



- Mercy Health Employee
- Non-employee/Contacted/Affiliate/Volunteer

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employer Name/ #: \_\_\_\_\_ Employer Contact Info: \_\_\_\_\_  
 Source patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Nursing unit/location: \_\_\_\_\_ MRN and DOB: \_\_\_\_\_

**NURSING UNITS: DO NOT PLACE SOURCE PATIENT ORDERS INTO THE COMPUTER SYSTEM**

**LABORATORY STAFF: REGISTER SOURCE and/or EMPLOYEE to appropriate Employee Health contract / or Affiliate Contract in LIS. Employee Lab results are reported to Employee Health. Non-employee/affiliate lab results are reported to ED/Occupational Health.**

**EMPLOYEE TESTING**

Date & Time of Exposure: \_\_\_\_\_

TEST NAME                      LAB TEST I.D.

HBS AB                              AHBS  
 Hep C Antibody                      HCV  
 HIV                                      HIV2

Collect 3 SST Tubes on all Employee Needlestick Individuals

Date & Time of Collection: \_\_\_\_\_

Collector's Initials: \_\_\_\_\_

Source Patient Name / MRN \_\_\_\_\_

Hep B S Ag                              HBSAG

\* Add if source patient is Hep B positive

**SOURCE PATIENT TESTING**

Date & Time of Exposure: \_\_\_\_\_

TEST NAME                      LAB TEST I.D.

Rapid HIV Screen                      HIV -1  
 HBS AG                                      HBSAG  
 Hep C Antibody                              HCV

Collect 3 SST Tubes and 1 Lavender Top Tube on all Source Patients

Date & Time of Collection: \_\_\_\_\_

Collector's Initials: \_\_\_\_\_

Employee / Exposed Personnel \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**EMPLOYEE POST EXPOSURE PROPHYLAXIS (PEP) TESTING**

(For Treatment Site Use ONLY)

Date & Time of Exposure: \_\_\_\_\_


TEST NAME                      LAB TEST I.D.

ALT (SGPT)                              ALT  
 AST (SGOT)                              AST  
 Total Bilirubin                              TBIL  
 BUN    BUN  
 Creatinine                                      CRE  
 CBC    CBCWO  
 Serum Pregnancy                              SHCG

Collect 1 SST, 1 Lavender Top Tube and 1 green/yellow tube for PEP testing

Date & Time of Collection: \_\_\_\_\_

Collector's Initials: \_\_\_\_\_

	<b>Title: Employee Exposure to Blood and Body Fluids</b>	
	<b>Approved by:</b> Elia Stanko	
	Approval Date: 4/1/17	Next Review: 4/1/19

Responsible Party: Elia Stanko	Institution: Mercy Health locations in Youngstown, Lorain and Lima regions – Allen Hospital, Mercy Health – Regional Medical Center, St. Elizabeth Health Center, St. Joseph Health Center, St. Elizabeth Boardman Health Center, St. Rita’s Health Partners
Policy Number: EH 1.0	Originating Department: Employee Health Services
Supersedes: Bloodborne Pathogen Policy	Contributing Departments: Infection Prevention and Control
Document Type: Policy	Manual: Employee Health Manual
Policy Level: Regional	Section: Employee Health Services
Revision: 1	Policy Start Date: 12/1/2015

**SCOPE OF CARE:** All Employees of Mercy Health in Lorain, Lima, and Youngstown Market. **All non-employees (contracted workers, students, affiliates, volunteers) who experience an occupational exposure to blood/body fluids are to notify their employer/school of to the incident and report directly to the ED for follow up.**

**POLICY STATEMENT:** Employee Health Services promotes and supports the organization’s mission, values and philosophy through its operations in providing services to employees. Employee Health Services supports and provides an OSHA compliant blood/body fluid exposure follow-up process for employees who experience occupational exposures. Follow-up processes include exposure reporting, documentation, medical treatment, diagnostic serology testing procedures, post-exposure education, HIV counseling, and post-exposure follow-up care. Employee Health Services is responsible for the management of the employee source component in collaboration with Infection Control Services and in accordance with established OSHA/Department of Labor Blood Borne Pathogen Standard and Infection Prevention and Control Services Blood borne Exposure Control Plan. Employee Health Services in collaboration with Infection Prevention and Control Services is responsible for the management of the patient source component of the exposure.

**DEFINITIONS:** A bloodborne pathogen exposure occurs when an employee has a percutaneous (needlestick or cut) or mucous membrane (splash to eye, nose, or mouth) exposure to blood or body fluid (semen, vaginal secretions, spinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid) or has a cutaneous exposure to blood or body fluids (semen, vaginal secretions, spinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid) when the employee's skin is chapped, abraded, or otherwise non-intact, or has a human bite.

**Significant Exposure:**

- ❖ A parenteral or mucous membrane exposure to blood, semen, vaginal secretions, spinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid or tissue.
- ❖ Cutaneous exposure to non-intact skin (including chapped, abraded or skin afflicted with dermatitis).
- ❖ Human bites if the skin is broken and source patient has visible blood in mouth. Human bites also require antibiotics.

**Non-significant Exposure**

- ❖ Exposure to feces, nasal secretions, sweat, sputum, saliva, vomitus, tears and urine are not considered to be significant (unless these secretions contain visible blood).
- ❖ When a blood or blood product exposure occurs during the process of spiking or unspiking blood tubing, CDC regards units of blood or blood products that have already been checked for contaminants to be considered non-infectious.

**PROCEDURE:**Exposure Management Components:

Employee Health Services utilizes Occupational Health and the Emergency Department in providing treatment and follow-up care for employees who experience occupational exposure to blood and body fluids. Employees who experience an occupational blood/body fluids exposure are subject to the following treatment protocols:

- The employee shall administer immediate first aid. Immediately wash and cleanse the site with an antibacterial cleansing agent/soap and running water per hand washing procedure for 5-10 minutes. If the event involves a mucous membrane exposure/eye exposure, eye irrigation/eye wash procedures are to be utilized in the department (if available).
- The employee notifies the immediate supervisor of the event.
- Employees who experience occupational exposure to blood/body fluids during the operational hours of Monday – **Friday, 7:00 AM – 3:30 PM** are to **contact Employee Health Services** for post exposure follow up consultation.
- Employees who experience occupational exposure to blood/body fluids during the non-operational hours of Monday – **Friday, 3:30 PM – 7:00 AM**, weekends (all 24 hours), and holidays (all 24 hours) are to **contact the Nursing Supervisor/Associate Manager/Clinical Manager to report the event.**
- Complete enter a Safe CARE event.
- The source patient should be drawn for the following labs:
  - a. Hepatitis B Antigen (AG),
  - b. Hepatitis C Antibody
  - c. HIV (Rapid) - The source patient is made aware of HIV testing when possible.
- The involved **employee will need to report to the lab to have diagnostic blood tests** drawn (with informed consent) to include:
  - a. Hepatitis B surface antibody
  - b. Hepatitis C antibody
  - d. HIV
- Referrals are made based on the results or availability of source patient's rapid HIV test:
  - a. Source HIV positive: IMMEDIATE** referral to the Emergency Department to be evaluated for post exposure chemoprophylaxis (PEP). If indicated, chemoprophylaxis should be started as soon as possible, preferably within 1-2 hours of exposure.
  - b. Unknown Source** - referral to the Emergency Department to be evaluated for post exposure chemoprophylaxis (PEP). If exposure is high risk, i.e., hollow-bore device, deep puncture wound, grossly contamination with blood, employee must be evaluated by physician for post exposure chemoprophylaxis (PEP) to begin ASAP, preferably within 1-2 hours of exposure.
  - c. HIV Negative Source** - referral to Employee Health Services.
- If the employee is unvaccinated for Hepatitis B, Hepatitis B vaccine is initiated unless contraindicated, (i.e., allergy), or declined. Consent is required.

- If employee is unvaccinated for Hepatitis B and source patient is known Hepatitis B positive, Employee Health will refer the employee to Occupational Health and for administration of Hepatitis B Immune Globulin (HBIG).
- The exposure is further evaluated by EHS and appropriate follow-up is implemented.
  - a. Positive lab results reviewed with the Medical Director of EHS and/or his/her designees.
  - b. Consultation with employee acknowledging significant exposure lab results with instructions for any necessary follow-up.
  - c. Investigation review assigned to the manager of exposed employee to evaluate exposure for preventative and/or corrective action. Return acknowledgement from the manager is required.
- The employee's status regarding tetanus is ascertained. Diphtheria/Tetanus/Pertussis (Tdap) vaccine will be offered if not received prior.

**Recommended subsequent follow up testing based on current CDC recommendations:**

SOURCE PATIENT	EMPLOYEE TESTING				
	BASELINE	4-6 WEEKS	3MONTHS	6MONTHS	12 MONTHS
Initial labs <b>NEGATIVE</b> – no follow up lab work indicated					
Unknown	HIV, Hep C Ab Hep B SAb		HIV	HIV, Hep C Ab	
HIV Positive (If Chemo pro meds given, other tests will be necessary—see policy: Chemoprophylaxis after Exposure to HIV)	HIV, Hep C Ab Hep B SAb	HIV (6 weeks)	HIV	HIV	HIV if source co-infected with HCV and employee converted at 6 months to Hepatitis C)
HCV Positive	HIV, Hep C Ab, Hep B S Ab	Hep C RNA PCR Quant – 4 weeks	Hep C Ab	Hep C Ab	

\*\* If the source is known HBS Ag positive, current CDC recommendations use the listed table below as a guideline for treatment:

**Recommended Postexposure prophylaxis for exposure to hepatitis B virus:**

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg positive	Source HBsAg negative	Source unknown or not available for testing
Unvaccinated	HBIG <sup>^</sup> X1 and initiate HB vaccine series <sup>¶</sup>	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder <sup>‡</sup>	HBIG X1 and initiate revaccination OR HBIG X2	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs <sup>°</sup> 1. If adequate,**no treatment is necessary 2. If inadequate, <sup>‡</sup> administer HBIG X1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate** no treatment is necessary. 2. If inadequate, <sup>‡</sup> administer vaccine booster and recheck titer in 1-2 months

\*Persons who have previously been infected with HBV are immune to re-infection and do not require postexposure prophylaxis.

□ Hepatitis B surface antigen

<sup>^</sup>Hepatitis B immune globulin; dose is 0.06 ml/kg intramuscularly.

<sup>¶</sup>Hepatitis B vaccine

\*\*A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs $\geq$ 10 mIU/ml)

<sup>‡</sup> A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs $<$ 10 mIU/ml)

<sup>°</sup>The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3 dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

**Note:** When the source is HBV positive, and the employee has refused HBIG or HBV vaccination, a Hepatitis B Surface Antigen will be drawn at 3 and 6 months post exposure.

- Employee blood/body fluid exposure documentation files will be stored and maintained by Employee Health according to OSHA Blood Pathogen Standards.
- Work in collaboration with Workers Compensation for Completion of an OSHA Compliant exposure tracking/reporting process.
- Documentation of exposure on designated exposure forms and employee progress notes.
- Maintain the employee exposure record as per the designated OSHA requirements.
- Notification of Risk Management as needed.
- Consultation with employee acknowledging significant exposure lab results with instructions for any necessary follow-up.
- Investigation review assigned to the manager of exposed employee to evaluate exposure for injury preventative and/or corrective action. Return acknowledgement from the manager is required.

**RELATED POLICIES:** Infection Prevention and Control Bloodborne Pathogen Exposure Plan & Chemoprophylaxis after Occupational Exposure to HIV.

**REFERENCES:**

Occupational Safety Health Administration (OSHA). Bloodborne Pathogen Standard 1910.1030

*Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Post exposure Prophylaxis*, MMWR, May 15, 1998/ Vol. 47/ No. RR-7

*Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis*, MMWR, June 29, 2001/ Vol.50/No.RR-11

Kuhar DT, Henderson DK, Struble KA, et al. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infect Control Hosp Epi* 2013; 34: 875-892. Retrieved from: [http://nccc.ucsf.edu/wp-content/uploads/2014/03/Updated\\_USPHS\\_Guidelines\\_Mgmt\\_Occupational\\_Exposures\\_HIV\\_Recommendations\\_PEP.pdf](http://nccc.ucsf.edu/wp-content/uploads/2014/03/Updated_USPHS_Guidelines_Mgmt_Occupational_Exposures_HIV_Recommendations_PEP.pdf)



Lima Region

Needlestick/Blood/Body Fluid Exposure Intake Information

Employee Name: \_\_\_\_\_

Employee Contact Information/Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Date & Time of Occurrence: \_\_\_\_\_

Source Patient Name: \_\_\_\_\_

Source Patient DOB: \_\_\_\_\_ Unit/Room Number/Location: \_\_\_\_\_

Date/Time blood drawn: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source Patient Rapid HIV results: \_\_\_\_\_

House Supervisor Name: \_\_\_\_\_

Rapid HIV results reported to employee: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information sent to Employee Health: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Employee Health Contact Numbers:

Employee Health Nurse	Office Number	Fax Number	Pager
Jina Michel	419-226-9532	419-226-9206	Pager 1-888-529-7614 / in-house #6-322

**EMPLOYEE HEALTH MAIN NUMBER: 330-480-3814**

\*PHY Practices follow off site process

\*\*\* Mercy Health Employees include: SRHP, SRPS, New Vision Medical Lab, LACP