

PROCEDURE

Management of Occupational Exposures to Blood or Body Fluids

This Procedure is Applicable to the following sites:

Corewell Health East (CHE) One Epic Ecosystem (OEE), Beaumont Pharmacy Solutions, Beaumont Post Acute Care, Continuing Care (CHW), Corewell Health Beaumont Grosse Pointe Hospital, Corewell Health Beaumont Troy Hospital, Corewell Health Big Rapids Hospital, Corewell Health Dearborn Hospital, Corewell Health Farmington Hills Hospital, Corewell Health Gerber Hospital, Corewell Health Grand Rapids Hospitals (Blodgett Hospital, Butterworth Hospital, Helen DeVos Children's Hospital), Corewell Health Greenville Hospital, Corewell Health Ludington Hospital, Corewell Health Medical Group East, Corewell Health Medical Group West, Corewell Health Pennock Hospital, Corewell Health Reed City Hospital, Corewell Health South (Niles, St. Joseph, and Watervliet Hospitals; Corewell Health Medical Group South; Applicable Corewell Health South Regional Sites), Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital, Corewell Health William Beaumont University Hospital (Royal Oak), Corewell Health Zeeland Hospital, Outpatient/Physician Practices (CHW)

Applicability Limited to:	N/A
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Functional Area:	Human Resources
Department Area:	Employee Health Services (EHS), One Epic Ecosystem (OEE)

1. Purpose

To provide guidance for management of Corewell Health team member exposure to bloodborne pathogens.

Key Point

When exposure occurs from an HIV positive patient, the exposed person must report immediately to the Corewell Health Emergency Department (ED) for evaluation of post exposure prophylaxis (PEP).

2. Definitions

EMPLOYEE HEALTH SERVICE (EHS) REPRESENTATIVES may include Corewell Health Registered Nurses, Charge Nurses, Infection Preventionists (IP), and 24-hour Hospital Supervisors (HS).

EXPOSURE: is defined as a puncture wound, cut, bite with broken skin, mucous membrane or non-intact skin contact with potentially infectious body fluids including cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic fluid; visible blood, tissue (specimen), breast milk, semen, or vaginal secretions.

NOT AN EXPOSURE: Brief contact with a small amount of blood that touches intact skin should be washed off promptly with soap and water and is not considered an exposure. Body fluids not considered infectious for bloodborne pathogens include feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomit unless they contain visible blood.

FIRST RESPONDERS: Emergency Medical Technicians, Paramedics, Fire Fighters, and Police Officers follow the [Bloodborne Pathogen Exposure Management for the First Responder](#) policy and your employer's occupational exposure process.

HEPATITIS EXPOSURES: Post exposure evaluation for the exposed HCP after an exposure to a Hepatitis positive source patient must be done by contacting Employee Health Services the next business day.

HIGH RISK EXPOSURE: includes exposures from source patients who are considered high risk to be HIV positive and should be immediately evaluated in the ED **unless** source patient's rapid HIV test results are negative. High risk source patients include those who report being HIV positive, IV drug users, men that had unprotected sex with men, persons that had unprotected sex with multiple partners, unknown source exposures from an HIV clinic, and HIV lab cultures unless HIV is ruled out by laboratory testing.

SOURCE PATIENT: person whose blood or body fluid was the source of the exposure.

STAFF EXPOSURE PANEL TEST or OCCUPATIONAL PANEL TEST (ORDERED STAT) on the *Source Patient*: includes a Rapid HIV Test, routine Hepatitis C Virus Antibody and Hepatitis B Surface Antigen test.

UNKNOWN SOURCE: if the source patient is unknown or unavailable for testing despite best efforts to obtain a blood specimen, or when no information is known about the exposure source (e.g. sharps disposal box) and the population is generally considered low risk for HIV, then post exposure evaluation can be done by EHS during normal business hours.

3. Forms

[SafetyPause](#) to record staff, student, or volunteer exposures.

[Event Reporting Link](#) for reporting exposures to patients or visitors (not staff exposures).

4. Procedure

Steps:	Key Points:
A. A true team member exposure occurs.	
B. Immediately wash exposed skin with soap and water or hand sanitizer containing alcohol for small wound. Flush mucous membranes with tepid water.	For exposure to eyes, immediately flush the eyes for 15 minutes using gentle water pressure or sterile saline.

Steps:	Key Points:
C. For a large open wound, irrigate with sterile saline, apply pressure to control bleeding and seek immediate treatment.	If more than minor first aid is required for wound management, report immediately to Urgent Care or ED. This is only in relation to first aid needs and excludes the need for PEP.
D. Obtain the source patient name and Medical Record Number (MRN) (if known) and immediately report the exposure to the supervisor in charge.	
<p>E. Notify EHS or contact your Hospital Supervisor/House Officer/Department Leader.</p> <p>Corewell Health East EHS: (947) 522-3717 Corewell Health South EHS: (269) 983-6186 Corewell Health West EHS: (616) 391-2513</p> <p>Include in the message the following:</p> <ul style="list-style-type: none"> • Full Name of the Exposed staff • Phone number where the exposed can be reached, • Full name of the Source Patient and MRN (if known) • Type of exposure (needle stick, splash, cut) and time of exposure. <p>This hotline is monitored during normal business hours and is not intended for emergencies.</p> <p>WHEN EHS IS CLOSED: contact your Hospital Supervisor/House Officer/Department Leader. For phone number call Corewell Health Operator 1.866.989.7999 and ask for the Hospital Supervisor/House Officer/Department Leader of your entity) with the following:</p> <ul style="list-style-type: none"> • the source patient's name & MRN if known, • exposed person's name and • phone number where the exposed can be reached with the confidential HIV results. 	<p>Non-Corewell Health affiliates follow their employer's policy and contact their designated occupational provider. These calls are monitored during normal business hours. After EHS business hours leave a voice message.</p> <p>For first responders, please refer to the infection prevention Bloodborne Pathogen Exposure Management for the First Responder policy and their employer's occupational exposure process for further instructions.</p> <p>If the exposed staff member is unable to call the Hotline, this can be delegated to a nurse or supervisor in charge.</p>

Steps:	Key Points:
<p>F. Order in EPIC: Exposure Panel Corewell Employee (Source Patient) LAB 1231721 STAT on the source patient. Order must also include initials and DOB of exposed person.</p> <p>All non Corewell employees, including students and contractors, should order LAB 1231720 Exposure Panel Non-Corewell Employee (Source Patient)</p>	<p>Ask your Hospital Nursing Supervisor or Charge nurse for assistance to order blood test for the source patient.</p> <p>If the source patient cannot be tested or patient is unknown and the exposure was not high risk for HIV, skip to step G.</p>
<p>G. The lab will call the source patient HIV results to the Hospital Supervisor/House Officer/Department Leader or EHS. Then the nurse will inform the exposed person or designee.</p>	<p>If the source patient is known to be HIV positive or is high risk for HIV, report immediately to the ED and order in EPIC: Exposure Panel Corewell Employee (Source Patient) LAB 1231721 (test will confirm HIV and also check Hepatitis B & C) but do not wait for results.</p> <p>If the source patient is low risk for HIV, wait for the STAT HIV test results on the source, and if negative, follow up with your EHS representative the next business day.</p> <p>SOURCE PATIENT RESULTS ARE CONFIDENTIAL AND SHOULD NOT BE SHARED WITH ANYONE OUTSIDE OF THE POST EXPOSURE MANAGEMENT TEAM (ED, EHS, HOSPITAL SUPERVISOR, IP, INFECTIOUS DISEASE, LAB, or PERSONAL PROVIDER.</p> <p>*For the West/South regions only - outside of the Grand Rapids metro-Lakeshore area, contact the closest regional lab: Corewell Health West/South Regional Laboratory Contact Information for instructions to bring specimen to a Stat lab to run the HIV test.</p>
<p>H. COMPLETE a SafetyPause. A copy will be sent to your EHS representative and your upline. Bring a copy of the SafetyPause with you if you go to the ED for HIV exposure.</p>	<p>If the exposed staff member is unable to complete the exposure report this can be delegated to a nurse or supervisor in charge.</p> <p>An Event Reporting System (ERS) report should be completed if exposure occurred to a visitor, a patient, or an equipment problem.</p>

Steps:	Key Points:
<p>I. West/South Only:</p> <p>For an HIV POSITIVE EXPOSURE, the Exposed should report immediately to the nearest Corewell Health Emergency Department (ED) See Post Exposure Prophylaxis (PEP) for Occupational HIV Exposure . If PEP is recommended, the ED will GIVE 1st dose STAT in ED along with a PEP starter kit to take home. The remaining medication will be prescribed in the ED for the team member to pick up. EHS will follow up the next business day.</p>	
<p>J. Exposed HCP who are susceptible to Hepatitis B (unvaccinated or non-immune) and exposed to a source patient with positive HBsAg should be treated with Hepatitis B Immune Globulin (HBIG) within 24 hours of exposure if possible, but no longer than 7 days by reporting to Employee Health Services as soon as possible. Click here for more information on Hepatitis B prophylaxis.</p>	
<p>K. Contact EHS the next business day for a follow up appointment and to address questions regarding exposure risks, precautions, preventive measures, and further recommendations.</p> <p>Corewell Health East EHS: (947) 522-3717 (Locations and contact information)</p> <p>Corewell Health South EHS: (269) 983-6186 (Locations and contact information)</p> <p>Corewell Health West EHS: (616) 391-2513 (Locations and contact information)</p>	<p>Currently, there is no PEP or vaccination available for protection after an exposure to Hepatitis C virus (HCV) although exposed staff will be closely monitored with baseline and periodic testing for 6 months.</p>
<p>L. For a patient exposure from an employee, notify the Hospital Supervisor and follow the Patient Exposure process; record incident Electronic Reporting Link; Indicate name of patient exposed;</p> <p>Arrange for the employee source's blood to be drawn in EHS by contacting your EHS representative for further instruction.</p>	<p>PAS (West/South) or Registration (East) will register the source test as client bill and results will be called to the Hospital Supervisor by Lab.</p>

5. DOCUMENTATION

EHS uses a confidential EMR for recording evaluation and treatment of staff exposures.

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.

The 24-hour Nursing or Hospital Supervisor are asked to document after hour's exposure management in a confidential email and send to their EHS Representative.

Exposed HCP or delegated team member completes a [SafetyPause](#) exposure report. A copy of it will be sent to their EHS Representative.

6. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

7. References

[Employee Health Services Exposures](#)

[Bloodborne Pathogen Exposure Control Plan](#)

[Bloodborne Pathogen Exposure Management for the First Responder](#)

8. Procedure Development & Approval

Document Owner:

Mark Pakkala (Dir Sr, Human Resources)

Writers:

Bradley Grincewicz (Physician Assistant), Erin Walma (Nurse Practitioner)

Reviewers:

Chelsea Ludington (Mgr, Quality Improvement), Doreen Marcinek (Mgr, Infection Prevention), Elizabeth Wallace (Dir, Infection Prevention), Ellen Hoepfner (VP, Dep Gen Counsel, Labor/TM), Eric Bacigal (VP, Well-Being), James Moses (Chief Clinical Officer), Jessica Pratt (Mgr, Team Member Safety), Jill Chatman (RN), Jodi Meinke (Dir, Employee Health Services), Joel McDermott (VP, Talent & Culture), Lajan Harrington (SVP, Talent Attraction), Molly Nolan (Dir, Organization Risk Mgt), Nicholas Gilpin (Medical Director, Epidemiology), Nicholas Rambow (Dir Sr, Lab Operations), Nicole McConnell (SVP, People Strategies & Ops), Nicole Paterson (Senior Counsel), Russell Lampen (Medical Director, IP), Theresa Klein (Quality Improvement Specialist)

Approvers:

Tracie Morris (Chief People Officer)

9. Keywords:

bbp; exposure; communicable disease; hiv; blood borne pathogens; hepatitis; blood; body fluids; infectious materials; mucous; pep; HBV, HCV, HIV, vaccination; source patient; rapid test; staff exposure report, Needlestick, Blood, BBF, Test, Exposure, Testing, HIV, Hep B, Hepatitis, Body Fluid, HIV, Splash, Hep C