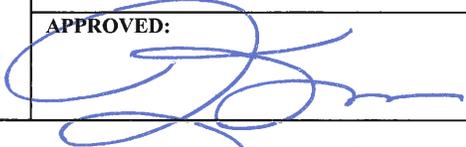


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## OBJECTIVE

To set forth parameters under which exposures to blood and/or body fluids will be evaluated and properly managed.

## SCOPE

This procedure applies to all Cooper Green Mercy Health Services employees, providers, tenants and visitors to the Cooper Green Mercy Health Services facility.

## PHILOSOPHY

To attract and maintain a staff of dedicated and compassionate professionals and as a service to our tenants and visitors, we will provide employees, providers, tenants and visitors prompt access to knowledgeable, caring health professionals who will provide confidential counseling, treatment and support in the event of an exposure to blood or body fluids. As an employer, CGMHS has an additional duty to protect and offer education, evaluation, treatment and follow-up at no cost to any employee with regard to blood and body fluid exposure.

## STANDARD

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires *employers* to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.<sup>(1)</sup> Most exposures are caused by a failure to follow standard precautions, such as recapping the needle, not using personal protective equipment (PPE), or unintentional disposal of sharps in an inappropriate container. Adherence to universal precautions, including strict use of PPE is essential to prevent blood borne pathogen exposures. The use of universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

Exposure incidents should be reported immediately to the employer or immediate supervisor since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker.<sup>(1)</sup>

When an individual experiences and reports an exposure incident, CGMHS will make an immediate confidential medical evaluation and follow-up available to the individual.

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Exposures to blood and body fluids will be evaluated and managed by nurses with appropriate education and background in issues dealing with occupational transmission of blood borne pathogens. For CGMHS employees, the evaluation and follow-up is mandatory and must be: made available at no cost to the worker and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place. For all others, CGMHS may charge usual and customary fees or bill the individual's insurance company. Non-employees have the right to refuse any and all evaluation, treatment and follow-up care. In this case, CGMHS will preserve the blood sample for at least 90 days should the individual decide to pursue evaluation, treatment and follow up care.<sup>(2)</sup>

### **POLICY**

All employees and other healthcare workers must follow the rules of universal precautions when in direct contact with patients, instruments in direct contact with patient blood or body fluid, or clinical waste material. Employees/HCWs exposed to blood or body fluids will go through the post exposure evaluation process and be administered the Rapid HIV test. If the source patient is known, this patient will be strongly encouraged to take the Rapid HIV test. Pursuant to OSHA regulations, the exposed individual may be informed of the results of the source patient's HIV status when known. (OSHA's bloodborne pathogens standard 1910.1030(f)(3)(ii)(C)).

### **PROCEDURE**

For purposes of this policy, reference to the charge nurse includes the charge nurse on call when the unit's charge nurse is not available.

#### **Exposed Employee/ Healthcare Worker (HCW)**

1. In the event of a blood or body fluid exposure, percutaneous wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water.
2. Any employee/HCW (including physicians, residents, interns, and medical students associated with UAB Hospital) or individual, who has been exposed to blood or body fluids should immediately report the exposure to their CGMHS supervisor and the charge nurse on the unit where the source patient is located.
3. Students of approved healthcare career programs, contract personnel and agency personnel should immediately report the exposure to their CGMHS supervisor and the charge nurse on the unit where the source patient is located.

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4. After contacting the unit charge nurse and CGMHS supervisor, students, contract personnel and agency personnel should contact the student health office or employee health office of their learning institute or agency for further instructions regarding follow up procedures. CGMHS will abide by the instruction of the external health office, within the bounds of law.
5. The employee/HCW will obtain a "Post Exposure Prophylaxis (PEP)" packet from the universal precautions supplies or Urgent Care and follow the steps below (See Appendix A for PEP packet forms)
  - a. Give the blank green doctor's order sheet "For Source Patient" to the charge nurse or supervisor to be completed.
  - b. Complete the "Jefferson County Employee Blood/Body Fluid Exposure Report" – Parts A, B, C and either D or E depending on the type of exposure.
  - c. Complete Part 1 of the "Jefferson County Employee Injury/Incident Report"
6. The employee/HCW will immediately report to the Urgent Care charge nurse for evaluation bringing the PEP packet forms with them to give to the charge nurse.
7. The employee/HCW will complete the pre-coded short demographic form in the PEP packet and give it to the Urgent Care Registration Clerk.
8. Initial evaluation and management of the exposure will be done by the Urgent Care charge nurse along with instructions. The employee/HCW is responsible for contacting the appropriate entity below for follow-up (i.e. for routine administration of Hepatitis B vaccine, tetanus, and routine serologic testing):
  - Cooper Green Mercy Health Services employees must contact the Jefferson County Risk Management Office at (205) 214-5509 or (205) 325-04891 by the next business day. If the exposure occurs outside of normal business hours, the employee may also call I AM HURT (426-4878).
  - UAB Employees and Students should contact and report the incidence as soon as possible to UAB Employee Health. When the office is open, you can report directly to 934-3675. After hours, on weekends and holidays report by calling the Call Center at 934-3411 and asking them to page the person on call for the Needlestick Team.<sup>(4)(5)</sup>
  - Agency personnel must contact their agency for follow-up instructions.
  - Non-UAB students must contact their student health office or learning institute for follow-up instructions.
9. The employee/HCW will submit a Jefferson County Employee Injury/Incident Report

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form to their CGMHS supervisor for completion of Part II.

**Charge Nurse/Supervisor** (of the area where source patient is located)

1. Assist employee/HCW if necessary with completion of Part B of the "Jefferson County Blood/Body Fluid Exposure Report" form.
2. Complete, or have completed by a nurse or medical clerk the green doctor's order sheet "For Source Patient" (CGH 214-B) from the PEP packet and place it on or enter it in the source patient's chart and implement orders.
3. Review the source patient's chart for documentation of a known history of HIV, Hepatitis B, or Hepatitis C.
4. Attempt to obtain consent from the source patient for HIV Antibody Testing and reporting to the exposed employee/HCW or their medical provider, when required. <sup>(3)</sup>
5. Ensure orders are entered into computer as an order set using the mnemonic /PEPS (which is the mnemonic for Post Exposure Panel - Source Patient). Once /PEPS is entered, a list of individual lab test will appear. If a particular test is not needed, you may delete it at this point.
6. Ensure that lab work is drawn in a timely manner. The source patient's lab work must be received in the lab within 30 minutes of the exposure to complete rapid HIV testing.
7. Provide source patient information to Urgent Care, as necessary.

**Urgent Care Registration Clerk**

Register the exposed employee/HCW using the short demographic form. Provide paperwork to Urgent Care staff.

**Lab**

Follow the Laboratory Policy and Procedure: HIV-1 Antibody Test: Perform Rapid HIV test on the source patient and employee, then notify the Urgent Care charge nurse of the results as soon as available. Note: Results must be called whether they are positive or negative. Submit additional specimens to the reference lab for Acute Hepatitis panel and HIV screen.

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### **Urgent Care Charge Nurse**

1. Evaluate the exposure by assessing facts surrounding the event and associated risks involved.
2. Complete the forms in the PEP packet according to instructions on the "Post Exposure Assessment Sheet for Charge Nurse" and counsel the individual. Recommendations are based on current "Updated U.S. Public Health Service Guidelines. If chemoprophylaxis is to be considered, potential benefits/risks and required follow-up will be explained.
3. Sign the green doctor's order sheet "For Exposed Employee or Healthcare Worker" (CGMHS 214-A), implement orders and place order sheet with employee records.
4. Draw appropriate baseline lab tests.
5. Enter orders or designate the medical clerk to enter orders into the computer as an order set using the mnemonic /PEPNM (which is the mnemonic for Post Exposure Panel - No Medications) if no medication is recommended, or enter the mnemonic /PEPM (which is the mnemonic for Post Exposure Panel - Medications) if medications are to be given.
6. If medications are indicated and the employee/HCW consents, place the order in the EHR and obtain the appropriate medications located in the Urgent Care Pyxis dispenser.
7. In certain circumstances where the source patient has a presumptive diagnosis of HIV or Hepatitis (e.g. the source patient HIV status is pending, the Rapid HIV test is unavailable, and the patient has signs/symptoms or other diagnoses that are usually classic to HIV infection such as cryptococcal meningitis) and there is a question about the need for medications, contact the "National Clinicians' Post-Exposure Prophylaxis Hotline at 1-888-448-4911, which is available seven days a week from 8:00 am until 1:00 am, Central Time and may be helpful.
8. Fax forms to the Jefferson County Risk Management Office at (205) 581-7596.

### **Urgent Care Medical Clerk**

1. Enter orders or ensure they have been entered into the computer as an order set using the mnemonic /PEPNM (which is the mnemonic for Post Exposure Prophylaxis - No Medication) if no medication is recommended, or enter the mnemonic /PEPM (which is the mnemonic for Post Exposure Prophylaxis - Medication) if medications are to be given.
2. Take lab specimens to the lab.

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**Pharmacy**

Restock the Pyxis after incident.

**Jefferson County Risk Management Office**

Follow-up on employee exposures.

**Specific Measures for Human Immunodeficiency Virus (HIV):**

1. The exposure is evaluated by the Urgent Care Charge Nurse as to the potential for transmission of HIV. The body fluid and nature of contamination are considered in the evaluation process; exposures to blood (as opposed to other body fluids), percutaneous exposures (as opposed to splashes) are more likely to result in transmission.
2. The potential benefits and risks of the recommended post-exposure chemoprophylaxis are discussed in cases of significant exposures. When started promptly after exposure to HIV, antiretroviral medications can reduce the risk of infection. For example, a nurse accidentally stuck with a needle that may have been in contact with HIV-infected blood can reduce the risk of infection by completing a four-week course of medications. Partially thanks to PEP, there have been no confirmed cases of occupational HIV transmission to health care workers in the United States since 1999.
3. Chemoprophylaxis is an option for employees exposed to infected blood. If this option is chosen, it should be started as soon as possible after the exposure, preferably within an hour or two, always within 4 days. The selection of drug(s) is based upon recommendations of the U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis (MMWR September 25, 2013). Antiretroviral agents from six classes of drugs are currently available to treat HIV infection. These include the nucleoside and nucleotide reverse transcriptase inhibitors (NRTIs), nonnucleoside reverse transcriptase inhibitors (NNRTIs), protease inhibitors (PIs), a fusion inhibitor (FI), an integrase strand transfer inhibitor (INSTI), and a chemokine (C-C motif) receptor 5 (CCR5) antagonist. Only antiretroviral agents approved by FDA for treatment of HIV infection are included in these guidelines, though none of these agents has an FDA - approved indication for administration as PEP. The rationale for offering antiretroviral medications as HIV PEP is based upon our current understanding of the pathogenesis of HIV infection and the plausibility of pharmacologic intervention in this process, studies of the efficacy of antiretroviral chemoprophylaxis in animal models, and epidemiologic data from HIV-exposed HCP. The recommendations in the report provide guidance for PEP regimens

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comprised of three (or when appropriate, more) antiretrovirals, consonant with currently recommended treatment guidelines for HIV infected individuals. The duration of chemoprophylaxis is 28 days. It is important for employees taking drug(s) to be monitored for adverse reactions. A complete blood count and differential and renal-liver profile are done during initial evaluation and after two weeks.<sup>(1)</sup> This monitoring is done through the entity as outlined in Paragraph 8 Exposed Employee/Healthcare Worker (HCW), hereinafter referred to as the appropriate entity.

4. The exposed person is informed of the necessity of serologic testing and follow-up by the appropriate entity and asked to sign a consent which is forwarded to that entity. If additional medical evaluation or care is desired or indicated, the appropriate entity may refer the employee to an approved Occupational Health Physician or to a Cooper Green Mercy Health Services physician with appropriate knowledge in this area.
5. The exposed person is tested for evidence of HIV infection. This is done confidentially through the appropriate entity. If baseline results are negative, the employee is re-tested at 6 weeks, 3 months, and 6 months following an exposure. An employee who is positive for HIV either on initial screening or on follow-up, is retested. The employee is notified of need for retesting by the appropriate entity, counseled as to means of preventing further transmission of infection, and evaluated as to the stage of infection.

**Additional Measures for Hepatitis B (HBV):**

1. If the HBsAg status of the source patient is unknown, the patient's blood is drawn and sent to the lab for HBsAg.
2. Employee's HBV history and vaccination status is established and blood is drawn for HBsAg and anti-HBs as indicated.
3. If the source patient is known to be HBsAg positive and the exposed person is not known to be immune, the exposed person will be referred to an approved Occupational Health Physician or Cooper Green Mercy Health Services physician with appropriate knowledge in this area, for further evaluation. Employees who received HBIG within the last three months do not need another injection.
4. After results are known, the appropriate entity records findings and implements the following.
  - a. If the source patient is HBsAg negative but the employee is susceptible (HBsAg and anti-HBs negative), the employee is offered HBV vaccine.
  - b. If the employee is immune, no further steps are taken.

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- c. If the patient's HBsAg is positive and the employee is susceptible, the employee will be referred to an approved Occupational Health Physician or Cooper Green Mercy Health Services physician with appropriate knowledge in this area. The HBIG must be given within seven days after exposure but preferably within 24-48 hours. Vaccination should be completed on schedule.

**Additional specific measures for Hepatitis C (HCV):**

1. If the HCV status of the source patient is unknown, the patient's blood is drawn and sent to the lab for anti-HCV.
2. The employee's HCV history is established and blood is drawn for anti-HCV.
3. If the patient is found to be infected (anti-HCV positive) and the employee is negative, then the employee is informed of the need for follow-up by the appropriate entity. Serologic testing is repeated at 3 and 6 months along with LFT' s as needed. Counseling is provided.
4. No post-exposure prophylaxis is recommended for health care workers exposed to HCV. Although new direct acting antiviral agents (DAAs) could theoretically be used in this setting, there are no data to support this approach and these medications are extremely expensive. Further, given the relatively low risk of HCV acquisition with a needle stick injury and the extremely high cure rates (90 to 95%) using DAAs to treat chronic HCV, experts do not recommend using DAAs for post exposure prophylaxis. Close follow-up for the health care worker using HCV antibody testing is extremely important; in addition, most experts now include HCV RNA testing as part of follow-up testing.<sup>(6)</sup>

**SPECIAL CIRCUMSTANCES**

In certain circumstances where the source patient has a presumptive diagnosis of HIV or Hepatitis (e.g. the source patient HIV status is pending, the rapid HIV test is unavailable, and the patient has signs/symptoms or other diagnoses that are usually classic to HIV infection such as cryptococcal meningitis) and there is a question about the need for medications, the "National Clinicians' Post-Exposure Prophylaxis Hotline" at 1-888-448-4911 is available seven days a week from 8:00 am to 1:00 am Central Time.

**EMERGENCY MEDICAL SERVICES (EMS) EXPOSURES**

1. In the event an emergency medical service worker is exposed to blood/body fluid in the

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process of bringing a patient to Cooper Green Mercy Health Services, he/she must notify the Urgent Care staff and complete an EMS Exposure to Blood/Body Fluid Report.

2. The Urgent Care staff will obtain consent to draw blood for HIV Antibody Testing. Draw blood for Rapid HIV, Hepatitis B and Hepatitis C, and enter orders into computer as an order set using the mnemonic /PEPS.

## APPENDICES

Appendix A: Recommended Post-Exposure Prophylaxis for Exposure to Hepatitis B Virus

Appendix B: Recommended HIV Post-Exposure Prophylaxis (PEP) for Percutaneous Injuries and Recommended. HIV Post-Exposure Prophylaxis (PEP) for Mucous Membrane Exposures and Non-Intact Skin Exposures

Appendix C: Basic and Expanded HIV Post-Exposure Prophylaxis Regimens

Appendix D: National Clinicians' Post-Exposure Prophylaxis Hotline Flyer

Appendix E: Jefferson Health Systems' Post-Exposure Prophylaxis (PEP) Packet Forms

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3. Ala Code § 22-11A-38: Alabama Code - Section 22-11A-38: Notification of Third Parties of Disease; Rules; Who May Be Notified; Liability; Confidentiality; Disclosure of Information for Certain Criminal Proceedings; Penalty - <http://codes.lp.findlaw.com/alcode/22/1/11A/1/22-11A-38>
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