NEBRASKA Good Life. Great Mission.

EMERGENCY SERVICES PROVIDER (ESP) OR PUBLIC SAFETY **OFFICIAL (PSO) SIGNIFICANT EXPOSURE REPORT FORM**

(to be completed by ESP/PSO at the time of the exposure --

DEPT. OF HEALTH AND HUMAN SERVICES See Neb. Rev. Stat. Sections 71-507 to 71-5	
Name:	Work Phone:
Address:	Home Phone:
Provider Agency:	
Provider Agency:	
Provider Address:	
City, State, Zip:	Work Phone:
Supervisor: Responsible Person:	Work Phone:
Designated Physician:	Work Phone:
Address:	Home Phone:
City, State, Zip:	Other Phone:
SOURCE OF	EXPOSURE
Date of Incident: Time of Incident:	am / pm ocation:
Reference Number to Incident (such as Dispatch Number, NARS	SIS Number, Investigation, Etc.):
Name of Source Patient or Individual:	Age: Sex: 🗆 Male 🛛 Female
Address:	Home Phone:
City, State, Zip:	Other Phone:
Other identification (e.g. operators permit number, vehicle licens	e plates, etc.):
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Receiving Facility of Source Patient or Individual (e.g., hospital,	
Address:	Dhana:
City, State, Zip:	Phone:
Patient's Attending Physician:	Work Phone:
Address:	Home Phone:
City, State, Zip:	
···;, · ···;, · ···;	
Known Infectious Disease:	
Describe the Significant Exposure:	
Describe any action taken in response to the exposure to remov	e the contamination (e.g. handwashing):
What Personal Protective Equipment and Procedures were you	using at the time of the exposure (e.g., gloves, eye protection
clothing):	
Any other information related to the incident:	
List witnesses to the exposure:	
Signature	Date

Four copies should be printed for each of these.

INSTRUCTIONS

Whenever an ESP/PSO believes he or she has had a significant exposure while acting as an ESP/PSO, he or she may complete a significant exposure report form. A copy of the completed form shall be given by the ESP/PSO to the health care facility or alternate facility, to the ESP/PSO supervisor, and to the designated physician.

Definitions:

Alternate Facility means a facility other than a health care facility that receives a patient transported to the facility by an ESP/ PSO.

Designated Physician means the physician representing the ESP/PSO as identified by name, address, and telephone number of the significant exposure report form. The designated physician shall serve as the contact for notification in the event an ESP/PSO believes he or she has had a significant exposure to an infectious disease or condition.

Emergency Services Provider (ESP) means an out-of-hospital emergency care provider certified pursuant to the Emergency Medical Services Act, a sheriff, a deputy sheriff, a police officer, a state highway patrol officer, a funeral director, a paid or volunteer firefighter, and a person rendering emergency care gratuitously as described in section 25-21, 186.

Funeral Director means a person licensed under section 71-1302 or an employee of such a person with responsibility for transport or handling of a deceased human.

Funeral Establishment means a business licensed under section 71-1327.

Health Care Facility has the meaning found in subdivisions (2), (10), (11), and (20) of section 71-2017.01 or any facility that receives patients of emergencies who are transported to the facility by ESP's/PSO's.

Infectious Disease or condition means hepatitis B, hepatitis C, meningococcal meningitis, active pulmonary tuberculosis, human immunodeficiency virus, diptheria, plague, hemorrhagic fevers, rabies, and such other diseases as the department may by rule or regulation specify.

Patient means an individual who is sick, injured, wounded, deceased, or otherwise helpless or incapacitated.

Patient's Attending Physician means the physician having the primary responsibility for the patient as indicated on the records of a health care facility.

Provider Agency means any law enforcement agency, fire department, emergency medical service, funeral establishment, or other entity which employs or directs ESP's/PSO's.

Public Safety Officials (PSO) means a sheriff, a deputy sheriff, a police officer, a state highway patrol officer, a paid or volunteer firefighter, and any civilian or volunteer performing his or her duties, other than those as an emergency services provider.

Responsible Person means an individual who has been designated by an alternate facility to carry out the facility's responsibilities under sections 71-507 to 71-513. A responsible person may be designated on a case-by-case basis.

Significant Exposure means a situation in which the body fluids, including blood, saliva, urine, respiratory secretions, or feces, of a source patient/individual have entered the body of an ESP/PSO through a body opening including the mouth or nose, a mucous membrane, or a break in skin from cuts or abrasions, from a contaminated needlestick or scalpel, from intimate respiratory contact, or through any other situation when the patient's body fluids may have entered the ESP/PSO's body or when an airborne pathogen may have been transmitted from the patient or individual to the ESP/PSO.

Copy for the Health Care or Alternate Receiving Facility

AFTER RECEIVING THIS FORM

Upon receipt of this form by the health care or alternate facility and if the patient has been diagnosed during the normal course of treatment as having an infectious disease or condition, the facility shall notify the designated physician pursuant to subsection (5) of Neb. Rev. Stat. 71-509. If the patient has not been diagnosed as having an infectious disease or condition (as listed above) and upon the request of the designated physician, the health care or alternate facility shall request the patient's attending physician or other responsible person to order the necessary diagnostic testing to determine the presence of an infectious disease or condition (as listed above). Upon such request, the patient's attending physician shall order the necessary diagnostic testing. Each health care facility shall develop a policy or protocol to administer such testing and assure confidentiality of such testing.

Results of tests conducted under this section and Neb. Rev. Stat. 71-510 shall be reported by the health care or alternate facility that conducted the test to the designated physician and to the patient's attending physician, if any. Notification of the patient's diagnosis of infectious disease or condition, including the results of any test, shall be made orally to the designated physician within forty-eight hours of confirmed diagnosis. A written report shall be forwarded to the designated physician within seventy-two hours of confirmed diagnosis. The notification shall include the name of the infectious disease or condition diagnosed but shall not contain the patient's name or any other identifying information. The patient's attending physician shall inform the patient of the test results.

Copy for the Emergency Services Provider Designated Physician

AFTER RECEIVING THIS FORM

The designated physician shall conduct a medical evaluation and follow-up. Reporting a significant exposure incident immediately permits prompt and effective medical follow-up. Early action is crucial. Immediate intervention can forestall the development of infection or enable the affected emergency services provider to track potential infection. Prompt reporting can also help avoid spreading infectious diseases to others. The following steps should be followed.

- Discuss the possible significant exposure and determine if the exposure actually occurred.
- Conduct base line testing and establish post exposure prophylaxis and treatment.
- Discuss any lifestyle changes that may be necessary and the time lines for such.
- Contact the exposing patient's receiving health care or alternate facility to request diagnostic testing of the patient. Infectious diseases covered by this law are listed above. This request should be make as soon as possible to ensure that the patient will be available for testing. The inability to test the patient may cause unnecessary treatment and follow-up.
- After notification from the patient's receiving physician of the results of testing the designated physician shall notify the emergency services provider of the exposure to infectious disease or condition and the results of any tests conducted.

Copy for the Emergency Services Provider Agency

AFTER RECEIVING THIS FORM

The provider agency shall ensure the rights of confidentiality of the emergency services provider and the patient. The provider agency shall consider the emergency services provider to have had a significant exposure until the designated physician indicates otherwise. The provider agency shall make immediately available to the exposed emergency services provider a confidential medical evaluation and follow-up. The provider agency shall assist the emergency services provider and his/her designated physician in securing the appropriate testing of the exposing patients. The provider agency shall establish and maintain an accurate record for each emergency services provider with an occupational exposure or injury.

Neb. Rev. Stat. 71-509 (8) states that "The provider agency shall be responsible for the costs of diagnostic testing required under this section and section 71-510". That includes the testing for both the emergency services provider and the patient.

Copy for Emergency Services Provider Records

POST EXPOSURE PROCEDURES

Immediate action at the scene: Wash skin affected immediately with germicidal soap or soap and water. If mucous membranes are exposed, flush with water immediately. Remove contaminated clothing and package and tag as "biohazard" to avoid additional exposures.

After delivery of the patient to the health care or alternate facility complete these forms and deliver each as noted on the front. Discuss with your designated physician your exposure situation. This should take place soon after the exposure. Follow your physician's recommendation for treatment, testing, and behavior modifications. Be sure to have your physician contact the receiving physician or facility to request testing of the patient. Remember that all information is confidential. Complete all paper-work requested by your agency to ensure any potential benefits.

Before returning to your work site or home make sure that you have decontaminated yourself and your clothing to assure that no cross contamination occurs.