KAISER PERMANENTE

BLOODBORNE PATHOGEN POST-EXPOSURE CHECKLIST

_____1. Determine if an exposure has occurred (needlestick, sharp injury, cut, abrasion, splash). Keep **source patient** in department. If **source patient** has already left the facility, the supervisor should attempt to contact him/her as soon as possible by phone.

_____2. Flush eyes/injured body part and notify supervisor immediately.

_____3. **PAGE EMPLOYEE HEALTH at 303-203-9093.**

_____4. If **source patient** name is unknown **OR** if **source patient** is known HIV positive employee/physician needs immediate medical attention, page employee health for directions. The provider will order prophylaxis as needed. Contact **"The PEP Hotline" at 1-888-448-4911** for any questions regarding post-exposure prophylaxis.

_____5. Complete the "**Bloodborne Pathogens Exposure Report**" Fill out form completely and sign and return to employee health.

_____6. Give the **BLUE** "LABORATORY FORM" and "RAPID HIV-1 SCREENING TEST FORM" to the **source patient** and send them to the lab for testing. The RAPID HIV-1 SCREENING TEST is only run at Franklin Medical Center, Arapahoe, Stapleton Support, and Rock Creek, during normal business hours and Arapahoe after hours, so **blood needs to be sent "stat" by courier. Notify lab of specimen coming.**
Also, give them a copy of the "SOURCE PATIENT INFORMATION FOR BLOODBORNE PATHOGEN EXPOSURE TESTS".

_____7. Give the **YELLOW** "LABORATORY FORM" to the **employee/physician** and send them to the lab for testing. Have the **employee/physician** sign "EMPLOYEE CONSENT/WAIVER FOR THE HIV, HCV, HBsAb BLOOD TESTS".

_____8. Have **employee/physician** sign "EMPLOYEE CONSENT/WAIVER FOR POST EXPOSURE PROPHYLAXIS AFTER OCCUPATIONAL EXPOSURE TO HIV".

_____9. Make sure **employee/physician** receives "WHAT HEALTHCARE PERSONNEL NEED TO KNOW" from the CDC.

_____10. **Send all completed forms to Employee Health at Denver Highlands (formally known as Legacy Highlands), 4th floor.**

_____11. If the employee declines medical evaluation, please document the declination on the "BBP Exposure Report".

KAISER PERMANENTE

BLOODBORNE PATHOGENS EXPOSURE REPORT

Refer to current OSHA Bloodborne Pathogens Standards and Local Exposure Control Policies and Procedures. **All blanks MUST BE completed to comply with Federal, State and local health and safety laws.**

Employee Personal Information:

NUID:	SSN:
Last Name:	First Name:
Home Address:	Apt/Unit:
City:	State: Zip Code:
Home Phone:	Date of Birth:
Cell Phone:	Male / Female:

Employee Work Information:

Department:	Facility:
Job Title:	Shift: Shift Length: Over Time: Yes or NO
Work Phone:	
Supervisor Name:	Supervisor Phone:

Incident Information:

Incident Date:	Incident Facility Location:
Incident Time:	Incident Department Location:
Did this incident occur during overtime?	Date/Time Employee Health notified:
Exposure Type: ☐ Puncture ☐ Splash ☐ Laceration ☐ Near Miss ☐ Other _____	
Length of exposure: (minutes./seconds)	
Type of body fluid:	Injured body part? ☐ Left ☐ Right ☐ Both
Source Patient Name:	Source Patient MRN:
Please detail how incident occurred:	
What was the device purpose?	
At what point of the procedure did the injury occur?	
Was the exposed person the original user of the device? ☐ Yes ☐ No	
Was the device involved in the incident contaminated? ☐ Yes ☐ No ☐ Unknown	
Was the employee referred to Physician? ☐ Yes ☐ No	
If yes, Physician's name:	

Personal Protection Equipment & Safety Devices

Was PPE in use at the time of the incident? ☐ Yes ☐ No
If yes, please check all PPE in use:
☐ Gloves x1 ☐ Gloves x2 ☐ Surgical Mask ☐ Gown ☐ Googles ☐ Face Shield ☐ Other _____
Would a safety device have helped to prevent this incident? ☐ Yes ☐ No ☐ Don't know
Please describe any work practice that would have helped prevention: _____

Needles / Sharps

Type of Sharp:	**Manufacturer of Device:**	Syringe Size:	Needle Gauge:
Safety feature present? ☐ Yes ☐ No		Safety feature activated? ☐ Yes ☐ No	

Employee Signature:	Date:	Supervisor Signature:

Please forward COMPLETED form to Legacy Highlands, Employee Health to collect lab results and conduct follow-up

KAISER PERMANENTE

Colorado Workplace Health and Safety Department

First Report of Incident/Injury (FRI)

Form must be filled out by affected employee and their supervisor (Facility Safety Team members can be a resource)

Employee's Name (first, m.i., last)	Location of Incident (facility/department)	Date & Time of Incident
Employee's Job Classification	Employee's Home Facility/Department	Employment Status FT PT SH O-C T
Employee Work Phone #	Employee Home Phone #	Kaiser Payroll ID #
Supervisor Name	Work Phone #	Other Phone #

Tell us what happened:

Part of body that was affected (e.g. back, hand, etc.):

Nature of Injury/Illness (contusion, sprain, laceration, exposure to disease):

What was the employee doing just before the incident occurred (e.g. injecting patient)?

Tell us how the incident occurred (e.g. patient jerked and employee was stuck at that time. List equipment, materials, chemicals involved, etc.):

What object or substance directly harmed the employee (e.g. needle)?

Immediate actions taken to remove hazard:

Names and phone numbers of Witnesses:

Type of Incident Categories (check all that apply):

☐ Indoor Slip, Trip or Fall ☐ Outdoor Slip, Trip or Fall ☐ Repetitive Motion ☐ Patient Handling ☐ Burn

☐ Pushing or pulling ☐ Lifting or carrying ☐ Struck by or contact with ☐ Caught in, on or between object

☐ Mechanical Equipment ☐ Materials Handling ☐ Physical Hazard ☐ Patient Care Device ☐ Chemicals

☐ Blood-Borne Pathogen Exposure (also follow BBP reporting protocol) ☐ Other _____

Employee Refused Medical Treatment: ☐ Yes ☐ No

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Following to be Completed by the Workplace Health & Safety Department

Reported as: ☐ Hazard ☐ Near Miss/No Doctor Seen ☐ First Aid ☐ Injury	Date Incident Reported:
Employee Referred to Physician: ☐ Yes ☐ No ☐ Refused Medical Treatment	Date Returned to Work:
If referred to Physician, Physician's Name:	Physician's Number:
Did employee report within 4 working days: ☐ Yes ☐ No	Case/File #:

IMMEDIATELY PAGE THE EMPLOYEE HEALTH NURSE @ 303-203-9093 TO REPORT THE INCIDENT, THEN RETURN THIS FORM VIA FAX TO THE WORKPLACE HEALTH & SAFETY DEPT. 303-614-1495, no later than 1 working day of incident being reported. After completion of this form, conduct the incident analysis report within 3 working days of the incident being reported.

KAISER PERMANENTE

EMPLOYEE CONSENT/WAIVER FOR BLOODBORNE PATHOGEN EXPOSURE TESTS: HIV, HCV & HBsAb

(FOR KAISER PERMANENTE EMPLOYEE EXPOSURE ONLY)

I have been offered a blood test in order to detect whether or not I have antibodies and/or antigens in my blood to the Human Immunodeficiency Virus (HIV), which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). This Bloodborne Pathogen Exposure test also includes Hepatitis C Virus and an immune test for Hepatitis B. I understand that the test is performed by withdrawing blood and using a substance to test the blood.

Test Results May Be Inaccurate: I have been informed that the test's accuracy and reliability is still uncertain and that the test results may, in some cases, indicate that a person has antibodies and/or antigens to the virus when the person does not (false positive), or that it may fail to detect that a person has antibodies to the virus when the person has antibodies (false negative). I understand that in order to diagnose AIDS, other means must be used in conjunction with this blood test.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks and alternative tests, I may ask those questions before I decide to consent to the blood test.

Confidentiality/Reporting: I understand that the results of this blood test are confidential and will only be released to those health care practitioners directly responsible for my care and treatment and to the appropriate Department of Health or the local Health Department, as required by law. I understand that the BBP Exposure Database will contain these test results. I further understand that no additional release of the results, including any follow-up labs relating to this exposure, will be made without my written authorization.

By my signature below, I acknowledge that I have been given all the information I desire concerning the blood test and release of results and have had all of my questions answered.

Print Name _____ NUID _____

I CONSENT TO THE TEST

Signature _____ Date _____

I DECLINE THE TEST

Signature _____ Date _____

Sign and return this form to Employee Health, Denver Highlands (formally known as Legacy Highlands), 4th floor via interoffice mail or fax 303/614-1545

TABLE 4. Recommended HIV postexposure prophylaxis for percutaneous injuries

	Infection status of source				
Exposure type	**HIV-Positive Class 1***	**HIV-Positive Class 2***	**Source of unknown HIV status†**	**Unknown source§**	**HIV-Negative**
Less severe¶	Recommend basic 2-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV infected persons is likely	No PEP warranted
More severe§§	Recommend expanded 3-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV-infected persons is likely	No PEP warranted

* HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

† Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

§ Unknown source (e.g., a needle from a sharps disposal container).

¶ Less severe (e.g., solid needle and superficial injury).

** The designation "consider PEP" indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

†† If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

§§ More severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein).

1. Prophylaxis (PEP) is given for 30 days.
   a. Basic Regimen = Combivir (AZT + 3TC) 1 tab po BID
   b. If ordering Expanded Regimen, Please consult Infectious Disease at 303-861-3133
   c. Expanded Regimen = Indinavir (IDV) 800 mg TID

2. Draw the following labs when starting post-exposure prophylaxis: Order labs in KP HealthConnect
   a. HIV, HbsAB, HCV
   b. CBC, BUN, creatinine and liver function tests
   c. Pregnancy test if indicated.

TABLE 4. Recommended postexposure prophylaxis for percutaneous or permucosal exposure to hepatitis B virus --- Advisory Committee on Immunization Practices, United States

Vaccination and antibody response status of exposed person	Treatment		
	Source HBsAg-positive	**Source HBsAg-negative**	**Source not tested or status unknown**
Unvaccinated	HBIG x 1; initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder	**No treatment**	**No treatment**	**No treatment**
Known nonresponder			
After 3 doses	HBIG x 1 and initiate revaccination	No treatment	If known high-risk source, treat as if source were HBsAg-positive
After 6 doses	HBIG x 2 (separated by 1 month)	No treatment	If known high-risk source, treat as if source were HBsAg-positive
Antibody response unknown	Test exposed person for anti-HBs If adequate,* no treatment If inadequate,* HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs If adequate,* no treatment If inadequate,* initiate revaccination

Abbreviations: HBsAg = Hepatitis B surface antigen; HBIG = hepatitis B immune globulin; anti-HBs = antibody to hepatitis B surface antigen; HB = hepatitis B.

Source: Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16).

* A seroprotective (adequate) level of anti-HBs after completion of a vaccination series is defined as anti-HBs ≥10 mIU/mL; a response < 10 mIU/mL is inadequate and is not a reliable indicator of protection.

Information from the
Centers for Disease Control and Prevention
National Center for Infectious Diseases
Divison of Healthcare Quality Promotion and
Division of Viral Hepatitis

For additional brochures contact:

The Public Health Foundation
877-252-1200 (toll free)
or http://bookstore.phf.org

Updated July 2003

Exposure to Blood

What Healthcare Personnel Need to Know

Department of Health & Human Services CDC

OTHER SOURCES OF INFORMATION

HBV and HCV

For additional information about hepatitis B and hepatitis C, call the hepatitis information line at 1-888-4-HEPCDC (1-888-443-7232) or visit CDC's hepatitis website at www.cdc.gov/hepatitis.

Any reaction or adverse health event after getting hepatitis B vaccine could be reported to your healthcare provider. The Vaccine Adverse Event Reporting System (1-800-822-7967) receives reports from healthcare providers and others about vaccine side effects.

HIV

Information specialists who staff the CDC National AIDS Hotline (1-800-342-2437) can answer questions or provide information on HIV infection and AIDS and the resources available in your area. The HIV/AIDS Treatment Information Service (1-800-448-0440) can also be contacted for information on the clinical treatment of HIV/AIDS. For free copies of printed material on HIV infection and AIDS, please call or write the CDC National Prevention Information Network, P.O. Box 6003, Rockville, MD 20849-6003, telephone 1-800-458-5231, Internet address www.cdcnpin.org. Additional information about occupational exposures to bloodborne pathogens is available on CDC's Division of Healthcare Quality Promotion's website at www.cdc.gov/ncidod/hip or by calling 1-800-893-0485 and on CDC's National Institute of Occupational Safety and Health's website at www.cdc.gov/niosh or call 1-800-35-NIOSH (1-800-356-4674).

HBV-HCV-HIV

PEPline (the National Clinicians' Postexposure Prophylaxis Hotline) is a 24-hour, 7-day-a-week consultation service for clinicians managing occupational exposures. This service is supported by the Health Resources and Services Administration Ryan White CARE Act and the AIDS Education and Training Centers and CDC. PEPline can be contacted by phone at (888) 448-4911 (toll free) or on the Internet at http://pepline.ucsf.edu/pepline.

Cover Photo: Human Red Blood Cells,
Copyright Dennis Kunkel, University of Hawaii

HCV

The average risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to nonintact skin, but no known risk from exposure to intact skin.

HIV

- The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

How many healthcare personnel have been infected with blood-borne pathogens?

HBV

The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001 (CDC, unpublished data).

HCV

There are no exact estimates on the number of healthcare personnel occupationally infected with HCV. However, studies have shown that 1% of hospital healthcare personnel have evidence of HCV infection (about 3% of the U.S. population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown.

HIV

As of December 2001, CDC had received reports of 57 documented cases and 138 possible cases of occupationally acquired HIV infection among healthcare personnel in the United States since reporting began in 1985.

TREATMENT FOR THE EXPOSURE

Is vaccine or treatment available to prevent infections with blood-borne pathogens?

HBV

As mentioned above, hepatitis B vaccine has been available since 1982 to prevent HBV infection. All healthcare personnel who have a reasonable chance of exposure to blood or body fluids should receive hepatitis B vaccine. Vaccination ideally should occur during the healthcare worker's training period. Workers should be tested 1-2 months after the vaccine series is complete to make sure that vaccination has provided immunity to HBV infection. Hepatitis B immune globulin (HBIG) alone or in combination with vaccine (if not previously vaccinated) is effective in preventing HBV infection after an exposure. The decision to begin treatment is based on several factors, such as:

- Whether the source individual is positive for hepatitis B surface antigen
- Whether you have been vaccinated
- Whether the vaccine provided you immunity

HCV

There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. Neither immune globulin nor antiviral therapy is recommended after exposure. For these reasons, following recommended infection control practices to prevent percutaneous injuries is imperative.

HIV

There is no vaccine against HIV. However, results from a small number of studies suggest that the use of some antiretroviral drugs after certain occupational exposures may reduce the chance of HIV transmission. Postexposure prophylaxis (PEP) is recommended for certain occupational exposures that pose a risk of transmission. However, for those exposures without risk of HIV infection, PEP is not recommended because the drugs used to prevent infection may have serious side effects. You should discuss the risks and side effects with your healthcare provider before starting PEP for HIV.

How are exposures to blood from an individual whose infection

Can pregnant healthcare personnel take the drugs recommended for postexposure treatment?

HBV

Yes. Women who are pregnant or breast-feeding can receive the hepatitis B vaccine and/or HBIG. Pregnant women who are exposed to blood should be vaccinated against HBV infection, because infection during pregnancy can cause severe illness in the mother and a chronic infection in the newborn. The vaccine does not harm the fetus.

HIV

Pregnancy should not rule out the use of postexposure treatment when it is warranted. If you are pregnant you should understand what is known and not known regarding the potential benefits and risks associated with the use of antiviral drugs in order to make an informed decision about treatment.

FOLLOW-UP AFTER AN EXPOSURE

What follow-up should be done after an exposure?

HBV

Because postexposure treatment is highly effective in preventing HBV infection, CDC does not recommend routine follow-up after treatment. However, any symptoms suggesting hepatitis (e.g., yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness) should be reported to your healthcare provider. If you receive hepatitis B vaccine, you should be tested 1-2 months after completing the vaccine series to determine if you have responded to the vaccine and are protected against HBV infection.

HCV

You should be tested for HCV antibody and liver enzyme levels (alanine aminotransferase or ALT) as soon as possible after the exposure (baseline) and at 4-6 months after the exposure. To check for infection earlier, you can be tested for the virus (HCV RNA) 4-6 weeks after the exposure. Report any symptoms suggesting hepatitis (mentioned above) to your healthcare provider.

HIV

You should be tested for HIV antibody as soon as possible after exposure (baseline) and periodically for at least 6 months after the exposure (e.g., at 6 weeks, 12 weeks, and 6 months). If you take antiviral drugs for postexposure treatment, you should be checked for drug toxicity by having a complete blood count and kidney and liver function tests just before starting treatment and 2 weeks after starting treatment. You should report any sudden or severe flu-like illness that occurs during the follow-up period, especially if it involves fever, rash, muscle aches, tiredness, malaise, or swollen glands. Any of these may suggest HIV infection, drug reaction, or other medical conditions. You should contact the healthcare provider managing your exposure if you have any questions or problems during the follow-up period.

What precautions should be taken during the follow-up period?

HBV

If you are exposed to HBV and receive postexposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.

HCV

Because the risk of becoming infected and passing the infection on to others after an exposure to HCV is low, no precautions are recommended.

HIV

During the follow-up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse. If you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow-up period to prevent the possibility of exposing their infants to HIV that may be in breast milk.

PREVENTION OF OCCUPATIONAL INFECTIONS WITH HBV, HCV, OR HIV

Hepatitis B virus is largely preventable through vaccination. For HBV, HCV, and HIV, however, preventing occupational exposures to blood can prevent occupational infections with HBV, HCV, and HIV. This includes using appropriate barriers such as gown, gloves and eye protection as appropriate, safely handling needles and other sharp instruments, and using devices with safety features.

KAISER PERMANENTE

SOURCE PATIENT INFORMATION FOR BLOODBORNE PATHOGEN EXPOSURE TESTS: HIV, HCV, AND HBsAg

I understand that a blood test is to be performed to determine whether I have the antibody to and/or the antigen of the HIV or the AIDS virus believed to cause Acquired Immune Deficiency Syndrome (AIDS).

I understand that a small amount of blood will be drawn for laboratory testing. This will be done by venipuncture, which is the standard method of drawing blood by placing a needle in my vein.

I understand my blood will be tested to determine whether it contains antibodies to and/or antigens of HIV, HCV AND HBsAg. A positive test result may indicate I have been exposed to HIV, Hepatitis B and/or Hepatitis C.

Test Results May Be Inaccurate: I understand there is a possibility that a "false positive" or a "false negative" result may be obtained because the available tests used to determine whether I have been exposed to HIV are not completely accurate or reliable.

If the initial test is positive, my blood will be submitted for further testing to confirm the results of the initial test.

Reporting Required: I understand that my physicians, the hospital, the testing laboratory, or all of them, are required to report all positive HIV test results to the Colorado Department of Health or the local health department as indicated, if my blood tests positive for HIV. Positive results for HIV require that the following information be reported to these agencies: my name and address, date of birth, sex and risk category.

I further understand that if my blood test indicates I have been exposed to HIV, my future healthcare providers may be informed of this result. I also understand that the medical records maintained by Kaiser Foundation Health Plan will show that I have been tested and will also show the test results.

Test Results: I understand my medical records will contain information regarding my care and treatment, including HIV information (labeled Bloodborne Pathogen Exposure Testing). I further understand information contained in my medical records is available to any person or entity holding a current authorization for release of information which I must sign, including insurance carriers such as Medicare or Medicaid. I further understand Kaiser Permanente will not be responsible for any release of information contained in my medical record granted by my authorization, and any information already released under prior authorization(s) cannot be retrieved.

I have read and understand the information on this form. I have had the opportunity to ask questions about any matter I did not understand and I have received satisfactory explanations.

Source Patient Signature_____ Date_____

RAPID HIV-1 SCREENING TEST
FOR NEEDLESTICK **SOURCE** EVALUATION
KAISER PERMANENTE COLORADO

Originating
Clinic/Dept_____Date_____Time_____

Exposed Employee/Physician Name _____Phone#/Pager_____

CALL FRANKLIN (303-861-3568) or ARAPAHOE (303-850-2127) or STAPLETON SUPPORT (303-404-4090 or 303-404-4210) or ROCK CREEK (720-536-6400) TO LET THEM KNOW SPECIMEN IS COMING

Source Name_____

Source Kaiser ID #_____

Following area to be completed by testing facility

Page Employee Health with results: 303-203-9093

Testing Results_____

Repeat testing results if Applicable_____

Location_____Tech_____

Called to_____

By_____ Date_____ Time_____

(This test is in addition to the Exposure Protocol Source lab test)

FORWARD THIS PAGE TO:

EMPLOYEE HEALTH Phone: (303) 614-1536
LEGACY HIGHLANDS, 4TH FLOOR

KAISER PERMANENTE

EMPLOYEE CONSENT/WAIVER FOR POST EXPOSURE PROPHYLAXIS AFTER OCCUPATIONAL EXPOSURE TO HIV

(FOR KAISER PERMANENTE EMPLOYEE EXPOSURE ONLY)

I _____acknowledge that I have been offered post exposure prophylaxis (PEP) in conjunction with a potential occupational exposure to the human immunodeficiency virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS). I understand that appropriate post exposure management is the most effective means of reducing occupationally acquired HIV infection.

The provisional Public Health Service recommendations for chemoprophylaxis after occupational exposure to HIV, by type of exposure and source material (MMWR 6/7/96) have been discussed. Although information about the potency and toxicity of antiretrovirals is available from the study of HIV-infected patients, I understand that it is uncertain to what extent this information can be applied to uninfected persons receiving PEP. I understand that zidovudine (AZT) PEP usually is well tolerated by health-care workers according to CDC information; short term toxicity primarily includes gastrointestinal symptoms, fatigue and headache. The toxicity of other antiretroviral drugs (3TC) in persons not infected with HIV has not been well documented. Adding a protease inhibitor (indinavir, saquinavir) at currently recommended doses appears to have few drug interactions. Little data exist to assess possible long term toxicity resulting from the use of these drugs in persons not infected with HIV.

I understand due to the limited data available, that PEP is not recommended for pregnant women and that any sexual activity that could lead to pregnancy should be avoided during treatment and for four weeks after the treatment has been completed.

By signing below, I acknowledge that I have been given an opportunity to have all of my questions answered concerning post exposure prophylaxis.

_____ _____

Print Name NUID

I **DECLINE** THE FOLLOWING TREATMENT. *Check all that apply.*

_____ Combivir (AZT & 3 TC) _____ Indinavir (IDV)

_____ _____

Signature Date

I **CONSENT** TO THE FOLLOWING TREATMENT. *Check all that apply.*

_____Combivir (AZT & 3TC) _____ Indinavir (IDV)

_____ _____

Signature Date

References

Centers for Disease Control and Provention. (June 7, 1996). Updato: Provisional Public Health Sorvice rocommendations for chemoprophylaxis after occupational exposure to HIV. h4h~wR. Vol.45/No.22.

Centers for Diseaso Control and Prevention. (1995). Cas e-control study of HIV soroconversion in health-caro workors after percutaneous exposure to HIV-infected blood-- Franco, United Kingdom, and United States, January 1988 - August 1994. hAMWR. 44:929-933.

Employee Health Services Lab Requisition

Employee Health Fax #: 303-614-1545

Date Drawn & Tech Name:	**Lab Facility/Location:**

Employee last Name / First Name:
Employee ID# **MRN:**
Employee DOB:

Date Ordered	√	Name of Test	Specimen Tube	Results	Date & Tech Initials
	X	Exposure Protocol Employee	(2) SST*	**HIV-1/2 + O** Negative/Non Reactive_____ Positive/Reactive_____ **Hep B Surface AB** Positive/Immune_____ Negative/Non Immune_____ **Hep C virus AB** Positive/Immune_____ Negative/Non Immune_____	

*SST (Tiger Top)

SEND REQUISTION AND SAMPLES TO SPECIALTY LAB AT STAPLETON SUPPORT SERVICES

Employee Health Services, Legacy Highlands
10065 E. Harvard Avenue, Suite 400
Denver, Colorado 80231

Fax number: 303-614-1545
Phone number: 303-614-1536
Pager number: 303-203-9093

Employee Health Services Lab Requisition

Employee Health Fax #: 303-614-1545

Date Drawn & Tech Name:	**Lab Facility/Location:**
	Source Last Name / First Name:
	Source MRN:
	Source DOB:

Date Ordered	√	Name of Test	Specimen Tube	Results	Date & Tech Initials
	X	Rapid HIV – Can be tested at RC, FR, AR or SS.	SST*	Negative/Non Reactive_____ Positive/Reactive_____	
	X	Exposure Protocol Source	SST*	**HIV-1/2 +O** Negative/Non Reactive_____ Positive/Reactive_____ **Hep B Surface AG** Negative/Non Reactive_____ Positive/Reactive_____ **Hep C virus AB** Positive/Immune_____ Negative/Non Immune_____	

*SST (Tiger Top)

SEND REQUISTION AND SAMPLES TO SPECIALTY LAB AT STAPLETON SUPPORT SERVICES

Employee Health Services, Legacy Highlands
10065 E. Harvard Avenue, Suite 400
Denver, Colorado 80231

Fax number: 303-614-1545
Phone number: 303-614-1536
Pager number: 303-203-9093

Revised 09/11

Incident Analysis Report

This report should be completed and turned in within 3 days of incident being reported.

Instructions for the IAR are found in the Colorado Health & Safety Incident Reporting & Analysis Policy. Root Cause should be jointly determined whenever possible. A facility safety team member can serve as a resource in conducting an incident analysis.

Employee Information-	Today's Date (Date of Incident Analysis):
Employee Name:	
Job Title:	Age & Sex:
Home Facility:	Facility where Incident Occurred:
Work Phone:	Home Phone:

Incident Analysis Team-	
Name:	Name:
Job Title:	Job Title:
Work Phone:	Work Phone:
Name:	Subject Matter Expert Name:
Job Title:	Job Title:
Work Phone:	Work Phone:

First Report of Incident Information:	Date & Location of Incident:
Reported as: ☐ Hazard ☐ Near Miss/No Doctor Seen ☐ First Aid ☐ Injury	
Affected Body Part:	Nature of Injury:
Objects or Equipment Involved:	Witnesses to Interview:
Description of Incident: (Please include actions or movements that led to the incident).	
Immediate Actions Taken: (actions taken to remove the hazard)	

5 Whys

Incident or Problem:

WHY?

WHY?

WHY?

WHY?

WHY?

Step 6: CONSIDER POSSIBLE PREVENTATIVE ACTIONS TO ELIMINATE OR CONTROL HAZARDS SO INCIDENTS DO NOT RE-OCCUR.

☐ Fix, Repair or Replace	☐ Warning Signs	☐ Install Protective Barriers
☐ Employee Communication/ Training	☐ Utilize Safety Equipment	☐ Conduct Inspections
☐ Institute Safety Procedures	☐ Safety Training	☐ Supervisor Communication Training
☐ Modify Process/Procedure	☐ Engineering Controls	☐ Develop/revise Written Procedures
☐ Enforcement	☐ Ergonomic Assessment	☐ Other_____

Step 7: CORRECTIVE ACTION AND PREVENTION (SAFETY PLAN)

Root cause	What Needs to be Done?	Resources Needed	Date When Completed	Who is Accountable?	What is the status?

Step 8: WITHIN 5 DAYS, SEND COPY OF INCIDENT ANALYSIS REPORT (IAR) TO FACILITY SAFETY TEAM AND REGIONAL WORKPLACE HEALTH & SAFETY DEPT. ***(ATT: Workplace Safety Consultant).***

Thank you for working hard to make Kaiser Permanente an injury-free workplace!