Public Safety Worker (PSW) Exposure Incidents:

Texas-Specific Laws & Rules
(Current Texas References as of 04/15/04)

**Tools to Promote Communications between Infection Control Professionals and Public Safety Workers**

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Glossary of Terms

PSW (Public Safety Worker) – For this APIC-DFW document “PSW” is a generic term to include all emergency medical services employees, paramedics, fire fighters, correctional officers or law enforcement officers

Department - Texas Department of Health

Exposure – A situation or circumstance in which there is significant risk* of becoming infected with the etiologic agent for the disease involved. (AKA: Bona Fide Exposure)

Health Authority – A physician designated to administer state and local laws relating to public health. The health authority may be:

A. A local health authority:
   1. Director of a local health department or
   2. A physician appointed by the Commissioner of Health if there is no director of a local health department

B. A regional director of the Texas Department of Health if no physician has been appointed by the Commissioner of Health as a local health authority

*Significant Risk - A determination relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, relating to the following:

A. Nature of the risk (how the disease is transmitted)
B. Duration of the risk (how long an infected person may be infectious)
C. Severity of the risk (what is the potential harm to others)
D. Probability the disease will be transmitted and will cause varying degrees of harm

Health and Safety Code 85.081 - MODEL PROTOCOLS FOR COUNSELING AND TESTING. (a) The department shall develop model protocols for counseling and testing related to HIV infection. The protocols shall be made available to health care providers on request. (b) A testing program shall adopt and comply with the model protocols developed by the department under Subsection (a).

Texas Law and PSW Exposure Management

Part A:

NOTE: When you are notified of any of the diseases listed immediately below you must do a chart review to see if any PSW were involved.

If the hospital has knowledge that, upon admission to the hospital, the person transported has any of the following notifiable conditions and if the PSW employee (see definition in Glossary) and the patient are in the same room, vehicle, ambulance, or other enclosed space, the health authority who has jurisdiction for the hospital should be notified:

- chickenpox
- diphtheria
- measles (rubeola)
- pertussis
- pneumonic plague
- pulmonary or laryngeal tuberculosis
- viral hemorrhagic fever

Part B:

If the hospital has knowledge that the transported patient has any of the following list of diseases AND the PSW has provided a medical professional at the hospital with notice, preferably written, of the circumstances of the possible exposure, the health authority who has jurisdiction for the hospital should be notified:

1. Haemophilus influenzae type b infection (invasive); meningitis, meningococcal infections, invasive; mumps; poliomyelitis; Q fever; rabies; and rubella, if there has been an examination of the throat.

2. AIDS, anthrax, brucellosis, dengue, ehrlichiosis, viral hepatitis, HIV, malaria, plague, syphilis, tularemia, typhus, any viral hemorrhagic fever, and yellow fever, if there has been a needlestick or other penetrating puncture of the skin with a used needle or other contaminated item, a splatter or aerosol into the eye, nose or mouth or any significant exposure contamination of an open wound or non-intact skin with blood or body fluids.

3. amebiasis, campylobacteriosis, cholera, cryptosporidiosis, E colli 0157:H7 infection, hepatitis A, salmonellosis, shigellosis and vibrio infections, if fecal material is ingested.
If the circumstances in Part A or Part B occur, the hospital should report the following information to the health authority for the jurisdiction where the hospital is located:

1. The name of the PSW employee
2. The date of the exposure
3. The circumstance of the exposure
4. Whether laboratory testing was performed for diseases potentially transmitted by such exposures
5. Positive test results for these diseases.

Part C:

This part of the law provides a mechanism by which a PSW employee who receives a bona fide exposure* (per the definition in the Glossary) to a notifiable condition in the course of employment or volunteer service request the Texas Department of Health or the department’s designee to order testing of the person who may have exposed the worker.

The hospital receiving the patient, following a report of the exposure incident, shall take reasonable steps to test the patient for hepatitis B or hepatitis C if the report shows there is significant risk to the person exposed.

The hospital provides the test results to the health department or the local Health Authority, which is then responsible for informing the exposed person and, if applicable, the source patient, regarding test results. The Infection Control Department, Employee Health Department or any other hospital employee cannot give out source patient information to anyone but the Health Authority.

The emergency responder who may have been exposed to a notifiable condition may not be required to be tested.

HIV counseling and testing conducted for PSW exposures must conform to the model protocol on HIV counseling and testing required under the Health and Safety Code 85.081.

Consent is required for source patient HIV testing. If the patient refuses, mandatory testing can be ordered by the Texas Department of Criminal Justice under The Texas Administrative Code (TAC), Title 25, part 1, Chapter 97, Subchapter A, Rule 97.13 B – 2-E.
Sample PSW Exposure Flow Sheet for Hospitals

PSW in this protocol refers to an emergency medical services employee, paramedic, fire fighter, correctional officer or law enforcement officer.

Before any source individual testing is done, the exposed PSW must notify the hospital that an exposure has occurred (preferably in writing).

PROCEDURE:

1. The PSW worker notifies a hospital worker in the hospital receiving the source patient (written report preferred) that an exposure has occurred. NOTE: Some PSW departments have contracted with specific hospitals to do the work-ups for exposures regardless of where the source individual is hospitalized/transported.

2. Notify the ER Director or designee that a PSW exposure has taken place.

3. Leave a message for the Infection Control Practitioner/Employee Health nurse that an exposure has occurred.

4. The ER physician orders the source patient exposure panel consisting of Hepatitis B surface antigen, Hepatitis C antibody and HIV antibody testing.

5. The source patient must give consent for HIV testing.

6. If they refuse, they should be told that a separate Texas law provides for this testing to be done at a later date by the Texas State Health Department, under the jurisdiction of the Texas Department of Criminal Justice. (Reference Texas Administrative Code: Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.13 – section 2e.)

7. Beyond the general consent paperwork, no source individual consent is needed to test for Hepatitis B and Hepatitis C.

8. Forward the completed exposure form to Infection Control/Employee Health. Also, leave a phone message containing your name and contact information.

9. Infection Control forwards the exposure report to the appropriate health authority.
10. Follow hospital protocol regarding hospital identification of the source blood testing. (The lab work done does not become part of the source patient’s record, according to Texas Administrative Code: Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.13 – section 4 i 1 )

11. The exposure report and all the lab results should be kept together in a locked cabinet in the Infection Control office or in a designated area.

12. The PSW needs to be told that the source patient lab results will come to them or to the physician designated for their follow-up care from the health authority. This report will NOT come directly from the hospital.

13. All lab results on the source patient should go to the Infection Control department, who will send all the information to the health authority for follow-up. The health authority will do all follow-up on positive results of source patient testing.

* A frequently asked question when dealing with PSW workers exposures is: “Why do we need to get consent from the source patients for testing when we do not need source patient consent if a hospital employee has an exposure?”

**Why Hospital Employees do not require Source Individual Consent For HIV Testing**

Why, In Texas … Employees of Licensed Health-Care Facilities can Have Source Individuals Tested Without Their Consent

**HEALTH AND SAFETY CODE § 81.107**

§ 81.107. CONSENT TO TEST FOR CERTAIN ACCIDENTAL EXPOSURES. (a) In a case of accidental exposure to blood or other body fluids under Section 81.102(a)(4)(D), the health care agency or facility may test a person who may have exposed the health care worker to HIV without the person's specific consent to the test. 

(b) A test under this section may be done only if:

(1) the test is done according to protocols established as provided by Section 81.102(c); and

(2) those protocols ensure that any identifying information concerning the person tested will be destroyed as soon as the testing is complete and the person who may have been exposed is notified of the result.

(c) A test result under this section is subject to the confidentiality provisions of this chapter.

§ 81.102. TESTS; CRIMINAL PENALTY. (a) A person may not require another person to undergo a medical procedure or test designed to determine or help determine if a person has AIDS or HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS unless:

(1) the medical procedure or test is required under Subsection (d), under Section 81.050, or under Article 21.31, Code of Criminal Procedure;

(2) the medical procedure or test is required under Section 81.090, and no objection has been made under Section 81.090(1);

(3) the medical procedure or test is authorized under Article 21.21-4, Insurance Code;

(4) a medical procedure is to be performed on the person that could expose health care personnel to AIDS or HIV infection, according to board guidelines defining the conditions that constitute possible exposure to AIDS or HIV infection, and there is sufficient time to receive the test result before the procedure is conducted; or

(5) the medical procedure or test is necessary:
   (A) as a bona fide occupational qualification and there is not a less discriminatory means of satisfying the occupational qualification;
   (B) to screen blood, blood products, body fluids, organs, or tissues to determine suitability for donation;
   (C) in relation to a particular person under this chapter;
   (D) to manage accidental exposure to blood or other body fluids, but only if the test is conducted under written infectious disease control protocols adopted by the health care agency or facility;
   (E) to test residents and clients of residential facilities of the Texas Department of Mental Health and Mental Retardation, but only if:
      (i) the test result would change the medical or social management of the person tested or others who associated with that person; and
      (ii) the test is conducted in accordance with guidelines adopted by the residential facility or the Texas Department of Mental Health and Mental Retardation and approved by the department; or
   (F) to test residents and clients of residential facilities of the Texas Youth Commission, but only if:
      (i) the test result would change the medical or social management of the person tested or others who associate with that person; and
      (ii) the test is conducted in accordance with guidelines adopted by the Texas Youth Commission.

(b) An employer who alleges that a test is necessary as a bona fide occupational qualification has the burden of proving that allegation.

(c) Protocols adopted under Subsection (a)(4)(D) must clearly establish procedural guidelines with criteria for testing that respect the rights of the person with the infection and the
person who may be exposed to that infection. The protocols may not require the person who may have been exposed to be tested and must ensure the confidentiality of the person with the infection in accordance with this chapter.

This DFW APIC Document was written by members of the EMS Exposures Special Interest Group (2003-2004)

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