is the policy of the ABC AMBULANCE District to:

- Provide all employees with the necessary training, immunizations, and personal protective equipment needed for protection from blood and other potentially infectious material.
- Provide medical responders to the public without regard to known or suspected diagnosis of infectious disease.
- Regard all patient contacts as potentially infectious. Precautions will be taken at all times to protect the employee from blood or other potentially infectious material.
- Recognize the need for work restrictions based on infectious control concerns
- Prohibit the discrimination of any employee for health reasons, including infection with HIV/HBV.
- Regard all medical information as **confidential**. No employee health information will be released without written consent of subject employee.

In accordance with the OSHA Bloodborne Pathogen Standard, 29CFR1910.1030, ABC AMBULANCE District has adopted the following exposure control plan.

Exposure determination

The Standard requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At the ABC AMBULANCE District the following job classifications are in this category:

Director of Operations
Operations Manager
Fleet Manager
Field Training Officer
Paramedic
EMT-Intermediate
EMT-Basic
Public Information Officer

The following tasks are reasonably anticipated to involve potential exposure to blood and other potentially infectious material.

- Provision of emergency medical care to ill or injured patients
- Rescue of victims from hostile environments, such as, burning structures, water contaminated atmospheres, or oxygen deficient atmospheres.
- Extrication of persons from motorized vehicles, machinery, or collapsed excavations or structures.
- Recovery of bodies from any situation listed herein.
- Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious material.

In addition, if the employer has job classifications in which some employees may have occupational exposure, then a listing of those classifications is required. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated task/procedure for these categories are as follows:

Mechanic/Maintenance

General duties whereas access to the patient compartment is necessary.

Law enforcement Officers who may from time-to-time function as first responders or provide protection for or offer assistance to the aforementioned employees

Firefighters or other First Responders who may from time-to-time function as first responders or provide protection for or offer assistance to the aforementioned employees

Implementation

OSHA also requires this plan include a schedule of method of implementation for the various requirements of the Standard. The following complies with this requirement:

Universal precautions will be observed during operational duties at ABC AMBULANCE District in order to prevent contact with blood or other potentially infectious material. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees of ABC AMBULANCE District. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized. At ABC AMBULANCE District the following engineering controls will be utilized:

All interior Ambulance surfaces will be impervious

Disposable equipment will be used if possible

All equipment will be impervious if not disposable

The above controls will be examined and maintained on a regular schedule by the Infection Control Officer. The schedule for reviewing the effectiveness of the controls will be monthly.

All employees are required to wash their hands, with soap and water, as soon as possible, after a response. Interim handwashing facilities are provided in each response vehicle by way of antimicrobial/antibacterial toilette. Additionally, traditional handwash facilities are available at each station operated by ABC AMBULANCE District and must be utilized after each call.

Should an employee incur an exposure to their skin or mucous membranes, then those areas will be washed or flushed with water as appropriate, as soon as possible following the contact.

Needles

Contaminated needles and other sharps will **NOT** be bent, recapped, removed, sheared or purposely broken. All needles will be disposed of in an OSHA approved sharps container designed specifically for use as such. Where possible all sharps will have safety control features.

Sharps Containers

Sharps containers used by ABC AMBULANCE District will be designed to prevent spilling of its contents in the event of a motor vehicle crash. Additionally, these containers will meet all requirements of the OSHA standard calling for their design.

Whenever a sharps container reaches what could reasonable be estimated as $\frac{3}{4}$ full it should be sealed and boxed for disposal immediately. Additionally, the Infectious Control Officer will, on a monthly schedule, inspect all sharps containers.

Sharps containers will be placed in premanufactured sites within the emergency vehicle. Sharps containers will not be maintained within any station operated by ABC AMBULANCE District. Additional interim containers may be placed within a medical response kit and carried to a patient's side. These interim sharps containers will be for the transportation of potentially infected sharps from a remote location to a permanent container. The interim container will not be emptied, but will be disposed of wholly within a permanent sharps container.

Work area restrictions

In work areas where there is a foreseeable exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, and cabinets, on counter tops or bench tops where blood or other potentially infectious materials are present. Any of the above mentioned products should not be transported on or in any vehicle that is used for the treatment of patients or in the cab of any vehicle that serves as a primary emergency response vehicle. Should it be necessary to transport any of the above items the items must be transported in an outside compartment. Use of the employee's mouth to suction blood or other infectious materials is prohibited. Additionally, the use of the employee's mouth to provided a breath for testing the placement of an endotracheal intubation tube or the performance of mouth to mouth resuscitation is likewise prohibited.

Specimens

Specimens of blood and other potentially infectious materials will be placed in a container that prevents leakage during collection. Blood specimen collection will be

limited to blood sugar testing. Additional collection is not necessary and will be avoided by ABC AMBULANCE District. Employees of ABC AMBULANCE District will not perform collection of urine, vomitus, or other potentially infectious materials for use by hospital staff. Urinary collection bags (Foley bags) will be emptied by hospital or nursing home staff prior to transport.

Contaminated Supplies

Any and all supplies that may have contact with or exposure to blood or other potentially infectious material will be treated as a bio-hazard and cleaned or disposed of as necessary. The following supplies will be disposed of after any use or exposure.

- All gloves used in patient treatment
- IV extensions, administration sets, and fluid bags
- Syringes without needles
- Dressings and bandages
- Any additional items that may become contaminated and are disposable

Items that present a stick hazard must be disposed of in an appropriate sharps container. Needles that are attached to a syringe will not be removed, replaced, or recapped prior to disposal. The following items will be disposed of in an appropriate sharps container.

- IV catheters with or without stylettes
- Syringes with needles
- Prefilled drug syringes
- Ampules
- Any thing used for injection through an IV port
- Any items used for venapuncture or injection through the skin
- Any other items that may provide a skin puncture risk

Supplies that are reusable will be cleaned according to the guidelines of this policy before being placed back in service. Items that cannot be immediately decontaminated will be isolated from all persons, equipment and supplies until such time as decontamination can be performed. Items that may potentially be decontaminated and returned service are as listed.

- Laryngoscope and blades

Contaminated Equipment

Equipment that has been contaminated with blood or other potentially infectious material will be properly cleaned and decontaminated prior to being transported or being placed in service. All equipment that is left at the hospital and later retrieved will be cleaned at the hospital, if possible, or isolated from all persons and equipment

that I become subsequently contaminated. Isolation will be performed by utilization of properly labeled plastic bags meeting OSHA requirements for isolation of potentially infectious material. Additionally, the infectious control officer will inspect all equipment for compliance on a monthly schedule. The following equipment will be decontaminated before being returned to service.

- Long Spine Boards
- Cervical Collars
- Head Mounts
- Fracture Splints
- Traction Splints
- Vest-type Extrication Devices (KED)

Cleaning of Equipment and Supplies

Cleaning and decontamination of equipment and supplies will be performed in the biohazard room. This room will be properly marked with the proper biohazard label. This room will be used for decontamination of employees as applicable as well as supplies. This area should be cleaned regularly and will be inspected by the infectious control officer on a monthly basis. Additionally, biohazardous waste will be stored in this area until a contracted company transports the waste for permanent disposal.

Housekeeping

The biohazard room, patient area of ambulances, and any other area that may be contaminated from time to time with blood or other potentially infectious material will be thoroughly cleaned and disinfected after each exposure. Additionally, the biohazard room and the patient area of ambulances will be inspected and cleaned daily.

Personal Protective Equipment

All personal protective equipment used at ABC AMBULANCE District will be provided at no cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious material. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Tasks and the type of protective equipment will be provided to employees by the infectious control officer is listed below.

- All patient contact
- Gloves

Airway control (Advanced or Basic)
Gloves, Goggles, and Face mask or Shield
Bleeding control (minor)
Gloves
Bleeding control (Major)
Gloves, Gown, Goggles, Face mask or Shield
Intravenous canulation
Gloves
Medication administration
Gloves
Suctioning
Gloves, Goggles, and Face mask or Shield
Needle thoracotomy
Gloves, Goggles, and Face mask or Shield
Vaginal delivery
Gloves, Gown, Goggles, Face mask or Shield

All personal protective equipment will be cleaned, laundered, or disposed of by ABC AMBULANCE District at no cost to the employee. ABC AMBULANCE District will make all repairs and replacements of personal protective equipment at no cost to the employee.

All garments that are penetrated by blood will be removed immediately or as soon as possible. All personal protective equipment will be removed prior to leaving the scene of a patient contact or at the hospital, nursing home, or doctor's office as applicable. Potentially contaminated personal protective equipment will not be worn while in the passenger compartment of any vehicle or while in the station. Potentially contaminated personal protective equipment will be placed within an approved and properly labeled receptacle for disposal or cleaning as applicable.

Gloves will be worn when it is reasonably anticipated employees will have hand contact with blood or other potentially infectious material, non-intact skin, and/or mucous membranes. Gloves will be provided by ABC AMBULANCE District and will be worn by all employees performing any task involving patient contact.

Disposable gloves used at ABC AMBULANCE District are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or torn, punctured, or when their ability to function as a barrier is compromised.

Masks, in combination with eye protection such as goggle or glasses with solid side shields, or chin length face shields are required to be worn whenever splashes, sprays, spatters, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Airway control, major hemorrhage control, and vaginal delivery are all times when these measures must be used.

All areas of patient contact will be cleaned and decontaminated after each patient contact. Patient contact areas will be thoroughly cleaned and decontaminated on a weekly basis. Additionally, the infectious control officer will inspect all patient contact areas for compliance on a monthly schedule.

Decontamination will be by use of 1:10 bleach solution or an EPA registered germicide.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or other potentially infectious material, as well as after each patient contact in that area.

All bins, pails, cans, and similar receptacles will be inspected and decontaminated weekly. These aforementioned containers will be inspected monthly by the infectious control officer.

Regulated Waste Disposal

All contaminated sharps will be discarded immediately in an approved sharps container. Sharps containers are provided in the action area of each unit and within the medical kit as applicable.

Regulated wastes, other than sharps, will be placed in appropriate containers, i.e., red biohazard bags or other containers marked with the biohazard label. Such containers are provided within the patient compartment of each emergency vehicle. At no time will regulated waste be allowed within the passenger compartment of any emergency vehicle.

Laundry procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will be placed in appropriately marked containers at the receiving facility. Laundry will not be sorted. All employees who handle potentially contaminated laundry will wear personal protective equipment. Potentially contaminated laundry will not be transported or returned to ABC AMBULANCE District, but must be left at the receiving facility.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious material will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious material unless the employee has had the vaccine or

wishes to submit to antibody testing that shows the employee to have sufficient immunity.

Employees or decline the Hepatitis B vaccine will sign a waiver that uses the wording in appendix A of the OSHA standard and this exposure control plan.

Employees who initially decline the vaccine, but whom later wishes to have it, may then have the vaccine provided at no cost. Immediate Care of Claremore, Oklahoma will administer the vaccine. The person responsible for ensuring the vaccine has been offered, and obtaining signed waivers for each employee is the infectious control officer.

Post Exposure Evaluation and Follow-up

When an employee incurs an exposure to blood or other potentially infectious materials, the exposure will be reported first to the employee's supervisor and then to the Infectious Control Officer who has the responsibility for maintaining records involving exposure incidents. The employee will file a written report noting the circumstances of the exposure. Additionally, the employee will be permitted to make a report of this process, once completed, and insert it into the permanent record.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA Standard. This follow-up will include the following.

Documentation of the route of exposure and the circumstances related to the incident.

If possible, the identification of the source individual and the status of the source individual is found. The blood of the source individual will be tested, after consent is obtained, for HIV/HBV infectivity.

Results of testing of the source individual will be made available to the exposed employee. The exposed employee will be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. ABC AMBULANCE District may modify this provision according to local laws on this subject.

The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given

information on what potential illnesses to be alert for and to report any related experiences to the appropriate personnel.

The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the US Public Health Service. These recommendations are:

Interaction with Health Care Professionals

A written opinion will be obtained from Immediate Care of Claremore, who is the organization responsible evaluations at ABC AMBULANCE District. Written opinions will be obtained in the following instances:

When an employee is sent to obtain the Hepatitis B vaccine, and

Whenever the employee is sent to a health care professional following an exposure incident

Health care professionals will be instructed to limit their opinions to:

Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, for evaluation following an exposure incident and the employee has been informed of the results of the evaluation, and

The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material. This opinion will not reference any personal medical information.

Employee Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. The Infectious Control Officer, at the direction of the Training Officer, will conduct employee exposure control training. This training will include an explanation of the following:

The OSHA standard 29CFR1910.1030
Epidemiology and symptomology of bloodborne pathogens
Modes of transmission of bloodborne pathogens
Exposure control plan
Procedures which may cause exposure
Control methods that will be used
Disposal procedures
Personal protective equipment availability & requirements
Post exposure evaluation and follow-up
Hepatitis B vaccine

All employees will receive annual refresher training.

All training materials and training outline are located at ABC AMBULANCE District administrative offices.

Record keeping

The Infectious Control Officer will maintain all records required by the OSHA standard.

Records will be established and maintained for each employee in accordance with 29CFR1910.20 and 1910.1030. All medical and training records will be made available to subject employee, to persons having written consent of subject employee, and to the Assistant Secretary in accordance with 29CFR1910.20.

ABC Ambulance EMS District
Exposure Control Agreement

Employee Name: _____

Department Name: _____ Employee ID Number: _____

Date of Incident: ____/____/____ Run Number: _____

I was exposed on the date noted: _____

Personal protective equipment was made available to me free of charge: _____

I reported the exposure to my supervisor: _____

I was offered HBV/HIV testing free of charge: _____

I was counseled on potential illness and advised of signs of symptoms: _____

I was advised of the findings of testing on the source individual: _____

I was advised of the physician recommendations: _____

I the undersigned employee do hereby affirm without duress that the information contained herein is factual and without ere, to the best of my knowledge.

I understand that the information contained in the aforementioned reports will be kept confidential. Should I wish to obtain a copy of these reports or any other that may be in my Exposure Control File I will, in compliance with Federal Standard 29 CRF 1910.1030, file with the Exposure Control Officer a written statement requesting the said information. I further understand that this request must be notarized and properly executed before requested forms will be released.

Employee Signature: _____ Date: ____/____/____

Infectious Control Officer: _____ Date: ____/____/____

Director : _____ Date: ____/____/____

Communicable Disease Risk Exposure Report

The filing of this report initiates a system of notification for risk exposures occurring outside of a health care facility to health care workers, emergency responders, and funeral workers as specified by the Oklahoma State Department of Health OAC 310:555. This report and all information entered on it are to be held in strictest confidence in conformance with 63 O.S. Supp. 2001, Section 1-502.1 et. seq.

PART I: Exposed Worker Section (Please Print)

1. Employee Name: _____ 2. Birth date: ____/____/____
(Last) (First) (MI) Mo. Day
Yr.

3. Home Telephone: (____) _____ 4. Profession/Job Title: _____

5. Employer/Company Name: _____

6. Work Address/Telephone: _____ (____) _____
(Street) (City) (Zip) Telephone

7. Number of hepatitis B vaccinations previously received: None; 1; 2; 3

8. Date of Exposure: (Mo./Day/Yr.) ____/____/____ 9. Time of Exposure: _____ AM or PM (Circle One)

10. Supervisor's Name/Telephone: _____ (____) _____
Telephone

11. Description of Exposure: _____

12. Source Patient Name: _____
(Last) (First) (M.I.)

13. Location of Source Patient (include name of facility, address and phone number):

To Be Completed By Employer's Designee

I have reviewed the circumstances and management of this incident and verify that the appropriate follow-up (according to our agency Exposure Control Plan) is being attempted in order to identify or prevent the transmission of communicable diseases to which the employee may be at risk as a result of this exposure.

14. _____ 15. _____ 16. ____/____/____
Name & Title (Print) Signature Mo. Day Yr.

Post-exposure counseling and follow-up will be provided to this employee by:

17. _____ 18. (____) _____ 19. _____
(____) _____
Provider's Name Provider's Telephone Number Provider's Fax Number

To Be Completed by A Licensed Health Care Professional (MD, DO, RN, PA,)

In my professional judgment, this **was** **was not** a mucosal, percutaneous or respiratory exposure that has the potential for transmission of a communicable disease, such as hepatitis B, hepatitis C, HIV, TB or meningococcus.

20. _____ 21.. _____ 22. ____/____/____
Name & Title (Print) Signature Mo. Day Yr.

For consultation regarding exposures and PEP meds: PEP Hotline 1-888-448-4911

Note: If this exposure does not warrant medical follow-up, please return the form to the *Employer's Designee* and indicate to that individual why no follow-up is required.

If this is an exposure that warrants medical follow-up, the employer shall handle the report accordingly:

- A. **Yellow** copy to be mailed **Immediately to the OSDH HIV/STD Service (use gray, self-addressed, metered envelope) at 1000 N.E. 10, OKC, Ok 73110**
- B. **Green** copy, a gray metered envelope and instruction page to be delivered **immediately** to the designated person (usually the Infection Control Practitioner) at the location of the source patient.

PART II: Source Patient Health Care Provider Section (Please Print)

23. Date and time Communicable Disease Risk Exposure Report received: (Mo./Day/Yr.) ____/____/____ Time: ____AM or PM (Circle One)

24. Person completing Part II: _____
(Last) (First) (Title)

25. Institution (name): _____ 25. Business Phone: (____) _____

Source Patient Information

26. Birth date: (Mo./Day/Yr.) ____/____/____ 27. Sex: Male; Female

28. Primary Diagnoses: _____

29. Was the source patient found to have any potentially communicable disease(s), such as hepatitis B, hepatitis C, HIV, TB, meningococcal disease, or others? Yes No

30. If yes, specify: _____

31. Does the source patient have clinical evidence of AIDS or symptoms of HIV infection or acute retroviral syndrome?
 Yes; No; Unknown

Source Patient Test Results

32. Rapid HIV test: Positive; Negative; In determinant Test Date: (Mo./Day/Yr.) ____/____/____ Not Done

Note: IMMEDIATELY report Rapid HIV results by phone or fax to the Provider listed on page 1, q. 17-19. As other test results become available, these are also to be released to the Provider listed on page 1, q. 17-19.

33. HBsAg: Positive; Negative Test Date: (Mo./Day/Yr.) ____/____/____ Not Done

34. anti-HCV: Positive; Negative Test Date: (Mo./Day/Yr.) ____/____/____ Not Done

35. HIV: Positive; Negative; In determinant Test Date: (Mo./Day/Yr.) ____/____/____ Not Done

36. Other: Name of Test: _____ Test result: _____ Test Date: (Mo./Day/Yr.) ____/____/____

Note: Source results may be released to the source patient; the exposed person; the exposed person's physician/provider or OSDH per OAC 310:555.

37. Date results released to Provider: (Mo./Day/Yr.) ____/____/____ 38. Date mailed to OSDH: (Mo./Day/Yr.) ____/____/____

When Part II is completed, mail immediately to the OSDH HIV/STD Service using the gray, self-addressed, metered envelope.

Part III: OSDH Section (Please Print)

Date Report Received: (Mo./Day/Yr.) ____/____/____ Person Completing Part III:

(Last)

(First)

INSTRUCTIONS
Oklahoma State Department of Health

Communicable Disease Risk Exposure Report

This report form was developed to initiate a system of notification for risk exposures occurring outside of a health care facility to health care workers, emergency responders, and funeral workers as specified by the Oklahoma State Department of Health OAC 310:555. This report and all information entered on it are to be held in strictest confidence to conform with 63 O.S. Supp. 2001, Section 1-502.1 et. seq.

Note: For questions regarding the handling of ODH Form 207, call 405/271-4636.

PART I: Exposed Worker Section

Questions 1-13 are to be completed by the exposed worker, immediately following the injury.

- 9: Describe exposure in detail. Include information regarding type of exposure, body part affected, type of body fluid involved, duration of exposure, etc.
- 12: List the facility where the source patient was taken. This will be the facility that is responsible for testing the source patient.

Questions 14-19 are to be completed by Employer's Designee, immediately following the injury.

Questions 20-22 are to be completed by a Licensed Health Care Professional. (MD, DO, RN, PA,).

Routing:

- A. If the Licensed Health Care Professional determines that the exposure does not have the potential for transmission of a communicable disease, the form should be returned to the Employer's Designee.
- B. If the exposure does have the potential for transmission of a communicable disease, the **Yellow** copy should be mailed **immediately** to the OSDH HIV/STD Service (use gray, self addressed, metered envelope).

The **Green** copy, a gray metered envelope and instruction page are to be delivered **immediately** to the designated person (usually the Infection Control Practitioner) at the health care facility to which the source patient was transported; to the attending physician, if the source patient was being cared for outside of a health care facility; to the health care provider who last had responsibility for the deceased source patient; or to the medical examiner.

PART II: Source Patient Health Care Provider Section

Questions 23-38 are to be completed by the Health Care Provider who is responsible for testing the source patient.

32. Rapid HIV testing has become a valuable tool used to quickly determine the need for initiation and/or continuation of PEP meds for the exposed person. When a rapid HIV test is performed on the source patient, communication of these results should not be delayed. The results should be **immediately** communicated to the physician/provider who is providing post-exposure counseling and follow up and is listed on page 1, q. 17-19.

Please note that as other source results become available, these should be released to the Provider listed on page 1, q. 17-19.

Routing:

- A. The Health Care Provider should complete Part II and mail the completed green form to OSDH HIV/STD Service immediately using the gray, self-addressed, metered envelope.

OSDH form 207

ABC Ambulance EMS District

Post Exposure Report

Employee Name: _____

Department Name: _____ Employee ID Number: _____

Date of Incident: ____/____/____ Run Number: _____

Results of Patient HBV/HIV testing: _____

Results of optional employee blood testing: _____

Recommendation of Physician: _____

Potential illness, signs, and symptoms to watch for: _____

Precautions that should be taken after exposure: _____

Department Use Only

A copy of this report should be made available to the employee. The original will be filed in the appropriate employee file. The **Director of Operations will be made aware of this report.**

Date form reviewed with employee ____/____/____

Date form filed in permanent record: / /