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 Policy Area: Admin
 References:

Management of Exposure to Blood and/or Body Fluids

PURPOSE

To give authority to the registered nurses in the Emergency Department (ED) to manage the initial screening, surveillance, and treatment of Queen of the Valley Medical Center (QVMC) employees, affiliated providers (including Medical Staff), affiliated students, law enforcement, fire department, and Emergency Medical Service (EMS) personnel with occupational exposure to blood and body fluids in compliance with current US Public Health Services (USPHS) and Centers for Disease Control (CDC) Guidelines without the need for an allied health professional or licensed independent practitioner order.

POLICY

A. FUNCTION:

It is the intention that all persons who have occupational exposures to blood and body fluids are provided with appropriate treatment, counseling, and follow-up in a timely manner according to current CDC and Public Health Guidelines.

B. INDICATIONS:

1. Setting: ED
2. Patient Population: Young adult through geriatric
3. Circumstances:
 - a. All QVMC employees and affiliated physicians or mid-level providers who have been exposed to blood and body fluids will be evaluated, screened, and treated in a timely manner in the ED during times when QVMC Employee Health Services is not available.
 - b. All local law enforcement, fire department, and EMS personnel who have been exposed to blood and body fluids will be evaluated, screened, and treated in a timely manner in the ED.
 - c. All students of nursing or other disciplines who have been exposed to blood and /or body fluids will be evaluated, screened, and treated in a timely manner in the ED.

C. CONTRAINDICATIONS:

None

PROCEDURE

A. Definitions:

Exposure: An incident in which an individual is exposed to the blood and body fluid of another individual via parental, mucosal or non-intact skin route.

1. Types of occupational exposure to blood, tissue and other potentially infectious body fluids are defined as:
 - a. Percutaneous injury - needle stick or puncture of the skin with a needle or sharp or blunt instrument/object which has had contact or is likely to have had contact with blood, tissue or other body fluids that are potentially infectious.
 - b. Contact of mucous membrane - splash or aerosolization of blood, tissue or body fluids that are potentially infectious onto the mucous membranes of the mouth, nose, or eye.
 - c. Contact of non-intact skin (e.g., when the exposed skin is chapped, abraded, or afflicted with dermatitis) with blood, tissue or body fluids that are potentially infectious.
 - d. Human bites
2. Body fluids include:
 - a. Blood and any body fluids containing visible blood
 - b. Cerebrospinal fluid, synovial, pleural, peritoneal, pericardial, and amniotic fluids, which have an undetermined risk for transmitting Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
3. Post-exposure follow-up is **NOT** required for the following:
 - a. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain visible blood
 - b. Human breast milk

B. Procedure Protocol:

1. Initial guidelines for exposed person:
 - a. Determine risk of transmission of HBV, HCV, and HIV associated with exposure based on:
 1. Type of exposure
 2. Type and amount of fluid/tissue
 3. Infectious status of source
 4. Susceptibility of exposed patient
2. Evaluation of exposed person:
 - a. Baseline lab work for exposed persons will consist of:
 1. Hepatitis B Surface Antibody (HbsAB) if unknown
 2. Hepatitis C Antibody
 3. ALT activity
 4. HIV (**not** rapid test) – consent for HIV must be obtained

Lab work will be ordered by the RN in Meditech Order Entry

b. Assess HIV Status

1. An exposed person should be evaluated as soon as possible. If the exposure is one for which post-exposure prophylaxis (PEP) is recommended, PEP should be started as soon after the exposure as possible, preferably within 1-4 hours of exposure.
2. For QVMC employees only: If the employee declines HIV testing, the employee will be asked to have a baseline blood collection drawn, and to sign a "Verification of Informed Refusal for HIV Testing" statement. The blood collection request will be labeled "Hold for 90 days".
3. If the source person is negative for HIV, no further HIV testing of the exposed person or PEP is needed.
4. If the source person is positive for HIV, or the source person is unknown, the exposed person will be evaluated and assessed by an ED provider in consultation with the 24-hour National Clinician's PEP hotline (1-888-448-4911) for possible PEP treatment. If the decision is made to initiate PEP prophylaxis, see QVMC policy "Post-Exposure Prophylaxis for Health Care Workers Exposed to HIV" for further information.

c. Assess Tetanus Status

1. Offer Tdap, if greater than 5 years since last dose.
 - i. Tdap will be ordered by the RN in Meditech Order Entry.

3. Evaluation and Testing of Source Person

a. Baseline lab work for source person will consist of:

1. Hepatitis B Surface Antigen (HbsAg)
2. Hepatitis C Antibody
3. **Rapid HIV**

To order lab work on the source person, call the lab directly at extension 4922 with source person info and lab tests to be ordered.

b. Assess HIV Status

1. All source persons HIV testing must be ordered as a **STAT rapid HIV** test. The treatment of the exposed person is dependent on the results of the source person's HIV testing so time is of the essence.
2. All QVMC surgical patients signed a consent on admission for this testing in the event that a QVMC employee is exposed to their blood or body fluid. All others must sign a consent form.
3. Blood Borne Pathogens Counseling
 - i. The exposed person will be given the "Blood and Body Fluid Exposure Information Sheet" provided by QVMC Employee Health Services which includes the essential issues the exposed employee should be aware of, as well as information about HIV, HBV, and HCV diseases, transmission, occupational risk, and exposure follow-up.
 - ii. Education and counseling will be done on how exposure occurred and future prevention.

EDUCATION AND TRAINING

1. Authorized persons: Emergency Department Registered Nurses
2. Initial Education/Training: All RNs assigned to work in the ED at QVMC who meet the criteria and satisfy the training and certification requirements listed below are competent to initiate this standardized procedure:
 - a. Documented competence in care of the ED patient. Completed ED Competency Based Orientation (CBO) and current license and certification as specified in the ED job description.
 - b. Documented initial review and understanding of standardized procedure with subsequent validation by the Director/Manager and/or Medical Director of the ED.
 - c. Completion of initial Blood Borne Pathogen competency.
 - d. Chart audits of selected ED patients will be reviewed by a board certified physician in the ED with privileges at QVMC and/or the ED Nurse Manager/Nurse Educator. This review will include thoroughness of assessment, appropriate care management from initiation of standardized procedure through discharge, patient education, and completeness of documentation in accordance with hospital policy.
3. Ongoing Evaluation/Skill Validation:

Annual competency validation by the ED Nurse Manager, ED Nurse Educator or ED physician with privileges to include:

 - a. Continuing evaluation based on chart audits.
 - b. Review of patient concern/conditions/complications as determined through the ED QA process.
 - c. Completion of annual Blood Borne Pathogen competency

RECORD KEEPING

All care and treatment of the exposed person treated in the ED will be documented in the Meditech. In addition, for QVMC employees treatment given will be documented on the "Employee Health Services Blood & Body Fluid Post-Exposure Flowsheet". The original of this form will stay with the medical record of the employee and a copy is to be faxed to QVMC Employee Health Services for notification.

SUPERVISION

The registered nurse is authorized to implement the Standardized Procedure in this document without the direct or immediate observation or supervision of a physician.

CONSULTATION

All exposed persons registered for treatment in the ED will have a medical screening exam (MSE) by an ED provider prior to their discharge from the ED. In addition, communication with a physician will be sought for at least, but not limited, to the following situations:

- A. At patient's request.
- B. If complication and/or adverse reactions are noted.
- C. If patient condition warrants or any change in patient condition.

DEVELOPMENT, REVISION AND REVIEW

- A. The Standardized Procedure was developed through collaboration of the following: Medical Director and Nurse Educator of the ED and the Director of Employee Health Services.
- B. Review Schedule: annual
- C. Revisions to the Standardized Procedure will be approved by the Medical Director of the Emergency Department, Interdisciplinary Practice Committee, the Medical Executive Committee, and the Board of Trustees.

STATEMENT OF APPROVAL AND AGREEMENT

This procedure and document was jointly developed by the Physicians and Registered Nurses in accordance with the codes regulating nursing practice and the requirements of Title 22 (California Department of Health Services) and The Joint Commission. This procedure was reviewed and approved by the appropriate committees prior to adoption and will be reviewed annually to ensure it is up to date.

Approval and agreement as described above specifically means the following:

- Approval of Standardized Procedures and all the policies and protocols contained in this document.
- An agreement to maintain collaborative and collegial relationships in the interest of quality patient care.
- An agreement to abide by the Standardized Procedure in theory and practice.

REFERENCES

California OSHA Bloodborne Pathogens Standard, General Industry Safety Orders, Section 5193, Title 8, California Code of Regulations, Health and Safety Code 121130.

CDC/US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, , June 29, 2001/Vol.50/RR-11

Employee Health Policy & Procedure "Post Exposure Prophylaxis for Person's Exposed to HIV"

www.cdc.gov/az/bloodbornepathogens

SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, Infection Control and Hospital Epidemiology, March 2010, Vol. 31 No. 3

Updated CDC/US Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, September 30, 2005/Vol. 54/No. RR-9

Updated US Public Health Service Guidelines for Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis, August 6, 2013

AUTHOR'S TITLE

Nurse Educator, Emergency Services
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Attachments:

Approval Signatures

Step Description	Approver	Date
	Angela Graf: Director of Clinical Excellence	01/2019

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