



## EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



Approved 9/9/20, Effective 1/15/21, replaces all prior versions

### 9G – POST-EXPOSURE PROPHYLAXIS RECOMMENDATIONS ADULT & PEDIATRIC

EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

Preventing an exposure is always better than the “cure” for an exposure. Despite careful practices, EMS professionals can experience at least one concerning infectious disease exposure in a career.

Every EMS organization should have a pre-planned course of rapid, clinically-effective action steps (regardless of time of day, day of week) to be followed in the event of EMS professionals sustaining concerning occupational exposures to infectious diseases. The Chief Medical Officer should be involved in the planning of post-exposure evaluation and post-exposure prophylaxis (PEP) care.

The following recommendations are general guidelines that can assist in post-exposure evaluation and PEP care:

1. Wash exposed area(s) as soon as possible with copious irrigation and/or antibacterial solution approved for that area(s) use.
2. Gather as much information about the exposure of concern as possible – what body substance (eg. blood, saliva), what route of exposure, timing/amount of exposure, patient demographics, location of the exposure source (e.g. in the emergency department at “any town” hospital), and any related infectious disease medical history of the patient (eg. known HIV or Hepatitis C?).
3. Do not delay in reporting and seeking treatment for an infectious disease/body substance exposure of concern. Regardless of time of day or day or week, seek direction from the appropriate EMS supervisor and/or report to the employer’s pre-designated PEP health care facility immediately after the patient’s care can be transferred to other healthcare providers. Time to treatment (in hours) is of the essence to reduce transmission of infectious disease.
4. A national resource exists for real-time PEP care. This clinical resource is maintained at the University of California at San Francisco/San Francisco General Hospital. **Treating physicians can access phone advice (PEP line) at 1-888-448-4911 in the evaluation and treatment for occupational events concerning for exposure to HIV, hepatitis, and other blood-borne pathogens. The PEP line is answered from 0800-0100 Central Standard Time except on holidays. Messages left during unanswered hours are returned during the next operational morning.**



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5. Additional information on PEP care can be obtained at the following website:  
<http://www.nccc.ucsf.edu/clinical-resources/prep-guidelines-and-resources/>
6. The Oklahoma State Department of Health has a policy and reporting form for EMS professional use in the event of an occupational exposure to infectious disease of concern. The information and form can be accessed at the following website:  
<https://www.ok.gov/health2/documents/HIV-CommunicableDiseaseRiskExposureReport.pdf>  
A copy of this form (OSDH Form 207) can be found in Section 19 of these protocols.