

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

EFFECTIVE DATE 5/1/2013
SUPERSEDES: 925.10
REVISED:
REVIEW DATE: 5/1/2018
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**SIGNIFICANT BLOODBORNE OR OPIM EXPOSURE REPORTING FOR AMADOR
COUNTY**

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.186, 1797.188, 1797.189, 1797.200.

II. DEFINITION

- A. **"Pre-hospital Emergency Medical Care Personnel"** means any First Responder, EMT, Paramedic, RN, or Physician who functions as a part of the EMS system.
- B. **"Reportable disease or condition" or "a disease or condition listed as reportable"** means those diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4 of Title 17 of the California Administrative Code, as may be amended from time to time.
- C. **"Exposed"** means at risk for contracting a disease, as defined by regulations of the State Department of Health Services.
- D. **"Health Facility"** means a health facility, as defined in Section 1250, California Health and Safety Code, including a publicly operated facility.
- E. **"OPIM"** means Other Potential Infectious Materials, i.e. semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, or amniotic fluid.
- F. **"Provider Agency"** means an Agency that provides Pre-hospital Emergency Medical Care.
- G. **Significant Bloodborne or OPIM Exposure** is defined as an unprotected exposure to blood or other potential infectious materials (semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, or amniotic fluid)

III. PURPOSE

To provide a procedure by which the above sections of the law can be fulfilled, should a pre-hospital emergency medical care personnel have a significant bloodborne or other potential infectious material exposure.

IV. POLICY

- A. Each health facility shall develop and implement a policy for notifying the county health officer of significant exposures to pre-hospital emergency medical care personnel.

V. PROCEDURE

- A. Pre-hospital emergency medical care personnel who suspect that they have been significantly exposed to a patient shall immediately notify their appropriate provider agency representative and shall complete and submit a "Significant Exposure Report Form" (See Attachment A attached to this policy). A separate form must be completed for each exposed person.
 - 1. To determine if a Pre-hospital Emergency Medical Care Provider has had an unprotected exposure ask did the fluid enter the responder's body by:
 - 1) Needle stick,
 - 2) Laceration by contaminated object,
 - 3) Mucus membrane or eyes, or
 - 4) Open wound
- B. The Provider Agency Supervisor shall assure that this form is completed and the pre-hospital emergency medical care staff present to the Emergency Department in a timely manner.
- C. A physician at the emergency department shall determine whether there has been significant exposure to the pre-hospital personnel and shall document his certification on the Significant Bloodborne Exposure Report form (See Attachment A). The form is then faxed to Amador County Public Health. Public Health will follow up on the status of the source patient for the presence of potentially communicable diseases. Once Public Health has made its determination, it will notify the involved pre-hospital emergency medical staff of the determination and follow up recommendations, if any.
 - 1. Pre-hospital personnel should contact the Amador County Public Health within twenty four (24) hours of the incident to ensure that the process has been started.
- D. Pre-hospital personnel shall seek prophylactic medical treatment and/or advice per their employer's policy. **PAYMENT FOR ANY TREATMENT/TESTS IS THE RESPONSIBILITY OF THE EMPLOYING AGENCY. PAYMENT FOR MEDICAL**

EXPENSES SHOULD BE AVAILABLE THROUGH WORKERS' COMPENSATION INSURANCE.

- E. Nothing in this policy shall be construed to authorize the further disclosure of confidential medical information by the health facility or any of the pre-hospital emergency medical care personnel except as otherwise authorized by law.

Attachment A

SIGNIFICANT BLOODBORNE EXPOSURE REPORTING FORM

Please fax to Amador Public Health 209-223-1562

Reporting Agency: _____ Unit #: _____

Agency Contact Person (Designated Officer): _____

Telephone #: _____

Agency Address: _____

Form completed by: _____ Date submitted: _____

Date and Location exposure took place: _____

Name and Title of Individual exposed:

Name

Title

Details of exposure (give details of unprotected exposure to blood or body fluid secretions such as needle sticks, fluid to eyes or mouth, fluid exposure to unprotected skin that has open lesions, sores or rash, etc.): _____

Source Patient name: _____ D.O.B. _____

Transported to: _____

For Public Health Use Only

1. No infectious disease documented as identified or suspected
2. Follow-up required: YES _____ NO _____
Where: _____
3. Recommendations/Comments: _____

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Initial follow-up:

Name of Person Notified at Reporting Agency: _____

Date: _____ Time: _____

Deputy Coroner

Notified _____ Date: _____

* If patient is deceased and not transported to health care facility.

Signature Date: _____