

# OFD COMMUNICABLE DISEASE EXPOSURE SCREENING & ACTION FLOWCHART



Your name: \_\_\_\_\_ Inc#: \_\_\_\_\_ Date: \_\_\_\_\_

**Please decontaminate your exposed area, then complete this worksheet and call the BC or MSO to discuss how best to proceed with suspected exposure.**

\*OPIM-primary you are exposed to in EMS is AMNIOTIC FLUID. Other OPIM you are not routinely exposed to in EMS: Semen, vaginal secretions, CSF fluid, synovial fluid (joints), peritoneal fluid (abdomen cavity), pericardial fluid (around heart), pleural fluid (around lungs). (Tears and sweat don't have risk for HBV, HCV, HIV)

1	Was there a Contaminated Needlestick Injury (was the needle ever in the patient's body or was the needle in contaminated IV tubing)?	YES	NO
2	Did Blood/OPIM* make contact with the surface of the employee's eye, or inner surface of their nose or mouth?	YES	NO
3	Did Blood/OPIM* make contact with an open area of the employee's skin (open sore, cut, break in skin)? (A scab is considered closed skin.)	YES	NO
4	Were the employee's cuts caused by sharp objects covered with Blood/OPIM*?	YES	NO
5	Were any of these bodily fluids-- <u>Nasal secretions, saliva, sputum, stool, urine, vomit</u> <b>VISIBLY BLOODY</b> AND ENTER INTO the employee's eye, inner surface of their nose or mouth, or via an opening in their skin?	YES	NO

**A Yes answer to any #1-#5 is a bloodborne exposure.**

6	Were you told the patient had any communicable diseases? If so, list here _____	YES	NO
7	Did you wear PPE? If so please list all here: _____	YES	NO
8	Did the patient have a mask on? If so, what kind? _____	YES	NO
9	What specific treatment/s were you providing when exposed? _____	Some	None
10	Was the exposure in an enclosed environment and if so, where and how long were you exposed? Where _____ How Long? _____ (Airborne/Droplet risk)	YES	NO
11	Are you immune compromised in any way? This could increase your risk or change treatment recommendations. Your treating physician will need this info.	YES	NO
12	Please list any other pertinent info here: _____		

**Answers to #6-#12 require review with BC or MSO.**

**Once checklist completed, contact BC or MSO, then if exposure confirmed, complete SD Co. Exposure Reporting Form and follow post exposure procedures per policy.**

# OFD COMMUNICABLE DISEASE EXPOSURE SCREENING & ACTION FLOWCHART



## Exposure? Notification Requirement

**ANY QUESTIONS REGARDING EXPOSURES?**  
Contact Designated Infection Control Officer MSO Seabloom  
(760) 801-1018, personal cell (760) 801-1222

**Post Exposure Procedure**

- Exposed personnel shall immediately cleanse affected areas with soap and water or an approved antimicrobial solution (wipes, hand sanitizer).
- Rinse affected eyes with sterile water or saline (not hot)
- Treat the exposed employee as a patient. Administer first aid as required. Let wound bleed briefly but there is no benefit to making wound bleed.

**Level of Concern (Minimal, Moderate, Severe)**  
**The supervisor, BC, and MSO will help determine best course of action.**

- If a Communicable Disease Exposure report is completed then:**
  - **City's online Work Injury Report, including DWC-1 Form must be completed.**
  - **If sharps injury, must also complete Sharps Injury Log from city's online system.**

**Immediately notify your Supervisor.**

The Supervisor and/or Duty Battalion Chief, or their designee, will make contact the Designated Infection Control Officer (MSO Seabloom) and review the severity of the exposure and appropriate testing/treatment.

**If unable to contact MSO Seabloom then try:**

- Work Partners (760) 681-5222,
- TCMC Charge Nurse (760) 940-3509 requests a consult with a TCMC ED MD.

**If unable to contact Work Partners or TCMC:**

- N. Zone Medical Director Dr. Vilke (619) 666-8643 or Dr. Sloane (858) 774-9623
- San Diego County Medical Director Dr. Koenig by Office (619) 285-6429. Afterhours paged (858) 565-5255

Follow the Step-by-Step How to For On-Line Workers Compensation Injury Reporting

**For bloodborne exposure the affected employee should go to the same facility as the patient for rapid testing and treatment. If patient does not want to go to the ED, advise that the City can cover cost of transport for testing.**

- **If DOS, employee goes to Work Partners (or after hours to TCMC) and their MD calls County Medical Examiner to order blood tests.**
- **Employees should seek medical attention for baseline testing and consultation.**
- **If employee does not go to hospital the Supervisor/BC or MSO must ensure source testing is done and reported back to employee ASAP.**

**SD County Communicable Disease Exposure Form must be delivered or faxed to ED charge nurse at source patient destination immediately after incident to get testing and results provided.**

**PEPline:** Advice for health care providers managing occupational exposure to HIV, hepatitis B and C. National Clinicians' Post-Exposure Prophylaxis Hotline **1-888-448-4911** 0900-2100 EST, 7 days a week. Or visit: <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>