

King County Fire Protection District #47

BLOODBORNE EXPOSURE GUIDELINES

Individual Responsibility:

(Note: Take these steps quickly. Many of these are time critical!)

1. Wash site thoroughly with soap and water. Flush mucous membranes with water only.
2. Report exposure to Department Health & Safety Officer (DH&SO) &/or M29b for risk assessment and follow-up.
3. Collect at least one red-top blood tube of patient blood and the following patient information: Name, address, and phone number
Destination hospital. Patient next-of-kin information. Patient consent for blood analysis: document on MIRF form.

DH&SO Responsibility:

1. Expedite risk assessment and determine need for treatment.
2. Consider notifying Administrative Staff, Fire Chief, & Duty Officer

RISK ASSESSMENT...

(May consult: SKCDPH HIV doctors @ 206.296.4848, after 1700 hrs page @ 206.682.7321)

HIGHEST RISK:

Contaminated (bloody) needle injury OR large volume of blood in mucous membrane or on open skin AND the source patient has high viral titre.

PEP Recommended.

UNKNOWN RISK:

Needle injury from source whose viral status is unknown; blood on mucous membrane and open skin with unknown risk.

PEP Offered.

NEGLIGIBLE RISK:

Needle injury, mucous membrane or open skin exposure to non-infectious body fluid, i.e. urine.

PEP Not Offered.

Expedite post-exposure evaluation & treatment! Time is Critical!

Provide anti-viral PEP within 1-2 hours if indicated. Take aid unit out of service. Arrange for employee transportation to hospital ER of choice – same as “source patient” is best. HVMC, Auburn or other, based on prior telephone consult. Call hospital to advise of possible need for PEP. Use KC “Medical Release Form” for any medical treatment required.

Assure that source patient blood has been obtained, consent to test and disclose sero status obtained and documented.

If the source patient and exposed individual go to the same hospital, the blood testing may be initiated there. If not, the DH&SO should expedite testing of the source patient blood. Provide MD name and number to relay test results.

Reporting & Paperwork:

Forward these forms to the DH&SO.

“Blood and Body Fluid Post Exposure Worksheet” (forward in sealed envelope)

KCFPD #47 “Exposure/Contamination Form”

(If individual refuses evaluation and treatment, a refusal must be signed on **supervisor’s report.**)

Remember: individual and source patient testing results are CONFIDENTIAL!

DH&SO:

Exposed individual needs testing; baseline, 6 weeks, 3 months and 6 months. Tests: Hep B panel, Hep C antibody, HIV antibody and counseling. Vaccines: Hep B, Hep B immune globulin, Tetanus-diphth.