1. Definitions

**Unprotected Exposure**: an exposure capable of transmitting a bloodborne infectious disease dangerous to the public health as defined in 105 CMR 172.001 and is limited to the following:

1. Puncture wounds – including punctures resulting from:
   a. Used needles
   b. Glass and other sharp objects contaminated with blood
   c. Human bites
2. Blood to blood contact through open wounds, which includes: open cuts, sores, rashes, abrasions or conditions which interrupt skin integrity; and
3. Mucous membranes contact – including such contact as would occur with mouth to mouth resuscitation or eye splashing with infested fluids. Such fluids would include: blood, sputum, oral and nasal secretions

**Unprotected Exposure Form**: a standardized form developed and distributed by the MA Department of Public Health, which shall contain, but not be limited to, the following:

1. Identifying information about the Ambulance Service or Emergency First Responder service that responded to the call;
2. Name of the Designated Infection Control Officer (DICO) for the service completing the report (Captain Jeremy Walsh);
3. Patient Information;
4. Rescuer Information;
5. Exposure Route, Exposure Type, Precautions taken, and Cleaning;
6. Narrative to describe the nature of the unprotected exposure in detail and steps taken to minimize the exposure;
7. Signatures of the Rescuer and whomever receives the Unprotected Exposure Form.
2. If you’ve had an unprotected exposure:

a. Wash exposed area with soap and water and/or commercial antibacterial

b. Seek immediate medical attention / evaluation

   i. It is strongly recommended that you seek medical attention by registering as a patient at the same facility/emergency department where the patient was transported (for patient and paperwork tracking). Also inform the patient’s caregiver (MD) that you (or someone else) sustained an unprotected exposure.

c. Complete the MA DPH Unprotected Exposure Form and leave it at the facility that you registered as a patient. Make sure you obtain a signature of the person with whom you are leaving the Unprotected Exposure Form with at the receiving facility. Copy and give a copy to the CFD DICO.

d. Make a journal entry in QED and complete a Form 18 or Form 18P.

e. Notify the CFD DICO

f. If it’s determined that an Unprotected Exposure occurred, you will follow-up at:

   Cambridge Health Alliance (CHA) – CHA Occupational Health Program
   5 Middlesex Av. 1st Floor (Assembly Square Mall)
   Somerville, MA 02145
   617 – 591 – 4660
   Monday – Friday 8:30am – 5:00pm