

In our role as Exposure Control Officers our primary concern is the wellbeing of officers involved in exposure incidents and ensuring that appropriate measures are taken to mitigate any exposure, be it risk or non-risk.

- 1) The ECO should always talk directly to the officer (s) involved in any exposure incident.....do not just talk to the supervisor.

- 2) When blood is to be drawn have the source patient taken to Fairfax Hospital or Mt Vernon Hospital whenever possible..... They are most familiar with procedure.
Note: Alexandria Hospital does rapid HIV for exposures but the ER is very unfamiliar with the process and this may result in delays in getting results back.

- 3) If source patient is transported to ADC and it is determined that blood needs to be collected:
 - a. Have the on-duty supervisor/officer sign the source patient out from the ADC and transported to Fairfax Hospital where the blood can be drawn.
 - b. If this is not possible and the ADC nurse draws the blood, the ECO needs to respond to the ADC, collect the blood and transport it to Fairfax Hospital to be tested and get the Patient ID#. Another option would be to have the officer meet you at Fairfax Hospital with the blood. Point being that the ECO should register the blood, get the patient ID# and walk the blood down to the lab. Do not leave this to the on-duty supervisor/officer to do.

- 4) Most Importantly!! Make sure you provide Source Patient ID number and hospital where blood was drawn/tested as soon as possible. Even if you are still actively working a case, once you know blood was drawn and you have a source patient ID number provide it, officers name, source name, and brief synopsis

- 5) Make sure you complete necessary documentation ASAP.