

Exposure Evaluation Protocol

Instructions to Member (Reference Exposure Control Plan)

Occupational exposure to infectious diseases can occur at any time during the course of your duties. Occupational exposure can occur through direct skin or mucous membrane contact with blood, body fluids, or other substances contaminated with an infectious agent (e.g. Anthrax) as well as by needle sticks, bites, or inhalation of airborne pathogens. Despite a Member's best effort to limit occupational exposure to infectious diseases, exposure may still occur. Immediate medical treatment of an exposure can prevent or reduce the possibility of contracting infectious diseases. If you have a reason to believe that you have been exposed to an infectious disease while on duty, immediately notify your supervisor so that arrangements can be made for you to receive appropriate medical treatment.

Exposure to Airborne Pathogens (e.g. Tuberculosis, SARS) and Contaminated Substances

For exposure to many airborne pathogens or contaminated substances immediate treatment is not necessary. However, exposure to some pathogens may require immediate treatment (e.g. Anthrax, Neisseria, Meningitis) and/or follow-up testing (e.g. TB). Information concerning the need for immediate treatment or follow-up testing can be obtained from the NY State Department of Civil Service's Employee Health Service, your personal physician, the County Department of Health, or an emergency medical care provider.

Exposure to Blood Borne Pathogens (e.g. AIDS, Hepatitis)

For possible exposure to blood borne pathogens you should seek medical treatment as soon as practicable after the exposure. If possible, you should proceed directly to the hospital (or emergency medical care provider) from the scene. Medical personnel should be given a completed copy of; *Documentation and Identification of source individual*, *Exposure Incident Report*, and *Instructions to Medical Personnel*, which provides them with all required information including treatment recommendations and instructions.

Post-Exposure Protocol Through Employee Health Service

The Division has contracted with the New York State Department of Civil Service Employee Health Service to provide follow-up evaluations for all exposure cases. While Members are not required to utilize these services, it is in their best interest to do so and is therefore strongly encouraged. If you wish to avail yourself of follow-up treatment through the Employee Health Service, you should contact their Albany office on the **next business day** at (518) 457-2616 during business hours. An appointment will be scheduled for you at one of their district offices located throughout the State. In order to expedite the forwarding of any test results performed at a hospital (or emergency medical care provider) to the Employee Health Service, we also encourage you to complete and sign the attached HIPAA-compliant forms at the hospital. These forms will allow access to medical information that will assist the medical staff at the Employee Health Service in the formulation of a follow-up treatment plan:

- (1) Form GENL-81, titled: NYSP Authorization for Use and Disclosure of Protected Health Information.

NOTE: On the line marked "The information described below may be disclosed to," enter:
Employee Health Service, NYS Dept. of Civil Service, State Campus, Albany, NY 12239

- **Use the GENL-81 for Members and Civilian Employees.**

- (2) Form GENL-81M NYSP Member Authorization for Use and Disclosure of Protected Health Information.

- **When the incident involves exposure to a Member, ensure that a GENL-81M is completed as part of the "Injury to Member" investigation in addition to the GENL-81 that will be used by Employee Health Services.**

- (3) Form DOH-2557, titled: Authorization for Release of Confidential HIV Related Information.

Exposure Evaluation Protocol

Instructions To Medical Personnel

This New York State Police employee has experienced an exposure to blood and /or body fluids.

Requested Treatment

We request that you provide any counseling, diagnostic tests, treatment, post-exposure prophylaxis, or any referral, which the treating physician feels, is necessary. If post-exposure prophylaxis is started, please refer the employee for appropriate follow-up care.

Requested Testing

As part of the initial evaluation we request that the following diagnostic tests be conducted:

- (1) Hepatitis B surface antibody
- (2) Hepatitis C antibody
- (3) HIV - 1 antibody

The employee should be advised to notify the New York State Department of Civil Service's Employee Health Service at: 518-457-2616 on the **next business day** to arrange a follow-up evaluation. (These evaluations do not include diagnostic testing or follow-up care for those employees started on post-exposure prophylaxis.) In order to expedite the forwarding of any test results to the Employee Health Service, we strongly recommend that our employee complete the attached HIPAA-compliant forms:

- (1) Form DOH-2557- titled: Authorization for release of Confidential HIV Related Information; and
- (2) Form Genl 81 - titled: Authorization for Use and Disclosure of Protected Health Information

Test Results and Treatment Records

Timely receipt of test results and treatment records by the Employee Health Service is essential for proper follow-up care. Please send test results and treatment records to:

Employee Health Service
NYS Department of Civil Service
The State Campus - Building #1
Albany, NY 12239

Billing

In cases involving **exposure to blood or body fluids**, all billing should be submitted to the local State Insurance Fund office for payment. If additional information is needed for billing, please contact the New York State Police Human Resources Section at (518) 457-9513.

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**DOCUMENTATION AND IDENTIFICATION
OF SOURCE INDIVIDUAL**

Name of Exposed Employee: _____

Name and Phone Number of Medical Provider Who Should be Contacted: _____

INCIDENT INFORMATION

Date: _____

Name or Medical Record Number of the Individual Who is the Source of the Exposure:

NATURE OF THE INCIDENT

_____ Contaminated Needlestick Injury

_____ Blood or Body fluid Splash Onto Mucous Membrane or Non-Intact Skin

Other:

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Review By: _____ Date: _____

Source Individual Unknown - Researched By: _____ Date: _____

Testing of Source Individual's Blood: Consent Obtained _____ Refused _____

CHECK ONE:

_____ Identification of source Individual is infeasible or prohibited by state or local law. State why if infeasible

_____ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen

_____ Evaluation of the source Individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: _____ Date: _____

NOTE: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)
Please Print

DATE COMPLETED _____

EMPLOYEE'S NAME _____ SS# _____

HOME PHONE _____ BUSINESS PHONE _____

DOB _____ JOB TITLE _____

EMPLOYEE VACCINATION STATUS _____

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____ AM _____ PM _____

LOCATION OF INCIDENT (HOME, STREET, CLINIC, ETC. - BE SPECIFIC): _____

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY) - BE SPECIFIC:

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED - BE SPECIFIC:

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? YES _____ NO _____
IF YES, LIST:

DID THE PPE FAIL? YES _____ NO _____

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)?
BE SPECIFIC:

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED.

FOR HOW LONG?

DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.) PENETRATE YOUR BODY?

YES _____ NO _____

IF YES, WHAT WAS THE OBJECT?

WHERE DID IT PENETRATE YOUR BODY?

WAS ANY FLUID INJECTED INTO YOUR BODY? YES _____ NO _____

IF YES, WHAT FLUID? _____ HOW MUCH? _____

DID YOU RECEIVE MEDICAL ATTENTION? YES _____ NO _____

IF YES, WHERE? _____

WHEN _____

BY WHOM _____

IDENTIFICATION OF SOURCE INDIVIDUAL(S) _____

NAME(S) _____

DID YOU TREAT THE PATIENT DIRECTLY? YES _____ NO _____

IF YES, WHAT TREATMENT DID YOU PROVIDE. BE SPECIFIC: _____

OTHER PERTINENT INFORMATION _____

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EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made to _____

Date _____ Time _____

EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed By _____ Date _____

Information given on source individual's blood test results: Yes _____ Not Obtained _____

Referred to health care professional with required information:

Name of health care professional _____

By whom _____ Date _____

Blood Sampling/Testing Offered

By whom _____ Date _____

Vaccination Offered/Recommended:

By whom _____ Date _____

Counseling Offered:

By whom _____ Date _____

Employee advised of need for further evaluation of medical condition:

By whom _____ Date _____