



Origination: 05/2016
Last Approved: 05/2016
Last Revised: 05/2016
Next Review: 05/2019
Owner: Chase Walters: Director,
Education
Policy Area: Patient Care Services
References:

Blood and Body Fluid Exposure, 1240.00

Document Type: Policy

SCOPE:

All workforce members of Kadlec Regional Medical Center entering or working in patient care areas.

PURPOSE:

The purpose of this policy is to clearly define Kadlec Regional Medical Center's management of blood and body fluid exposure (BBFE) for workforce members and to establish policy and expectations.

POLICY:

In keeping with our mission and values, Kadlec Regional Medical Center recognizes that percutaneous or mucosal exposure of blood or body fluids are a potential means of acquiring infections by a number of pathogens including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). It is the responsibility of the workforce member to report any BBFE that occurs during normal work activity. It is essential to evaluate the nature and extent of the exposure and to ascertain the infection status of the person who is the source of exposure.

DEFINITIONS:

BBFE: Blood and Body Fluid Exposure

Infectious body fluid: means blood, semen, vaginal fluids, amniotic fluids, breast milk, wound secretions, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid **can** transmit HIV, HBV and HCV. **Note:** saliva, vomitus, urine, feces, sweat, tears and respiratory secretions are not considered infectious unless they contain visible blood.

SP: Source patient

Workforce member: Any employees, caregivers, volunteers, trainees, medical staff and other persons under the direct control of Kadlec whether or not they are paid by Kadlec. This may also include independent contractors, depending upon the arrangement.

General Responsibilities:

Workforce Members

1. Should an exposure incident occur, contact Employee Health via HURT Line (4878). Immediate reporting is expected from workforce members sustaining a percutaneous, mucosal or cutaneous exposure to patient blood or body fluids (e.g. needle puncture or body fluid splash to mouth, nose, eyes, or non-intact skin). Also, contact with intact skin when the duration of contact is prolonged (e.g. several minutes or more) or involves an extensive area. Ideally, reporting for testing and post-exposure treatment, if indicated, should be initiated as soon as possible, preferably within hours of the exposure.
2. Incident reporting will be completed by using the Supervisor Incident Report (SIR) form and a call to the Employee Health Services (EHS) department. After hours, reporting should be to the indicated local resources. Workforce members should immediately notify their core leader of the incident.
3. First aid is to be rendered immediately and prophylactic measures appropriate for any known or suspected infection in the source patient (SP) should be initiated as soon as possible.
4. Testing of the workforce member and source patient should be offered to assist with evaluation and follow up.
5. Post-exposure lab testing for the workforce member and source patient will be completed by the laboratory.
6. Refer the blood borne pathogen Exposure Control plan (ECP) for work practice controls and education on the use personal protective equipment (PPE) training and other preventive measures.

Employee Health Services

1. The Employee Health Services (EHS) nurse provides assessment of the exposure during regular business hours and facilitates the caregiver and source patient lab testing.
2. Consultation with the Occupational Health Provider or Infectious Disease (ID) physician should be obtained as needed.
3. If the SP is known Hep B, Hep C or HIV positive, the caregiver will be triaged and referred appropriately according to local statutes.
4. Refer the workforce member for follow up monitoring and treatment referral as appropriate.
5. Inform the exposed workforce members of their post exposure test results and the source patient's test results as soon as feasible and according to OSHA guidelines. Provide the workforce members with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source patient.
6. EHS nurse will provide general education for post exposure to workforce members.
7. Refer to the ECP for more procedural details and documentation.

Emergency Department

1. The Emergency Department (ED) practitioner will provide post exposure counseling and/or treatment for the workforce members if the SP is known to be high-risk or positive for HIV, and if the SP is unknown.
2. The ED practitioner should follow the recommended PEP guidelines or consult with the Infectious Disease physician when applicable.

Nursing/Administrative Supervisor-After Hours

1. After hours, the Nursing or Administrative Supervisor will be the contact person and can assist in the coordination of the BBFE process and may communicate the SP results to the exposed workforce members as soon as the results are available.

2. The workforce members will be informed and will keep the information confidential in accordance with state and federal jurisdictional requirements.

REFERENCES:

- A. Centers for Disease Control (CDC) and Prevention. *Guidelines for the management of occupational exposure to HBV, HCV, and HIV, and recommendations for post exposure prophylaxis*. MMWR 2001; Vol. 50: (No. RR-11).
- B. Centers for Disease Control (CDC) and Prevention. *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*. MMWR 2005; Vol 54: (No. RR-9).
- C. OSHA 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens"
- D. OSHA 29 CFR 1910.1020, "Access to Caregiver Exposure and Medical Records"
- E. OSHA 29 CFR 1904, "Recordkeeping Requirements"
- F. Pub. L. 106-430, "Needlestick Safety and Prevention Act"
- G. Center for Disease Control (CDC) and Prevention. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. MMWR 2013; Vol. 62: (No. 10).

Attachments:

No Attachments

COPY