



Maryland Department of Health  
and Mental Hygiene



**Maryland Institute  
for Emergency  
Medical Services  
Systems**

**Progress Report**  
**“Hospitals – HIV Testing – Consent and Public Safety Workers”**  
**Senate Bill 718 (Chapter 330, Section 2, 2005)**

This report is submitted as required by SB 718 Chapter 330, Section 2, 2005 (MSAR #2923). The General Assembly directed that the Department of Health and Mental Hygiene and the Maryland Institute for Emergency Medical Services Systems report annually on exposures of health care workers to HIV and source patient refusals to consent to HIV testing, in accordance with § 2-1246 of the State Government Article of the Maryland Code Annotated.

Background

Maryland's health providers, including EMS and firefighters, are frequently exposed to blood and other bodily fluids when they care for ill or injured patients. Despite universal precautions, these workers can be exposed to a patient's blood or bodily fluids. In this situation, the patient's blood needs to be tested to determine whether HIV is present. If the patient's blood tests positive for HIV, the health care worker can receive necessary treatments; however, if no HIV is detected, the health care worker need not undergo costly preventative therapy treatments which often lasts 30 days, and can cause serious side effects. Prior Maryland law allowed testing a patient's blood after an exposure when the patient was unable or unavailable to consent to testing, but did not address the situations when a patient refuses to consent to testing.

The law that became effective in October 2005 made an important change. The new law allows testing of an available sample of the patient's blood that was previously drawn for other testing purposes when a health care worker, first responder or public safety worker has been exposed to that blood, but the patient refuses to be tested. Public safety workers are defined in the new law as "career or volunteer member of a fire, rescue or EMS department, company squad or auxiliary, any law enforcement officer, or state fire marshal or sworn member of state fire marshal's office."

The legislation also included un-codified language requiring the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to jointly develop regulations establishing procedures to collect information by county on health care worker / first responder / public safety worker exposures and patient refusals to consent to HIV testing. Further, DHMH and MIEMSS are required to collect and report data on exposures and refusals to consent to testing annually to the Governor and the General Assembly through 2008 (Section 2 (a) (b)).

DHMH and MIEMSS created an Inter-agency "HIV Working Group" that began work in the summer of 2005. DHMH workgroup members include representatives from DHMH's AIDS Administration's Center for Prevention, Center for Surveillance & Epidemiology, and the Office of Public Policy & Information. MIEMSS workgroup members include representatives from the

State Office of the EMS Medical Director, MIEMSS Infection Control Committee, the Office of the Assistant Attorney General, and the MIEMSS Office of Government Affairs. Work completed by the Inter-agency HIV Working Group during 2005 is detailed in the report submitted to the Legislature dated March 29, 2006.

#### Report for the Period January 1 through October 31, 2006

Meetings of the Inter-agency HIV Working Group during 2006 were held on February 9, May 11, June 15, July 13, September 14, and October 12; a working group conference call was conducted on October 23. Adequate and relatively uniform recordkeeping throughout the State is needed in order to report accurate county-by-county occupational exposures of health care worker / first responder / public safety worker and patient refusals to consent to HIV testing numbers, as well as to develop the regulations required by SB 718. Consequently, during the year, the Group assessed the ability of hospitals to collect information on occupational HIV exposures and source patient refusals to consent. A statewide hospital survey was conducted to ascertain the level of information being collected by hospitals on blood-borne exposures for hospital healthcare workers and first responders. Results showed that while hospitals collected a wide variety of exposure information, information required by SB 718, i.e., health care worker / first responder / public safety worker exposures and patient refusals to consent to HIV testing, was not routinely or uniformly collected on hospital healthcare workers; further, few hospitals collected such information for First Responders. A copy of study results is included at Attachment 1.

Consequently, the Group determined that development of a uniform data collection and reporting tool that could be used in both hospital and pre-hospital environments needed to be developed to ensure adequate and accurate data on exposures. The Group invited representatives from the hospital and pre-hospital environments to collaborate on development of a uniform data collection form. The Maryland Hospital Association, as well as the MIEMSS Infection Control Committee, joined the Working Group to participate in this process.

In November, the Working Group initiated a pilot test of a uniform data collection tool. A copy of the uniform data collection tool is included at Attachment 2. The pilot cohort is composed of eight hospitals and eight EMS jurisdictions that volunteered to participate in the pilot. A list of pilot participants is shown in Attachment 3. The cohort also represents a mix of data collection methodologies (i.e., electronic and manual) and demographics (i.e., urban, suburban, and rural). The HIV Working Group determined that such diversity in the pilot was necessary to ensure that subsequent regulations were adequate in addressing the uniqueness of the various regions and environments while providing statewide consistency.

The pilot program began November 1, 2006; data collection will be completed no later than May 1, 2007. Pilot test sites will submit data reports on a monthly basis. The HIV Working Group will review monthly and aggregate data. The results of the pilot program will provide the framework by which DHMH and MEIMSS can develop regulations to facilitate uniform data collection and reporting by all hospitals and EMS jurisdictions in the State. The Working Group anticipates that it will finish its review of the data in May 2007 and plans to complete drafting of proposed regulations during the Summer of 2007.

One potential problematic issue that remains unaddressed is the inclusion of law enforcement in this effort. SB 718 included "law enforcement officer" in its definition of "public safety

worker.” The multitude and variety of law enforcement agencies and entities throughout the state, however, is a complicating factor to securing law enforcement inclusion in SB 718 efforts, e.g., simple identification of all law enforcement agencies and entities encompassed within SB 718’s definition of “law enforcement officer” remains problematic. More significantly, neither DHMH nor MIEMSS has the statutory authority to require law enforcement compliance with any SB 718 data collection efforts or with subsequent regulations that will be developed.

## **Attachment 1**

**“Assessing the Ability of Hospitals to Report Details of  
Blood and Body Fluid Exposures in  
Accordance with SB 718”**

## **Attachment 2**

### **Occupational HIV Exposure Monthly Report Form (Pilot) and Form Definitions**



DHMH

Maryland Department of Health and Mental Hygiene

STATE OF MARYLAND



Maryland Institute for Emergency Medical Services Systems

Occupational HIV Exposure Monthly Reporting Form (PILOT)

Name of Hospital or EMS Provider (pre-populated) Jurisdiction (pre-populated)

Surveillance Period (pre-populated) or if different, period: \_\_\_\_\_

A. Total number of occupational HIV exposures during period ..... A. [ ]
B. Number of exposures with unknown source patients ..... B. [ ]
C. Number of exposures with known source patients ..... C. [ ]
D. Number of source patients not tested due to known HIV status ..... D. [ ]
E. Number of source patients consenting to testing ..... E. [ ]
F. Number of source patients refusing consent ..... F. [ ]
G. Number of source patients refusing consent with existing sample tested ..... [ ]
H. Number of source patients refusing consent and not tested due to no existing sample [ ]

Submitted by: Name (print) \_\_\_\_\_
Title \_\_\_\_\_
Telephone \_\_\_\_\_

Mail or fax this form by the fifth business day after the end of the reporting period to:
HOSPITALS Maryland AIDS Administration Center for Surveillance and Epidemiology 500 N. Calvert St. Baltimore, MD 21202 410-333-6333
EMS PROVIDERS Maryland Institute for Emergency Medical Services Systems 653 W. Pratt St. Baltimore, MD 21201 887-787-8089 (fax) or jbrown@miemss.org

**Pilot Test**  
**Occupational HIV Exposure Monthly Report Form**  
**Form Definitions**

In item **A**, “exposure” means as between a patient and a health care worker / EMS provider:

- (a) percutaneous contact with blood or body fluids;
- (b) mucocutaneous contact with blood or body fluids;
- (c) open wound, including dermatitis, exudative lesions or chapped skin, contact with blood or body fluids for a prolonged period; or
- (d) intact skin contact with large amounts of blood or body fluids for a prolonged period.

“Bodily fluids” means:

- (a) any fluid containing visible blood, semen, or vaginal secretions; or
- (b) cerebrospinal fluid, synovial fluid or amniotic fluid.

“Bodily fluids” does not include saliva, stool, nasal secretions, sputum, tears, urine or vomitus.

(\*Note: definitions for Item A are taken from Health General §18-338.3 Annotated Code of Maryland)

In item **B**, an “unknown source patient” means that the patient who is the source of the potential exposure is unknown. An example of an exposure from an unknown source patient would be a needle stick to a health care provider / first responder from a syringe that was inappropriately discarded in a garbage bag.

In item **C**, “known source patient” refers to a patient who is known to be the source of the exposure.

In item **D**, “source patients not tested due to known HIV status” refers to a source patient who is known to be HIV positive.

In item **E**, “source patients consenting to testing” refers to those patients who voluntarily agree to be tested for HIV subsequent to the exposure of the health care worker / EMS provider.

In item **F**, “source patients refusing consent” refers to those patients who do not agree to be tested for HIV subsequent to the exposure of the health care worker / EMS provider.

In item **G**, “source patients refusing consent with existing sample tested” refers to instances where a patient does not agree to be tested for HIV subsequent to the exposure of the health care worker / EMS provider, but an existing blood sample from the patient is tested.

In item **H**, “source patients refusing consent and not tested due to no existing sample” refers to instances where a patient does not agree to be tested for HIV subsequent to the exposure of the health care worker / EMS provider, and there is no existing blood sample to use for testing purposes.

## **Attachment 3**

### **EMS Jurisdictions Participating in Pilot Test**

Washington County Division of Fire & Emergency Services  
Anne Arundel County Fire Department  
Baltimore County Fire Department  
Baltimore City Fire Department  
Charles County Department of Emergency Services and Charles County EMS Association  
Cecil County Department of Emergency Services  
Montgomery County Fire Rescue  
Talbot County Emergency Medical Services

### **Hospitals Participating in Pilot Test**

Civista Medical Center	MedSTAR Health
University of Maryland Medical Center	Washington County Hospital
Johns Hopkins Hospital	St. Joseph Hospital
Union Memorial Hospital	Suburban