DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Communicable Disease Control

Zachary Thompson
Director

Steven L. Harris, MD, MSc
Medical Director/Health Authority

Instructions for Completing the
PSW Request To Test Source Form and Affidavit

There are two forms that need to be completed when a Public Safety Worker (PSW) has a blood/body fluid exposure, the **Request to Test Source** and the **Affidavit**. Please destroy all old forms & replace with these. This document explains how to use each of the forms. These two **forms should be carried in all PSW vehicles.** Supervisors and shift duty officers should also keep copies of these two forms. If you have questions, call 214-819-2004 between 8 & 4:30, M-F and ask for Debra Schwartz, R.N.

THE REQUEST TO TEST SOURCE FORM (Use when Source is taken to a hospital or clinic)

- ***To be left at the hospital where the Source (inmate or civilian) is taken***
- When an exposure occurs, this form should be filled out by the PSW who was exposed or his/her supervisor and left at the Emergency Department or clinic where the Source is taken
- Notifies the hospital staff that an exposure occurred and requests exposure labs on the source
- Hospital staff will add the Source's test results to the Request To Test Source Form and fax the form to Dallas County Health and Human Services (DCHHS) at ***(214) 819-6095***
- Test results will be given by DCHHS to the PSW, his/her supervisor and/or the PSW's physician when the notarized Affidavit is received. (see below)
- If Source is not taken to a treatment location, the officer does not need to complete this form

THE AFFIDAVIT FORM (Use with all exposures)

- ***Completed by PSW or Supervisor and is faxed to DCHHS***
- Form must be submitted for **all** exposures when exposure labs on the Source are requested.
- Form is needed whether the Source is taken to a treatment or a detention facility.
- Form notifies DCHHS staff that an exposure has occurred, gives the location of the Source and details of the exposure so the Health Authority can evaluate risks.
- Needs to be filled out, signed, notarized and faxed to the attention of the DCHHS PSW Coordinator at ***214-819-6095. Coordinator can be reached at (214) 819-2004 between 8 and 4:30 M-F).***
- The original affidavit can be kept by your staff but will be needed if a court order is required for testing the source
- DCHHS can not release the Source's test results until the notarized Affidavit is received.

If these protocols are not followed, it will be difficult to get the test results on the source in a timely manner. Blood from the source must be drawn in specific tubes, centrifuged and tests performed within a specific time frame. DCHHS staff is familiar with these requirements.

If exposure occurs at night or on a weekend, follow the above procedures and DCHHS staff will contact the hospital or go to the Dallas County jail to draw blood on the next business day. This will be faster than not following the above protocol and having the specimens get lost or improperly handled. If the Source is in a jail, arrangements to get the Source tested can be made whether Source is in a Dallas County or a Non-County jail. Contact the Dallas County PSW Coordinator at (214) 819-2004 for instructions if Source is not in a Dallas County jail.

The PSW should seek immediate medical treatment/follow-up for the blood exposure from a physician familiar with current recommendations. The Health Care Worker can call the HIV Hotline at 1-888-448-4911 for current guidelines. PSW is not required by law to get baseline testing but for purposes of Workman's Compensation, the PSW may be required to get base-line testing within 10 days of the exposure**.** See your agency's policy. DCHHS does not perform testing or follow-up care on the PSW.

Revised 05/16/11

2377 Stemmons Freeway
Suite 522 - LB 12
Dallas, Texas 75207-2710
Office (214) 819-2004
FAX (214) 819-6095

DALLAS COUNTY (FRONT)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Communicable Disease Control

Zachary Thompson
Director

Steven L. Harris, MD, MSc
Medical Director/Health Authority

REQUEST TO TEST SOURCE for NOTIFICATION to EMS EMPLOYEE, PEACE OFFICER, OR FIRE FIGHTER OF POSSIBLE EXPOSURE TO A COMMUNICABLE DISEASE

Leave at Hospital - NOT FOR PATIENT CHART

ITEMS 1 - 6 TO BE COMPLETED BY THE **EXPOSED PUBLIC SAFETY WORKER** (PSW) (*PLEASE PRINT LEGIBLY)*

1. Public Safety Workers (PSW'S) Name: _____DOB_____
2. PSW's Phone: (Home #) _____ (Work #) _____
3. PSW's Supervisor_____Phone_____
4. PSW's Employer / Agency & City: _____
5. Date of Exposure _____
6. Describe the Exposure to Blood or Body Fluids (*This is essential for evaluation*):

Disease (circle all that apply)	Type of Exposure			
	Aerosol or Droplet Exposure			
Diphtheria, Measles, pertussis, Meningococcal infections, Plague, rubella, TB, viral hemorrhagic fever	☐	Unprotected mouth to mouth		
	☐	Intubation	☐	
	☐	Throat exam	☐	
	☐	Suctioning	☐	
	☐		☐	
	Percutaneous Exposure			
AIDS, HIV infection, malaria, plague, syphilis, hepatitis	☐	Blood	☐	Body Fluid Contact
	☐	Eyes	☐	Nose
	☐	Mouth	☐	Non-intact skin
	☐	Open wound/lesion	☐	Puncture/cut with needle/sharp object
	☐		☐	

Detailed description of exposure: _____
_____
_____
_____

7. The Above Exposure (in # 5) Occurred While Working With this Person (The **Source Person**):

SOURCE PERSON'S NAME_____ DOB_____

SOURCE'S Home Address_____Phone_____

8. Form Submitted to (Name of Person and Facility) _____
Date Submitted _____

---*

ITEMS 9 – 11 TO BE COMPLETED BY THE HOSPITAL/CLINIC ***Add TEST RESULTS & LAB DATES FOR SOURCE PERSON***

9. Disease Identified _____

Lab Tests Done: ___ YES ___ NO

OTHER TEST(s) – NAME(S): _____

RPR: _____
HIV: _____
Hep B: _____
Hep C: _____
TB: _____

10. PHONE EXPOSURES TO: Dallas County Department of Health and Human Services (DCHHS): (214) 819-2004

Person Contacted at DCHHS: _____Date Reported to DCHHS: _____

11. * **PERSON COMPLETING THIS FORM: NAME_____**
PHONE:_____ ***Fax completed report to Dallas County Health and Human Services at 214-819-6095***

Reviewed 05/16/11

DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Communicable Disease Control

(BACK)

Zachary Thompson
Director

Steven L. Harris, MD, MSc
Medical Director/Health Authority

REQUEST TO TEST SOURCE
NOTIFICATION TO EMS EMPLOYEE, PEACE OFFICER, OR FIRE FIGHTER OF POSSIBLE EXPOSURE TO A COMMUNICABLE DISEASE

All licensed medical facilities must notify the local health authority when a Public Safety Worker (PSW), such as EMS personnel, peace officer or fire fighter has been exposed to a reportable disease. The Dallas County Department of Health & Human Services will notify the director of the agency employing the PSW of the exposure. This notification is required for the following diseases and situations: (Report immediately by phone any suspect cases of diseases in italics.)

Diseases	Exposures requiring notification
1. *Diphtheria, measles, pertussis, Meningococcal infections, Plague, rubella, TB, Viral hemorrhagic fever.*	Mouth-to-mouth resuscitation throat exam, intubation, suctioning.
2. AIDS, HIV infection, malaria, plague, syphilis, hepatitis.	Needlestick, penetrating puncture; or splatter or aerosol into eye, nose, mouth; or contamination of open wound or non-intact skin.

WARNING: Disclosure of confidential medical information is a criminal offense.

INSTRUCTIONS for completing reverse side:

Public Safety Worker (PSW – i.e.; Exposed Person):

(1) Fill out items 1 - 8 on reverse side completely. Be very specific with how you were exposed.
(2) Give form to **charge nurse** in the emergency department. Note on FRONT of this form (#8), to whom form was given and date/time
(3) CONSIDER ALL PERSONS AS INFECTIOUS; if indicated, thoroughly rinse, flush or scrub the exposed body part with water (Not Saline) and soap or antiseptic. IF EXPOSURE IS PERCUTANEOUS, see physician for proper HIV and Hepatitis B prophylaxis as soon as possible (preferably within 2 hours).
(4) You may need to complete other forms for your agency's workers' compensation program.

Emergency Department Charge Nurse:

(1) Complete 9 thru 11 and give the form to the hospital's infection control or employee health person; if this will result in a delay of notification to the PSW of a known communicable disease, find an appropriate person to expedite completion of process or call report to Dallas County Health and Human Services 214-819-2004. If DCHHS is closed, leave a voice message stating that you are calling regarding a PSW exposure. Leave a name and phone number that the DCHHS nurse can call regarding the PSW exposure.
(2) Do not release confidential medical information to anyone other than the health department.

Infection Control/Employee Health Personnel (or other appropriate person):

(1) Ascertain whether the source patient has any of the diseases listed above; the law specifically states that additional tests beyond those necessary for the medical management of the patient are not mandated; however, if your hospital policy permits, you may ask the patient and the patient's physician for permission to perform other tests.
(2) As soon as a communicable disease is diagnosed or suspected telephone the health department (214-819-2004) and fax the form with lab results and date done to (214-819-6095). Even if no communicable disease is diagnosed during this hospitalization, fax the form to the health department upon discharge.
(3) Do not release confidential medical information to anyone other than the health department.

Telephone Number:

Dallas County of Health and Human Services: Communicable Disease Control, PSW Coordinator Voice: 214-819-2004 (If no answer, leave voice message. DCHHS will call back M-F 8 to 4:30) and Fax: 214-819-6095.

Revised 05/16/11