

<b>REGIONS HOSPITAL EMS</b>	
<b>POLICY/PROCEDURE:</b> <b>Exposure Control and Reporting</b>	Page 1 of 2
<b>ISSUED BY:</b> Medical Director	No. 09-118
<b>DATE:</b> January 1, 2005	Supersedes: No. 05-117

**PURPOSE:**

All prehospital care providers are at risk for exposure to communicable/infectious blood borne and airborne diseases such as HIV, hepatitis, meningitis, tuberculosis, etc. The following policy is an attempt to define those risks.

**DEFINITIONS:**

1. The following types of exposure can increase the risk of contracting a communicable/infectious disease:
  - A. Blood borne exposure: human blood or any body fluid visibly contaminated with blood
  - B. Other body fluid exposure:
    1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, emesis, stool, urine, draining wounds or lesions
    2. Other suspicious circumstances and/or generally unclean surroundings
  - C. Airborne exposure: Direct indoor contact with a patient with known or suspected active tuberculosis or any other pathogen transmitted by airborne routes. Inside a vehicle is considered indoors.
2. A significant exposure is defined as:
  - A. Blood borne:
    1. Contact of broken skin or mucous membrane of EMS personnel with a patient's blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, or other body fluids grossly contaminated with blood.
    2. A needle stick, scalpel or instrument wound, or other wound infected by an object that is contaminated with blood, and that is capable of cutting or puncturing the skin of EMS personnel.
  - B. Airborne: Direct indoor contact with a patient with known or suspected active TB.
  - C. Other: An exposure that occurs by any other method of transmission recognized by contemporary epidemiological standards as a significant exposure.

**POLICY:**

1. Each service is responsible for compiling an exposure control plan and updating it annually.
2. Each service is responsible for providing annual continuing education of exposure control plan for all employees at risk.
3. Immunizations and screenings should be updated as recommended.

4. If a bystander at the scene reports a possible exposure, they should be given the written Good Samaritan Information on Blood or Body Fluid Exposures.
5. Under Minnesota State Law, EMS providers with a suspected exposure situation should seek treatment and evaluation at the hospital where they transported the patient suspected of the exposure ([MN Statutes 144.7401-144.7415](#)). That hospital is responsible for coordinating the exposure evaluation and post-exposure treatment regimen, but is not responsible for the cost of this treatment. In a situation where the patient is not transported, EMS providers may choose to be evaluated at the hospital of their choice.
6. Regions Hospital EMS reserves the right to examine these policies at any time, to ensure they are present and updated appropriately.

**SPECIAL NOTES:**

1. It is extremely important for EMS personnel to report potential or known exposures immediately following the exposure so that prophylactic treatment (if indicated) may begin immediately. Personnel who choose to have their exposure evaluated at Regions Hospital Emergency Department should report immediately to the charge nurse on duty.
2. This policy is intended to supplement and not substitute for the standards set for General Industry in the Code of Federal Regulations. Said guidelines are the standard for services under the medical direction of Regions Hospital EMS.