

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

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| SUBJECT: XIII-101 BLOODBORNE PATHOGENS POST EXPOSURE PROTOCOL | POLICY #: 1119 VERSION: 1 |
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PURPOSE: To outline the steps for providing Bloodborne Pathogens Post Exposure follow-up for an exposed employee in the ASC before and after evaluation and treatment in the Urgent Care Clinic.

POLICY: The steps outlined below are to be taken by the exposed employee and supervisor or lead person in charge in the ASC after the occurrence of an exposure to a contaminated sharp or blood and body fluids. Also see: Needlestick Blood/Body Fluid Exposure Checklist and Q Form-Blood & Body fluid Exposure Report Form.

It is imperative that the employee report the incident immediately in order for a confidential medical evaluation to be initiated as close to the time of exposure as possible, ideally within two (2) hours, so that HIV post exposure prophylactic (PEP) measures can be most effective. While ideal, the two (2) hours shall not be used to exclude employees with exposures occurring greater than two (2) hours prior to presentation to the Urgent Care or Employee Health Services.

PROCEDURE:

**Medical Post Exposure Evaluation of the Exposed Employee by a Provider
&
Taking of the Post Exposure HIV Medications by the Exposed Employee,
If Indicated, Ideally is to
Occur Within 2 Hours
Time is of the Essence – Act Quickly**

I. EXPOSED EMPLOYEE:

Immediate Actions

Step 1

- Wash the exposed wound and skin with soap and water. Flush the exposed mucous membranes with copious amounts of water. Eye wash stations are located in the ASC, Central Service, and Lab.
- Ask the source patient, if known and not sedated or anesthetized, to remain in the ASC for further instructions from the supervisor or lead person. If the source patient is sedated or anesthetized, ensure that staff caring for the source patient

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relay this information to the patient once the patient is alert and oriented. The exposed employee is **not** to ask the source patient for information, etc.

- Report the exposure to the on-site supervisor or lead person.

Step 2

- Complete the Blood & Body Fluid Exposure Forms (Q-Form) in Bloodborne Pathogens (BBP) Exposure Packet supplied by supervisor or lead person. Exposure Packets are located within the ASC, Nursing Office, Employee Health Service, and in a wall pocket outside the Urgent Care Nursing Supervisor Office. (Forms may be completed by the exposed employee while in the ASC or in the Urgent Care Clinic as long as the source patient information is available on the medical record and is documented on the forms.)
- Proceed with the forms to the Urgent Care Clinic during their operating hours per the directives of the supervisor or lead person.

Follow-up Actions

Step 3

- The Employee Health Nurse (EHN) or Urgent Care clinic nurse and the Urgent Care Clinic Provider will provide the exposed employee with follow-up instructions for lab testing, medications, precautions, contact persons, etc. If the EHN was not seen during the exposure evaluation, then the exposed employee is to see the EHN the next working day.
- After the initial medical evaluation and treatment is received, a sharps injury log is to be completed by the EHN or employee's supervisor with input from the exposed employee (as soon as possible within two weeks) to review/analyze the exposure event to determine/recommend future preventive actions.

II. SUPERVISOR OR LEAD PERSON IN CHARGE - ONSITE:

Immediate Actions

Step 1

- **Identify & Verify the Exposure Event**
- Receive a verbal report of the exposure from the exposed employee.
- Provide the Blood & Body Fluid Post-Exposure Forms (Checklist & Q Form) to the exposed employee.

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- Ensure the exposed employee thoroughly, accurately and quickly completes the forms.
- **Discard the involved needles, syringes or sharps** after photographing and/or documenting the type, size, model, brand, etc.
- These devices are **not** to be tested for HBV, HCV or HIV.
- Ensure a description is documented on the post exposure Q Form.
- Photograph (if taken) and/or a documented description are to be included with the Sharps Injury Log, maintained in the Nurse Manager's Office.

Step 2

- **Quickly, ASAP gather information** for the evaluation of the source patient:
- Review the source patient's medical records: for evidence of lab tests results available for HBV, HCV, HIV, and to assess risks he/she may have for HBV, HCV, and HIV (e.g. intravenous drug abuse, high risk sexual behavior, and history of blood transfusion or use of blood products). If no prior tests are present or if the prior tests were negative for HBV, HCV or HIV the source patient is to be tested for these pathogens. The patient's physician or the Urgent Care Clinic physician is to order these lab tests. If patient's physician is the exposed employee, another physician or urgent care physician is to order lab tests for source patient.
- Interview the source patient for information not documented in the medical records.
- Document findings on the Q Form regarding:
 - Exposure event
 - Source patient, known lab results and/or risk factors

Step 3

Notification of Employee Health Nurse and Urgent Care Clinic:

- Notify both the EHN and the Urgent Care Clinic of the need for an exposed employee to receive a BBP Post Exposure Evaluation.
 - During Employee Health Service Hours: Monday- Friday 8:00AM-4:30PM notify the EHN & Urgent Care Clinic Nurse in Charge.
 - After Employee Health Service Hours, Weekends & Holidays or if EHN is not on campus or on duty, notify the Urgent Care Clinic Nurse in Charge.
- EHN will meet exposed employee in the Urgent Care Clinic
- Urgent Care Clinic Charge Nurse will notify the Urgent Care Clinic Provider.

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Step 4

- **Perform the Following Actions** (forms included in Exposure Packet):
 - Notify source patient of exposure and of the need to test for HIV, HBV, HCV
 - Obtain verbal consent for HIV Testing. If source patient is a minor > 12 years or an incompetent adult, obtain a signed written consent for HIV testing from parent or legal guardian.
 - Enter source patient Lab orders into Affinity.
 - **Ensure** lab specimens are collected from the source patient as ordered and per the HIV Testing Policy.
 - Request lab personnel to come to ASC to draw specimen, or accompany the source patient to the lab, or nursing staff is to draw the lab specimens in the ASC.

If the Source Patient Refuses Testing:

- Determine if a specimen is already available in the Lab prior to the exposure event. If yes, request the Lab is to retain specimen for post blood exposure testing. Document this information on the Q form and notify the Urgent Care Clinic Provider/Nurse conducting the medical evaluation of the source patient's refusal to test for HIV and of the availability of a previously collected specimen (collected prior to the exposure) present in the lab.
- If a previously collected specimen is available in the Lab, notify the source patient that testing will take place on a previously collected specimen per legal mandates.
- The exposed employee must test negative for HIV prior to testing the source patient specimen for HIV. The source patient's blood specimen is to be retained/stored in the lab and not tested until the exposed employee's HIV test results are reported as negative.
- Ask the source patient whether he/she wishes to be informed of the test results and then notify the lab of the source patient's request to be or not to be informed.

If the Source Patient is Under Anesthesia:

- If the source patient is under anesthesia, HIV testing must occur per applicable HIV Testing Policy and applicable regulations.
- Blood may be drawn but must be retained/stored and not tested until the HIV Test consent requirements are met.
- Patients may be requested to give verbal consent to HIV testing at least 24 hours after anesthesia.

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Follow-up Actions

Step 5

Counsel the Exposed Employee

- After the employee has received the initial medical evaluation and treatment for the exposure, the supervisor is to meet with the employee (as soon as possible within 14 days) to review/analyze the exposure event to determine/recommend future preventive actions, engineering controls, safety device use, etc. This counseling and recommendations are to be documented in the Sharps Injury Log and in the Employee File.
- Complete the Sharps Injury Log and include:
 - A discussion of the event
 - Employee & Supervisor discussion and recommendations of actions, devices or engineering work practices which could have prevented the exposure.
 - A copy of the Sharps Injury Log and recommendations are to be forwarded to the EHN. EHN is to include and or forward this form to indicated departments for analysis and follow-up action, e.g., Department Head, Infection Prevention Nurse, and Safety Officer.

REFERENCES:

Cal-OSHA Regulation, Title 8, CCR, Section 5193

California Health & Safety Code 120262, Occupational Exposure- Healthcare Workers

High Desert Health System Bloodborne Pathogens Exposure Control Plan

LAC DHS Policy 219, HIV Testing, Handling of HIV Test Information and Related Procedures in Medical Settings, Dec. 1, 2010.

LAC DHS Policy 925.200, EHS Bloodborne Pathogen Exposure Control Program

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