Purpose:
To provide a systematic procedure for handling possible or known exposure to infectious diseases at Parkland Health & Hospital System.

Exposure Definition:
Criteria for exposure is disease-specific, dependent upon the epidemiology of disease, immune status of person involved, and whether precautions such as personal protective equipment, engineering controls, or negative pressure ventilation were utilized.

Methodology/Procedure:
1. The employee or physician who becomes aware of an exposure to an employee, licensed independent practitioner (LIP), patient or visitor, should report this according to procedure described below.

2. Employee Exposure:
   a. Employees’ exposure to transmissible infection is managed by the OHS (Occupational Health Service) in accordance with established procedures as approved by Infection Prevention & Control Committee.
   b. The Infection Prevention Department will notify OHS promptly when exposures are identified through surveillance or other activities.
   c. Employees reporting an exposure should complete the injury on duty form and follow process outlined in OHS online manual.

3. Patient Exposure:
   a. Exposures may be identified by either Infection Prevention, any healthcare personnel, or self-reported.
   b. Create an online incident report.
   c. Exposures may be managed either by notification of the patient's physician or direct notification of the patient, dependent upon when exposure was identified (pre- or post-discharge) and the time frame that is appropriate for follow-up for the specific disease.
      1) Notification of the physician with suggested follow-up (e.g. tests or prophylaxis)
      2) Communication to patient regarding follow-up (e.g. TB skin test). In some cases, an exposure identified post-discharge may be managed through the local health department.
         a) Send letter to the Legal Department to review before mailing.
         b) Obtain translation if required.
         c) Send one copy of the letter by certified mail and another by regular mail.
   3) Guidelines for exposure management are available from CDC, DCHHS, Infectious Disease Service, or other resources identified by Chief of Infection Prevention.
d. If a patient reports he/she has been exposed to a disease or has become ill as a result of being at PHHS, this should be reported to Infection Prevention, Patient Safety & Risk and other departments or positions as appropriate. The incident will be investigated by Infection Prevention. The unit manager, department director and VP of the area will be informed about the report initially and upon completion of the investigation.

4. Visitor Exposure:
   a. Infection Prevention, any healthcare personnel, or the visitor may identify exposures.
   b. Create an online incident report.
   c. Exposures may be managed by communication to the visitor recommending they see their health care provider or through the local health department, depending upon circumstances. Follow instructions for in 3.c. for letters.
   d. Guidelines for exposure management are available from CDC, DCHHS, or Infectious Disease Service.
   e. If a visitor reports he/she has been exposed to a disease or has become ill as a result of being at PHHS, this should be reported to Infection Prevention, Patient Safety & Risk and other departments or positions as appropriate.

5. Information to obtain when patients, LIP’s (Licensed Independent Practitioner) or employees report exposure or illness:
   a. Name of person exposed and medical record number (if a patient)
   b. Address and phone number where the exposed and reporting (if different) individual(s) can be reached
   c. Disease, date of onset and symptoms, and treating physician (if ill)
   d. Circumstances of exposure, including, location(s)/place(s), dates of those exposed, and to or by whom
   e. Patient confidentiality will be maintained in accordance with HIPAA regulations.

6. Testing/Treatment:
   a. The first clinician (nurse, physician or any healthcare personnel) who identifies a bloodborne pathogen exposure is responsible for informing the patient’s attending physician, so that post exposure evaluation and treatment can be accomplished in a timely manner.
   b. The patient’s primary provider or attending physician is responsible for providing and coordinating post exposure evaluation and management for the patient. He/she may obtain advice and counsel from the Chief of Infection Prevention as appropriate.
   c. The exposed individual will not be charged for any recommended testing or necessary treatment.

7. Evaluation: The effectiveness of post-exposure management of patients and employees will be reviewed by the Infection Prevention & Control Committee at least once annually, and as needed.