



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 Attorney General, and the MIEMSS Office of Government Affairs. In addition, the Maryland Hospital Association has joined the workgroup and has provided significant assistance in all aspects of workgroup efforts. Prior reports submitted to the Legislature contain information on progress during 2005 and 2006.

Report for the Period January 1 through October 31, 2007

Meetings of the Inter-agency HIV Working Group during 2007 were held on January 11, April 19, May 9, June 14 and October 11; a working group conference call was conducted on February 15. The Working Group had previously identified that 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. The Group determined that adequate and relatively uniform recordkeeping throughout the State was needed for accurate county-by-county reporting of occupational exposures and patient refusals to consent to HIV testing. Further, a uniform approach to data collection and recordkeeping would be integral to the development of regulations required by SB 718.

A uniform data collection and reporting tool for use in both hospital and pre-hospital environments was developed to ensure adequate and accurate data on exposures. From November 2006 to May 2007, the uniform data collection tool was pilot-tested (see copy of the collection tool at Attachment 1). The pilot cohort was composed of eight hospitals and eight EMS jurisdictions that volunteered to participate in the pilot (see list of participants at Attachment 2). The cohort also represented a mix of data collection methodologies (i.e., electronic and manual) and demographics (i.e., urban, suburban, and rural) to ensure that subsequent regulations accounted for the uniqueness of the various regions and environments while providing statewide consistency. Pilot test sites were to submit data on a monthly basis.

The results of the pilot program indicated that timely submission of data by pilot test participants was not uniform and some minor revisions were needed for clarification to the data collection form. At the completion of the pilot test, minor modifications were made to the data collection form (See Attachment 3). Hospital data indicated that over the pilot test period, there were 412 occupational exposures to bloodborne pathogens. Of the 412 exposures, 390 (95%) were from known source patients and 22 (5%) were from unknown sources. Of the 390 exposures from known sources, 343 (88%) of the sources consented to testing, 41 (11%) were not tested because their HIV status was known, four sources (1%) refused consent to test, and no information was reported on two sources (<1%). Two of the four non-consenting sources had specimens available for testing. Generally EMS reporting was less compliant: only four of the jurisdictions participating in the pilot test submitted data each month during the pilot period. Two jurisdictions submitted three months tracking data and two jurisdictions submitted two months tracking data. EMS data showed that over the pilot test period, there were 26 occupational exposures. Of the 26 exposures, 24 (92%) were from known source patients and 2 (8%) were from unknown sources. Of the 24 exposures from known sources, 23 (96%) of the sources consented to testing, and no consent information was reported on the remaining case.

Subsequent to the completion of the pilot test, DHMH and MIEMSS each have developed drafts of proposed regulations that would require uniform statewide reporting of health care worker / first responder / public safety worker exposures and patient refusals to consent to HIV testing on

a monthly basis. The DHMH draft regulations specify the requirements for hospital reporting; MIEMSS draft regulations require reporting by EMS jurisdictions. The draft regulations have been reviewed by the HIV Working Group and are now being circulated for discussion within the hospital and EMS communities. It is anticipated that both sets of draft regulations will be promulgated as proposed regulations in early 2008.

Also during the year, the HIV Working Group began to explore mechanisms by which all Maryland hospitals and EMS jurisdictions could electronically report the required exposure data. The Group concluded that, given available resources, electronic reporting capability could be achieved through integration of the HIV exposure data collection into the "FRED" system (Facility Resource Emergency Database). "FRED" is a web-based application that connects hospitals, 9-1-1 centers, specialty referral centers, law enforcement agencies, health agencies and EMS jurisdictions. Users are able to log-in to a secure system to access information on incidents that require activation of emergency responses. FRED will be upgraded over the next four-to-six months; the upgrade will include the addition of the HIV Exposure Data Collection Tool to the application. This will allow hospitals and EMS jurisdictions to submit HIV exposure data electronically which may help streamline and simplify the task of reporting exposures.

One potential 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 is a complicating factor to securing law enforcement inclusion in SB 718 effort. More significantly, neither DHMH nor MIEMSS has the statutory authority to require law enforcement compliance with any SB 718 data collection efforts or with the regulations that will be promulgated. The HIV Working Group has initiated efforts to work with the Maryland Chiefs of Police and the Maryland Sheriff's Association to identify ways to include law enforcement in this reporting.

Attachment 1

Pilot Test: Occupational HIV Exposure Monthly Report Form and Form Definitions

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 2

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

Attachment 3

Occupational HIV Exposure Monthly Report Form

Final Form



STATE OF MARYLAND
DHMH



*Maryland
 Institute for
 Emergency
 Medical
 Services
 Systems*

Maryland Department of
 Health and Mental Hygiene

Occupational HIV Exposure Monthly Reporting Form

Submission Date:

Surveillance Period:

Name of Hospital:

EMS Jurisdiction:

A. Total number of occupational blood-borne pathogen exposures during period	A.	<input style="width: 40px; height: 25px;" type="text"/>
B. Number of exposures with unknown source patients	B.	<input style="width: 40px; height: 25px;" type="text"/>
C. Number of exposures with known source patients	C.	<input style="width: 40px; height: 25px;" type="text"/>
D. Number of source patients not tested for HIV due to known status	D.	<input style="width: 40px; height: 25px;" type="text"/>
E. Number of source patients consenting to HIV testing	E.	<input style="width: 40px; height: 25px;" type="text"/>
F. Number of source patients unavailable for HIV testing consent	F.	<input style="width: 40px; height: 25px;" type="text"/>
G. Number of source patients refusing HIV testing consent	G.	<input style="width: 40px; height: 25px;" type="text"/>
H. Number of source patients refusing consent with existing sample tested for HIV.	H.	<input style="width: 40px; height: 25px;" type="text"/>
I. Number of source patients refusing consent and not tested for HIV due to no existing sample.	I.	<input style="width: 40px; height: 25px;" type="text"/>

Submitted by:	First Name:	Last Name:
	Title:	
	Telephone:	

Mail, fax or electronically submit 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
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 877-787-8089 (fax) or
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