

## Bloodborne pathogen process:

Once an exposure occurs, a City of Marshalltown Occupational Exposure Reporting form should be completed and emailed or faxed to Human Resources immediately. Human Resources will submit authorization for the affected employee to go and see McFarland Occupational Medicine as appropriate.

If the source is at the hospital – the ER staff can use the Report of Exposure to HIV or Other Infectious Disease form to obtain a specimen.

If the source individual's blood is obtained, then McFarland Occupational Medicine will review the lab results and determine if there is any follow up course of action that needs done or not. If the source is tested along with the exposed employee and all labs come back NEGATIVE, no further follow up will be needed for the employee.

If the source individual's blood is not obtained, McFarland Occupational Medicine will meet with the individual and discuss follow up care. Once the initial lab is drawn, the doctor's office will send the employee a letter with a copy of their labs. Labs are to be done at 4 weeks, 4 months, if indicated.

**CITY OF MARSHALLTOWN  
OCCUPATIONAL EXPOSURE REPORTING FORM**

This form shall be filled out to report occupational exposure to blood or other potentially infectious material. If you need assistance in filling out the form, see your supervisor. Return the completed form to the Exposure Control Supervisor immediately or as soon as feasible, but in no case later than the end of the employee's work shift.

Exposed Person	Exposure Source
Name: _____	Name: _____
SS #: _____	DOB: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Hospital admitted to: _____
Personal Physician: _____	

**Exposure Information**

Date of Incident: _____	Time: _____	Location: _____
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**Describe the duties being performed at time of incident:**

**Describe the incident (including potentially infectious material involved, area of body exposed, length of time exposed, condition of exposure area e.g. cuts, abrasions, skin contact, etc. and precautions taken including PPE's). Attach additional pages if necessary.**

The above information accurately describes the exposure incident. I request disclosure of the patients' blood borne pathogen(s) status.    ☐ YES    ☐ NO

\_\_\_\_\_  
EXPOSED EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE SIGNED

## REPORT OF EXPOSURE TO HIV OR OTHER INFECTIOUS DISEASE

Pursuant to IAC 641-11.46, this is the **ONLY** form authorized for the reporting of a potential exposure to HIV, blood-borne viral hepatitis, TB, or other contagious or infectious disease, as defined by Iowa Code 139A.2. Please see instructions on the back of this form.

<b>I. EXPOSED PERSON (Care Provider)</b>		<b>II. EXPOSURE SOURCE (Patient)</b>	
Your Name		Source Person's Name	Date of Birth
Street Address		Laboratory Code Assigned	
City, State, Zip Code		Source Person's Street Address	
City, State, Zip Code		City, State, Zip Code	
Employer or Volunteer Service (and station name, if applicable)		Facility Name & Address Where Records Located or Person Transported	
Telephone Number Work (     )     Home (     ) Cell phone, if applicable (     )		Field Incident Number	
Personal Physician			
<b>III. DESIGNATED REPRESENTATIVE, when applicable</b>			
Name of Agency or Service		Address of Service	
Contact Person (Designated Representative)		City, State, Zip Code	
Telephone Number of Designated Representative (     )		Telephone Number of Service (     )	
<b>IV. DESCRIPTION OF UNPROTECTED EXPOSURE</b>			
Date of Incident (month/day/year)		Time of Incident	
Specific description of incident (include body fluid involved, area of body exposed to fluids, length of time of exposed, condition of exposed area, e.g., cuts, abrasions, skin cracked, etc., and precautions taken, e.g., gloves, masks, eye protection, etc.). Attach additional pages if necessary.			
I understand that only when the exposure satisfies the definition of a significant exposure (i.e., it is capable of transmitting an infectious agent according to the Centers for Disease Control and Prevention) as defined by Iowa Code 139A, and Iowa Administrative Code 641-11.46 is the patient deemed to consent to a test to determine the presence of HIV, HBV, HCV, TB, or other infectious agent.			
Exposed Person's Signature: _____ Date signed: _____			
<b>V. EXPOSURE CERTIFICATION</b> Based on the description provided, I certify that the exposure described above (     ) meets or does not meet (     ) the criteria for significant exposure as defined by IAC 641-11.46 (see definitions on back).			
Name (Print)		Date Signed	
Signature		Facility Name	
Facility Address (street and city)		Telephone Number (     )	
<b>VI. EXPOSURE SOURCE TEST RESULTS NOTE: Positive results must be reported to the Iowa Department of Public Health.</b>			
HIV: Rapid     Positive _____     Negative _____ BIA     Positive _____     Negative _____ Western Blot Positive _____     Negative _____     Indeterminate _____		HBV: Surface Antigen Positive _____     Negative _____ Hepatitis C: Antibody Positive _____     Negative _____	
Other (Specify)		Signature of Person Releasing Results	
		Current Date	

Copy 3: Facility Copy

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## INSTRUCTIONS

### INFORMATION FOR THE CARE PROVIDER

Iowa Code 139A.19 and IAC 641-11 contain detailed information about this form and the obligations of hospitals, emergency care providers, and health care providers.

### WHO SHOULD FILE THIS REPORT?

A care provider (e.g., Health Care Provider, Basic or Advanced Emergency Medical Care Provider, Peace Officer, Firefighter, or individual rendering emergency care) who has sustained an exposure to potentially infectious body fluids should file this report with the infection control or occupational health office of the hospital or office/clinic in which the exposure occurred, or with the hospital/clinic/office to which the patient was transported, when the exposure occurred elsewhere.

The exposed care provider completes parts I, III, & IV of Copy 1. Part II (Copy 3 – name and address of source), Part V, and Part VI should be completed by authorized hospital or clinic personnel, based upon incident reports and laboratory tests. Part V must be signed by an authorized infection preventionist, occupational health professional, or other designated personnel.

### DEFINITIONS

**Infectious body fluids** are body fluids capable of transmitting HIV or blood-borne viral hepatitis, and include blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, or any fluid visibly contaminated with blood.

**Exposure Reports** are for reporting a possible exposure to hepatitis B and C, HIV, tuberculosis, meningococcal meningitis, or other infectious disease pursuant to Iowa Code 139A.19.

**A significant exposure** is defined as:

- Transmission of blood, bloody fluids, or other infectious body fluids of the patient onto a mucous membrane (mouth, nose, or eyes) of the care provider.
- Transmission of blood, bloody fluids, or other infectious body fluids onto an open wound or lesion with significant breakdown in the skin barrier, including a needle puncture with a needle contaminated with blood.

**Designated Representative:** Representative of care provider to act as liaison with the receiving facility when the exposure occurred in the field or during patient transport.

### WHAT WILL HAPPEN WHEN THIS REPORT IS FILED?

If it is determined that the source patient has a contagious or infectious disease or HIV and that the exposure described could have transmitted the disease, the care provider or the designated representative shall be notified as soon as reasonably possible and advised to seek appropriate medical attention. Infectious diseases include human immunodeficiency virus infection (HIV) or AIDS, blood-borne viral hepatitis (HBV and HCV), communicable tuberculosis, and meningococcal meningitis.

### NOTIFICATION:

Notification of the care provider or the designated representative will be provided as soon as reasonably possible following certification of the exposure and receipt of test results. Verbal notification may be provided at any time, with copy 2 of this report to be mailed after completion of follow-up.

This report applies to the procedures followed subsequent to an exposure to potentially infectious fluids during the rendering of health care or emergency assistance.

### WHAT ARE THE OBLIGATIONS OF THE HEALTH CARE FACILITY?

- Certify the occurrence or non-occurrence of an exposure capable of transmitting disease and return copy 1 of this report to the health care worker or his/her representative.
- Administer tests of the source patient, identifying the laboratory samples only by a code. Mail copy 2 of this report to the care provider or his/her representative after completion of evaluation, regardless if results are negative or positive.
- If the source patient is positive for an infectious disease (e.g., human immunodeficiency virus infection or AIDS, blood-borne viral hepatitis, communicable tuberculosis, or meningococcal meningitis) and the unprotected exposure described could have transmitted the disease, the health care facility will:
  - Notify the care provider or his/her representative as soon as reasonably possible;
  - Ensure the performance of counseling and disease reporting requirements, as defined by Iowa Code 139A and 141A. Persons testing positive are reportable to the Iowa Department of Public Health by name.
- Maintain a record of all reports received.

### CONFIDENTIAL INFORMATION

Iowa law requires that all information gathered pursuant to the investigation of the exposure be kept confidential. The identity of the source patient shall not be revealed to the exposed care provider or to the designated representative of the care provider. The designated representative shall inform the hospital of those parties who received the notification. Hospitals shall maintain a record of the names of the care providers to whom notification was made and, if requested by the patient, the hospital shall inform the patient of those names.

### ADDITIONAL INFORMATION

For additional information regarding this report, Iowa Code, or Iowa Administrative Code, contact the Bureau of HIV, STD, and Hepatitis, Iowa Department of Public Health, Lucas State Office Building, Des Moines, IA 50319-0075. Phone (515) 242-5150 or Randall.Mayer@idph.iowa.gov. To reorder more forms, please contact the Clearinghouse at (888) 398-9696. Iowa Code and Iowa Administrative Rules may be accessed at <https://www.legis.iowa.gov/IowaLaw/statutoryLaw.aspx>