

# EL DORADO COUNTY EMS AGENCY

## FIELD POLICIES

902

(on file)

Effective: July 1, 2015  
Last Revised: July 2024

EMS Agency Medical Director

### EXPOSURE DETERMINATION, TREATMENT AND REPORTING

#### **PURPOSE:**

Preventing exposures to blood and body fluids is the most important strategy for preventing occupationally acquired infection. Prehospital care providers and the departments that employ them should work to ensure adherence to the principles of Standard Precautions, including ensuring access to and consistent use of appropriate safety measures, and personal protective equipment (PPE). When an occupational exposure has occurred, appropriate post-exposure management is an important element of workplace safety.

#### **POLICY:**

##### **1. Protection/Prevention**

- a. All exposed prehospital care providers should be offered vaccinations and/or prophylaxis to protect against blood borne pathogens and communicable disease.
- b. Encourage frequent hand washing.
- c. Use PPE including gloves, gowns, eyewear, and masks when appropriate.
- d. Use sharps with caution. Do not recap needles and dispose of sharps in appropriate receptacle immediately after use.

##### **2. Treat Exposure Site**

- a. Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure.
- b. Flush exposed mucous membranes with water.
- c. Flush eyes with saline solution or water.

##### **3. Report and Document**

- a. Report occupational exposures immediately to supervisor and/or designated officer.
- b. Complete the appropriate employee exposure reporting forms.
- c. Document the incident, including:
  - i. Date and Time of incident.
  - ii. Details of where and how exposure occurred.
  - iii. Exposure site, type and amount of fluid or material, severity of exposure.
  - iv. Details about exposure source including history of HIV, HepCV, HepBV.

##### **4. Evaluate the Exposure**

- a. For transmission of a blood borne pathogen (HIV, HepBV and HepCV) an infectious body fluid must contact the exposed person through a viable route of entry (see table).
- b. If either has not occurred, there is no risk of transmission and further evaluation is not required.
- c. Factors to consider in assessing need for evaluation of the exposure:
  - i. Type of exposure
  - ii. Type and amount of fluid/tissue involved

#### **Infectious Body Fluids**

Blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid.

#### **Routes of Entry**

Percutaneous, mucous membrane, cutaneous with non-intact skin.

- d. Optimal time to start prophylaxis is within hours of exposure. Go to the closest emergency department if immediate treatment is needed or return to the base hospital for further evaluation. Bring any legally obtained source patient samples with you.

**5. Evaluate the Exposure Source**

- a. Request testing of source patient following state regulations related to informed consent and confidentiality if the source is known.
- b. For patients who cannot be tested, consider medical diagnoses, clinical symptoms, and history of high-risk behaviors.

**Note:** California Health and Safety Code §120262:

1. Allows an exposed provider to request an evaluation in writing within 72 hours to determine if there is a significant exposure, and,
2. be counseled regarding the need for testing, treatment options, and follow-up.
3. The source patient or legal representative will be given the opportunity to consent for testing. If a good faith effort to notify source is unsuccessful or if the source refuses consent within 72 hours, any available blood or patient sample that was legally obtained in the course of giving care (**routine blood draw**) may be tested.
4. An exposed provider is prohibited from directly obtaining informed consent for testing from the source patient.

**6. Follow-Up Testing:**

- a. All high-risk exposures require appropriate retesting to be done through the department's occupational health provider.