



**Exposed Employee (Caregiver)
Post Blood & Body Fluid Exposure Checklist**

Employee Name: _____ Date: _____

- First Aid:** Wash wound and skin exposures with soap and water. Do not “milk” the wound. Flush exposed mucous membranes (eyes, nose and mouth) with clean water or saline.

- Notify:** Contact your supervisor/core leader immediately to help facilitate the source blood draw and /or help with next steps. If the source patient is an outpatient, ask the source patient to stay so that blood draw can be arranged. **Please note:** Time is of the essence. If an exposure has occurred, it is critical that the source patient’s blood be tested quickly to determine HIV status and the need for urgent treatment (post-exposure prophylaxis)

Determine if this meets exposure criteria:
For transmission of blood borne pathogens (HIV, HBV, and HCV) to occur, an exposure must include **both** exposure to infectious body fluid and a portal of entry:

1. Infectious Body Fluid: Blood, semen, vaginal fluids, amniotic fluids, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid can transmit HIV, HBV, and HCV. (Note that saliva, vomitus, urine, feces, sweat, tears and respiratory secretions do not transmit HIV unless visibly bloody)

AND

2. Portal of Entry: percutaneous, mucous membrane, or cutaneous with non-intact skin

NO: DOES NOT MEET EXPOSURE CRITERIA ABOVE



You will **NOT** need post-exposure blood testing. Submit a work injury report: HR Portal(caregiver.ehr.com) > Leave & Work Injuries (Sedgwick) > Submit > My new claim

YES: MEETS EXPOSURE CRITERIA ABOVE

1. Complete Blood & Body Fluid Exposure Packet located in the red folder.

- Employee Exposure Risk Assessment
- Consent Form

(Continued on Back of Form)



2. **Take Completed Exposure Lab Slip** found in red packet to the hospital lab to complete baseline lab testing. If you are *clinic employee*, please take Lab Slip to nearest Tri Cities Laboratory.

3. **Submit a work injury report**



HR Portal (caregiver.ehr.com)>Leave & Work Injuries (Sedgwick)>Submit>My new claim

4. **Follow up with PCC(727-1060) to receive Source Rapid HIV Results.** (These results should be available within 1 hour of the lab receiving blood sample for hospital employees and 3 hours for outpatient clinic employees)

CALL Caregiver Health Services immediately Monday through Friday 8 am – 4:30 pm at 509-942-2990 ext. 4179. If unable to reach, follow the below instructions and notify Caregiver Health Services the next business day.

- If the source patient’s rapid HIV test is **negative (non-reactive)**: No need to seek immediate care; all follow up can occur in Caregiver Health Services the next business day.
- If the source patient’s rapid HIV test is **positive (reactive), unknown or delayed**: Exposed caregiver is encouraged to go to the Emergency Department or Family Medicine Residency Quick Care (942-2516) or to the provider of their choice, as prophylactic treatment should be offered as soon as possible, preferably within hours of exposure.

Return packet to Caregiver Health. Completed packet should be returned to Caregiver Health via fax to 509-942-2161.

Call CAREGIVER HEALTH at 942-2990 ext. 4179 the NEXT BUSINESS DAY. (to receive complete **lab** results and recommendation for follow up)

Signature of Exposed Employee _____

Signature of Employee Health Nurse or PCC _____



Employee(Caregiver) Exposure Risk Assessment (fax to Caregiver Health 942-2161)

CAREGIVER INFORMATION:

Name of caregiver
Department
Date of Birth
Phone number

Today's Date:

Date of exposure
Time of exposure (circle one) am pm

SOURCE PATIENT INFORMATION (person whose blood the employee was exposed to)

(Place Sticker Here)

CHARACTERISTICS OF SOURCE MATERIAL (Check one):

Infectious

- Blood or serum
Other infectious material
Fluid or tissue with visible blood
Amniotic fluid
Cerebrospinal fluid
Pericardial fluid
Peritoneal fluid
Pleural fluid
Semen
Synovial fluid
Vaginal secretions

Non-infectious (without visible blood)*

(If exposure to material in this column, post-exposure prophylaxis for HIV is not recommended unless there is visible blood.)

- Saliva
Sputum
Stool
Sweat
Urine
Vomitus

CHARACTERISTICS OF SOURCE PATIENT (Check one Category)

- (Category 1) HIV Positive - asymptomatic or known low viral titer
(Category 2) HIV Positive - symptomatic with acute retro viral syndrome
(Category 3) HIV Positive - preterminal, CD4 <100 or viral titer >50,000
(Category 4) HIV Serostatus unknown - Review chart to determine if patient has any of the following risk factors
(Category 5) HIV Negative*
(Category 6) Patient unknown (anonymous needle)*

*Note: If category (5) or (6) post-exposure prophylaxis for HIV is not recommended.

CHARACTERISTICS OF EXPOSURE (Check one Type)

Percutaneous injuries:

- (Type A) Visibly bloody device or device used in source patient's artery or vein
(Type B) Deep intramuscular injury
(Type C) Superficial injury
Type of Sharp
Safety device used
No safety available

Mucosal contacts:

- (Type D) Large volume (>1cc) or prolonged contact (>5 minutes)
(Type E) Small volume (<1cc) and brief contact (<5 minutes)
PPE used

Skin contacts:

- (Type F) Skin integrity obviously compromised or large volume (>1cc) or prolonged contact (>5 minutes) or extensive area of contact
(Type G) Intact skin, small volume (<1cc) and brief contact (<5 minutes)

*Brief description of incident: -



Consent Form (Exposed Caregiver)

HIV Consent: To be used in the management of Blood Borne Pathogen exposures for KRMC.

ACKNOWLEDGEMENT AND CONSENT FOR HIV ANTIBODY BLOOD TEST

I acknowledge that I have been informed by a PCC, Nurse Manager, or HCP that my blood will be tested in order to detect whether or not I have antibodies to the human immunodeficiency virus (HIV) which is the causative agent of acquired immune deficiency syndrome (AIDS). I understand that the test is voluntary and that it is performed by withdrawing blood and testing it for the presence of antibodies to the HIV virus. I understand that I have the right to consent or refuse testing.

I acknowledge that I have been informed that the test involves a two step process and that two separate tests may be used to determine the presence of HIV antibodies in my blood. I understand that there is a possibility of false positive, false negative, or inconclusive test results and that more testing at a future date may be needed to rule out HIV infection.

I acknowledge that I have been informed that any questions I have regarding the nature of the blood test, its expected benefits, its risks, or alternative tests may be asked before I consent to the blood test. I have had the opportunity to ask questions regarding this procedure and my questions have been fully answered.

I understand that the results of this blood test will only be released to the persons directly involved in my care and treatment, and to other persons only as required by law. I further understand that no additional release of the results will be made without my express written authorization.

Employees: I understand that I am not permitted to release the results of testing done on a patient as part of follow-up for an exposure.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of the results. I hereby give my consent to the performance of a blood test to detect antibodies to HIV.

Date: _____

Signature of Caregiver

Time: _____

Print Name

Witness—(PCC/Nurse Manager/HCP):

Date: _____

Signature

Time: _____



888 Swift Boulevard · Richland, WA 99352 · (509) 946-4611
Please take this form to the hospital lab or outpatient Tricities Lab.

DO NOT enter lab order into EPIC.

CAREGIVER EXPOSURE LAB ORDER SLIP

PHYS: O3616 HUNT,D. RYAN Client: KMCEH (KMC Employee Health)

X Initial KRMC KMA KC/KNC Other _____

NAME: _____

PATIENT ID: _____ (Use KMCEH account or create new)
(KMCEH + 8 DIGIT DOB + INITIALS - e.g. KMCEH05051955TP)

BIRTHDATE: _____

BILL TO: CLIENT

DATE OF INJURY/EXPOSURE: _____

NAME OF SOURCE: _____ (Enter under Order Comment)

DO NOT CC ANY PROVIDER
Patient MUST get results from KMC Caregiver Health

Please complete the following tests:

12HIVR

HBSAB

HEPC

HBCAB

HBSAG

Comments: To complete lab work testing, YOU MUST bring this form to the hospital lab window or outpatient TCL location, MUST HAVE Employee ID Badge.

**Caregiver Health Services 946-4611 ext.4179,
Fax: 942-2161**



**SOURCE PATIENT
Post Blood & Body Fluid Exposure Checklist**

Source Name: _____

Date of Birth: _____

Inpatient

- Source patient is counseled regarding exposure**
Counseling can be performed by a Registered Nurse, should not be performed by exposed employee. Source patient is given Patient Information Sheet and HIV informational handout to read prior to consenting for testing. Source patient **must** sign written consent.
- Initiate Source lab testing**
Complete enclosed Post Exposure Lab Order Slip and DO NOT ENTER ORDERS IN EPIC. FAX lab slip to 942-2669
- Call 942-2674 to confirm receipt of orders**
- PCC will receive Source Rapid HIV results and relay results to exposed caregiver. (caregiver should follow up with PCC to obtain results)**
 - Results must be reported to employee as soon as available
 - If positive, refer caregiver to Family Medicine Residency (942-2516) during normal business hours (Mon-Fri 8 am – 4:30 pm). After hours, refer to Emergency Department for counseling and prophylaxis if indicated.

Outpatient Clinics

- Source patient counseled regarding exposure and consents for testing**
Counseling and consent must be performed by RN or Medical Provider
Source patient is given Patient Information Sheet and HIV informational handout to read prior to consenting for testing. Source patient **must** sign written consent.
- Clinic Manager or designee initiates Source lab testing**
Complete Post Exposure Lab Order Slip given to Source patient. Source patient is asked to go to nearest Tri Cities Laboratory for blood draw immediately.
- Clinic Manager or designee notifies PCC at 727-1060 of exposure**
Please provide:
Exposed caregiver's name/phone number _____
Source name and date of birth _____
- PCC contacts exposed caregiver to relay Source Rapid HIV results.**
 - Results must be reported to employee as soon as available
 - If positive, refer caregiver to Family Medicine Residency (942-2516) during normal business hours (Mon-Fri 8 am – 4:30 pm). After hours, refer to Emergency Department for counseling and prophylaxis if indicated.



Patient Information Sheet

Healthcare Worker exposure to a patient's blood

What is a healthcare worker exposure?

- Occasionally, health care workers come into contact with the blood or body fluids of their patients.
- Several serious diseases are transmitted to others through contact with blood, particularly Hepatitis B (HBV), Hepatitis C (HCV) and the Human Immunodeficiency Virus (HIV). For some of these diseases there is preventive treatment but the treatment must be started as soon as possible after the healthcare worker is exposed.

Why am I being asked to be tested for HBV, HCV and HIV?

- Someone who has been caring for you may have been exposed to your blood.
- It is important that any necessary treatment of the exposed Health Care Worker be started as soon as possible.

Why should I agree to be tested?

- First, because you could relieve the anxiety of the Health Care Worker who has possibly been exposed to your blood.
- Secondly, if you have unknowingly contracted one of these diseases, treatment can begin immediately.

Who will get the results of my test?

- Your Primary Care Provider will receive a copy of your lab results.

What if there is a mistake and the test is reported as positive when it's not?

The HIV and Hepatitis C antibody are screening tests. Positive HIV and Hepatitis C antibodies should be confirmed with a second line test. An additional blood specimen may need to be obtained to perform the confirmatory tests.

****GIVE TO SOURCE PATIENT*****



About the HIV Antibody Test (Give to source patient)

You may have heard this test referred to as an “AIDS test” or an “HIV test”, but in fact it is a test for **HIV antibodies**.

Antibodies are produced by the body as a reaction to infection with HIV. A sample of your blood is taken and sent to be tested for the presence of these antibodies. A positive result is verified with a more extensive HIV test. The results that you receive are extremely accurate.

Since the test looks for antibodies (and not the actual virus), you will need to wait until antibodies are made by your body to show up in the test. Antibodies *can* take up to 14 weeks to show up in your blood after the time of infection. This period of time (from the time you are infected with HIV to the time when the antibodies appear in your blood) is often called the **window period** when you could have been infected but the test is not yet able to detect it. The test shows whether you were infected with HIV about 3 months ago. If you have had any high risk behavior for HIV transmission during that time, the test may not be able to detect the antibodies. Therefore, for an accurate result, the test must be done 3 months after you have had unsafe sex or shared needles.

How are people infected with HIV?

HIV can pass from one person to another through anal or vaginal intercourse without a condom, sharing needles if you use injection drugs or steroids, or sharing sex toys without cleaning them. It can pass from a mother to her child during child birth or through blood transfusions before screening of the blood supply began in late 1985. There have been a small number of people who became infected with HIV by performing oral sex (mouth to vagina or mouth on penis). You can be infected but show no symptoms for many years.

Your test results

A confirmed **positive** test result means that you have been infected with HIV (you are HIV positive [HIV+]) and you can pass the virus on to others if you have unsafe sex or share needles. It does not mean that you have AIDS or that you will develop it. It does not tell you anything else about the state of your health.

A **negative** test result means that there were no HIV antibodies in your blood at the time of your test but if you have had unsafe sex, shared needles or other high risk activities within the last 3 months, you could be in the *window period*. A negative test result does not mean that you are immune to the virus or that you cannot become infected in the future.

What you can do if you test HIV positive

In order to try and stay healthy, both physically and mentally, it is important to begin taking action as soon as possible.

A health care provider who is knowledgeable about HIV can monitor your health and help you decide what treatments you want to use. Your doctor and the local Department of Health can help. You may also contact the local AIDS organization.

Having safer sex all of the time is important for people who are HIV+. It is extremely important to protect others from becoming infected with HIV and to protect yourself from re-infection with other strains of HIV or other sexually transmitted diseases (STDs) which can further weaken your immune system.

Avoid these activities that can spread HIV infection to others:

- Do not donate blood, plasma, body organs, semen, or tissues.
- Use “safer sexual practices”. You may ask a counselor for more information about this.
- Do not share needles, syringes, or other equipment for injecting drugs.
- Avoid sharing toothbrushes, razors, or other items that could be contaminated with blood.

Counseling and test results

Based on your personal history, you may wish to get detailed counseling. Your doctor can provide answers to many of your questions regarding the test, prevention, living a healthy life with HIV and medical treatment available. Our local Health Department is available to provide you detailed counseling before or after HIV testing. Ask your doctor or nurse if you would like to receive counseling.

Your doctor will review your test result with you. Doctors and laboratories are required to report the names of people who test HIV positive to the Department of Health. We will send a copy of your labs to the physician you specify.

Concern about your test

It's normal to be concerned about the fear and anxiety you may feel if the test comes back positive. If you're unsure about testing, perhaps you may need more information, or counseling, to help you deal with the issues of testing and the possibility of a positive test result. Ask your healthcare provider about getting counseling if you are not comfortable being tested.



Source Consent

HIV Consent: To be used in the management of Blood Borne Pathogen exposures.

ACKNOWLEDGEMENT AND CONSENT FOR HIV ANTIBODY BLOOD TEST

I acknowledge that I have been informed by a counselor that my blood will be tested in order to detect whether or not I have antibodies to the human immunodeficiency virus (HIV) which is the causative agent of acquired immune deficiency syndrome (AIDS). I understand that the test is voluntary and that it is performed by withdrawing blood and testing if for the presence of antibodies to the HIV virus. I understand that I have the right to consent or refuse testing.

I acknowledge that I have been informed the test involves a two step process and that two separate tests may be used to determine the presence of HIV antibodies in my blood. I understand that there is a possibility of false positive, false negative, or inconclusive test results and that more testing at a future date may be needed to rule out HIV infection.

I acknowledge that I have been informed that any questions I have regarding the nature of the blood test, its expected benefits, its risks, or alternative tests may be asked of my counselor before I consent to the blood test. I have had the opportunity question my counselor regarding this procedure and my questions have been fully answered.

I understand that the results of this blood test will only be released to the persons directly involved in my care and treatment, and to other persons only as required by law. I further understand that no additional release of the results will be made without my express written authorization.

I understand that all test results will remain confidential and kept in a confidential Employee Health file.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of the results. I hereby give my consent to the performance of a blood test to detect antibodies to HIV.

Date: _____

Signature of Patient or Other Person Legally Authorized
to Sign on Behalf of Patient

Print Name

Witness*:

Date: _____

Signature

*I have given the source patient the handout "About the HIV Antibody Test" (Form #1866)



SOURCE

POST EXPOSURE STAT LAB ORDER SLIP

DO NOT order these labs in EPIC. Take this slip to the lab after top portion is complete.

THE FOLLOWING MUST BE COMPLETED AND CHECKED OFF PRIOR TO ANY LAB WORK BEING DRAWN ON A SOURCE PATIENT!

- Inform patient of exposure occurrence and the need for blood draw. Let the patient know that there will be no charge to him/her for this blood work.
- Let the patient physician's know a copy of their labs will be sent to them unless otherwise specified.
- Give the patient the **ABOUT THE HIV ANTIBODY TEST** education document found in the exposure packet.
- Instruct patient that additional counseling is available through Benton Franklin Public Health Department, regarding HIV testing. If the patient would like more counseling prior to these tests, please contact 943-2614 or 1-800-814-4322.
- Obtain written consent for the post exposure testing. **Fax signed consent** to Caregiver Health (942-2161) with all other completed paperwork. Take this slip to the lab.

RN: _____ Signature _____ Date: _____

KADLEC REGIONAL MEDICAL CENTER SOURCE PATIENT LAB REQUEST

ORDERED BY: O3616 HUNT,D.RYAN CLIENT: KMCEH

NAME: _____

PATIENT ID: _____ (Use KMCEH account or create new)
(KMCEH + 8 DIGIT DOB + INITIALS - e.g. KMCEH05051955TP)

BIRTHDATE: _____

BILL TO: CLIENT

Please send a copy of results to patient's physician: _____

<i>If Ordered at KRMC or FSED</i>	<i>If Ordered at TCL</i>
HEPC	HEPC
HBSAG	HBSAG
HBCAB	HBCAB
HIVR - STAT <i>(Call results <u>immediately</u> to PCC at 942-2739)</i>	HIVR4G - STAT <i>(Call results <u>immediately</u> to PCC at 942-2739)</i> <i>Call STAT Courier for transport of specimen to TCL for Rapid HIV</i>

*****FAX ENTIRE PANEL RESULTS WHEN AVAILABLE TO CAREGIVER HEALTH SERVICES AT 942-2161**

Hospital Exposure *RN – Fax Source Consent form to 942-2669 AND call 942-2674 to confirm receipt of orders

Clinic Exposure - Give Source patient order slip to take to TCL for testing.