LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

REPORTING EXPOSURE OF INFECTIOUS DISEASE
TO TRANSPORTATION SERVICES

Purpose:

To establish the procedure to be utilized by the Hospital in reporting exposure of infectious diseases to transportation services as mandated by LA law.

Policy:

1. When (non-LSUHSC employee) transport personnel have been possibly exposed to an infectious disease during the transport process, the Hospital shall initiate notification according to the following disease specific criteria:
   a) untreated pulmonary tuberculosis – all cases
   b) HIV/AIDS – if exposure is reported
   c) acute hepatitis B, C, and chronic hepatitis carriers – if exposure is reported
   d) acute meningococcal meningitis – if resuscitation is reported during transport

2. When a patient arrives in the EMS, mode of arrival shall be documented in the space provided on the top right section of the Emergency Treatment Record.

3. All inquiries/calls to EMS regarding bloodborne infectious disease exposures shall be directed to the charge nurse. It is the responsibility of the transport service employee to notify their supervisor of an exposure and to comply with their employer’s protocol for follow-up.

4. The transportation service supervisor will contact the EMS charge nurse and provide the following information which is recorded in the EMS Infectious Disease Log Book:
   a. supervisors name (transport service)
   b. date and time of exposure
   c. type of exposure
d. patient’s name, address and phone number

e. employee who reported the exposure

5. If the patient is still in the EMS at the time of notification, blood for a hepatitis panel and HIV testing will be drawn and the Infection Control Department notified (if after hours or weekend a message will be left). The blood sample will be held in the ER until the Infection Control Practitioner (ICP) picks it up.

6. If the patient has been admitted to the hospital or discharged to home, the ER charge nurse will notify the Infection Control Department (ICD) of the exposure. The ICP will ensure the appropriate lab test are ordered and completed for the patient.

7. Utilizing the prescribed Lab information procedure for the ICD, the blood will be assigned a number, keyed into the lab computer system and sent to the clinical lab for processing. After completion, test will be resulted back to the ICD for appropriate follow-up and notification.

8. If the exposure involves a patient who has not been admitted through EMS, the transportation service supervisor shall notify the Administrative House Manger or Administrator on Call and provide the information listed in #4.

9. When inpatients are placed in isolation for untreated pulmonary TB, acute meningococcal meningitis, hepatitis and/or HIV/AIDS, the ICP is notified immediately by phone or voice mail by the unit manager/charge nurse.

10. The clinical lab shall notify the ICP of all positive TB, Hepatitis, HIV and Meningococcal smears; bloodborne diseases are reported via computer.

11. The ICP shall review the patient’s medical record, confirm the diagnosis, and follow-up with the involved transportation service.

12. The Case Managers will notify health care facilities when patients are transported from the hospital to such facilities with any of the infectious diseases listed in this policy.

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Administrator

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Date

Written: 10/97
Revised: 10/98, 5/01
Approved by Clinical Board: 5/15/01