Emergency medical services workers, firefighters, law enforcement officers, and health care workers are at risk of exposure to a broad range of infectious diseases during the course of performing their job duties. While appropriate infection prevention measures – such as safe injection practices and standard, contact, and airborne precautions – will greatly reduce the potential for exposures, the risks cannot be reduced to zero. The Centers for Disease Control (CDC) and Prevention estimates there are approximately 385,000 sharp injuries annually among hospital-based health care personnel.¹ Many more such injuries or exposures occur in other health care settings, such as emergency services, home care, and long-term care. The National Institute for Occupational Safety and Health (NIOSH) at CDC estimates that 22 percent of paramedics had sustained at least one exposure to blood in the previous year.²

The United States Public Health Service updated its guidance for management of occupational exposures to human immunodeficiency virus (HIV) and recommendations for postexposure prophylaxis (PEP) in September 2013.³ These updated guidelines continue to emphasize the prompt reporting and appropriate management of occupational exposures, including the importance of determining the HIV status of the source person to guide appropriate use of HIV PEP.

Prior to 2013, Kansas state law required testing only for human immunodeficiency virus (HIV) in limited circumstances of occupational exposure. The law did not account for other bloodborne pathogens, such as hepatitis B virus or hepatitis C virus, or diseases that are transmitted through the air or close personal contact, such as pertussis, meningococcal meningitis, or influenza.

To address the gaps in state law, during the 2013 Kansas legislative session, Senate Substitute for House Bill 2183 (HB 2183) was passed and signed into law. Essentially, HB 2183 expanded the authority of the Kansas Department of Health and Environment to adopt administrative regulations for management and testing requirements for a broader array of infectious diseases and source persons and to cover additional types of workers. This will help to ensure that exposed persons receive appropriate medical care and treatment if necessary and reduces the likelihood of post-exposure drug regimens when they are not needed.

KDHE utilized a collaborative approach when developing this regulation, and worked closely with representatives from the Kansas Emergency Medical Services Association. This regulation requires health care, emergency services, and other covered workers who experience an occupational exposure to blood or other potentially infectious material to notify the designated infection control officer (ICO) of their entity. The ICO must then consider the nature of the exposure and determine, based on current guidelines from KDHE and the Centers for Disease Control and Prevention, if it was sufficient to potentially transmit an infectious disease. If such a determination is made, the ICO is required to direct that the source person be tested.

The regulation does not require the source person to provide explicit consent for testing. However, if the

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source person refuses to provide a specimen, the proposed regulation provides clear authority for the ICO to apply for a court order to require it.

Finally, the regulation provides notification requirements when a patient has been transported to a health care facility and is diagnosed with an infectious disease that can be transmitted through the air or by contact with respiratory droplets. This provision will help ensure that workers who transported the patient can receive appropriate post-exposure care if necessary.

KDHE is continuing to work with KEMSA representatives to develop training programs to ensure emergency medical service personnel and others who are covered by the regulation are knowledgeable and capable of implementing its requirements.

REFERENCES
3. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis Author(s): David T. Kuhar, MD; David K. Henderson, MD; Kimberly A. Struble, PharmD; Walid Heneine, PhD; Vasavi Thomas, RPh, MPH; Laura W. Cheever, MD, ScM; Ahmed Gomaa, MD, ScD, MSPH; Adelisa L. Panlilio, MD and for the US Public Health Service Working Group: Infection Control and Hospital Epidemiology, Vol. 34, No. 9 (September 2013), pp. 875-892.