



Current Status: Active

PolicyStat ID: 2625043



Original: 7/18/2011
 Last Reviewed: 8/19/2016
 Last Revised: 8/19/2016
 Next Review: 8/19/2019

Responsible Party: *Kristin Deno: Manager
 Employee Health NP*

Policy Area: *Employee Health*

References: *Procedure*

Applicability: *Franciscan Health Lafayette
 East
 Franciscan Health
 Crawfordsville
 Franciscan Health Lafayette
 Central
 Franciscan Health
 Rensselaer*

Blood and Body Fluid Exposures Procedure

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

Procedure Number: 952-II-09

Replaces Document Number: 952-II-19

Franciscan Health Rensselaer Documents: IC-09 (Infection Control: Consent and Specimen for HIV Test Procedure), IC-100 (Occupational Exposure to Blood and Body Fluids Policy), ECP-09 (Employee/Patient Source Registration and Charges for Blood & Body Fluid Exposure Policy), ECP-08 (Body Substance Precautions), ECP-03 (Employee Training/Training Records Policy), ECP-01 (Exposure Control Introduction Policy), ECP-04 (BBP Medical Records Policy), ECP-02 (Methods of Implementation and Engineering Controls Policy), ECP-07 (Universal Precautions and Patients' Rights Policy), ECP-06 (Voluntary Blood Testing Policy)

Department: Employee Health

PURPOSE:

This policy outlines steps to be taken when an employee has been exposed to another person's blood or bodily fluids (BBF).

GENERAL INFORMATION:

It is the hospitals responsibility to provide testing and appropriate follow up for situations in which persons within the organization have been exposed to BBF at work.

PERSONNEL:

Applies to all Franciscan Health: Lafayette, Crawfordsville, Rensselaer Employees, physician office

employees, and may include students, volunteers and contracted employees.

EQUIPMENT:

N/A

DEFINITIONS:

BBF Exposure- Someone else's blood or bodily fluids coming into contact with mucus membrane (splash in the eyes/nose/mouth) or a break in the skin (needle stick or splash on non-intact skin).

Source patient- person who's blood or bodily fluid made contact with someone else

Exposed employee – person who was exposed to the source patient's BBF

PROCEDURE:

A. Immediate Actions to be taken:

1. Cleanse the affected area immediately.
 - a. cleanse thoroughly with soap and water
 - b. mucus membranes should be flushed thoroughly with saline or water
**contact lenses must be removed prior to flushing eyes
 - c. Squeezing an exposure site is NOT indicated
2. Notify direct supervisor of the event
3. Document the event in the on line reporting system – include the source patient's name in the description of the event
4. Notify Employee Health Office (EHO) of the event by faxing the order sheet with both parties names completed.
5. If needing to speak to EHO and unable to reach EHO at time of the event, contact a manager/ supervisor or an Infection Control Nurse.
6. Lab work needs collected on both the source patient and the exposed employee. Use attached form to order following labs
 - a. Source patient needs
 - i. consent for HIV testing, fax to employee health (502-4332) (do not place orders in patient's medical record)
 - ii. Rapid HIV, Hepatitis B Antigen, Hepatitis C Antibody
** If source patient is a newborn or neonate, blood is collected from mother
 - b. Exposed employee needs
 - i. consent for HIV testing, fax to employee health (502-4332) (do not place orders in patient's medical record)
 - ii. Rapid HIV, Hepatitis B Antibody, Hepatitis C Antibody. If source not available also order Hep C RNA and ALT

B. Treatment of exposed employee is based upon testing results of both parties.

Hepatitis B:

	Source patient Hep B Antigen result positive	Source patient Hep B Antigen result negative	Source patient Hep B Antigen result Unknown/not available
Exposed person Hep B Antibody result Positive (Immune)	No treatment	No treatment	No treatment
Exposed person Hep B Antibody result Negative (Not Immune)	<ul style="list-style-type: none"> ◦ Order HBsAg on employee ◦ HBIG 0.06ml/kg IM within 24 hours, repeat in one month ◦ Start HBV vaccine series ◦ Additional testing may be needed on source patient 	<ul style="list-style-type: none"> ◦ Order HBsAg on employee ◦ If no prior documentation of immunity, initiate HBV vaccine series ◦ If prior documentation of immunity is verified, no additional treatment needed 	<ul style="list-style-type: none"> ◦ Order HBsAg on employee ◦ HBIG 0.06ml/kg IM within 24 hours, repeat in one month ◦ Start HBV vaccine series

Hepatitis C:

	Source patient Hep C Antibody result positive	Source patient Hep C Antibody result negative	Source patient Hep C Antibody result Unknown/not available
Exposed person Hep C Antibody result Positive	Refer to their provider for counseling and management of chronic Hepatitis C	Refer to their provider for counseling and management of chronic Hepatitis C	Refer to their provider for counseling and management of chronic Hepatitis C
Exposed person Hep C Antibody result Negative	<ul style="list-style-type: none"> ◦ ALT and Hep C RNA at baseline and testing at 6 weeks, 3 months and 6 months post exposure ◦ Additional testing may be needed on source patient 	No follow up needed	<ul style="list-style-type: none"> ◦ ALT and Hep C RNA at baseline and testing at 6 weeks, 3 months and 6 months post exposure

HIV:

	Source patient HIV result positive	Source patient HIV result negative	Source patient HIV result Unknown/not available
Exposed person HIV	Refer to their provider for	Refer to their	Refer to their provider for

result Positive	counseling and management of HIV	provider for counseling and management of HIV	counseling and management of HIV
Exposed person HIV result Negative	<ul style="list-style-type: none"> ◦ Refer immediately to Infectious Disease Physician for counseling and management ◦ Specimen will be sent for Western Blot confirmation automatically by lab ◦ Additional testing may be needed on source patient 	No follow up needed	<ul style="list-style-type: none"> ◦ Repeat HIV testing will be done at 6 weeks, 3 months and 6 months post exposure ◦ Consider referral to Infectious Disease Physician for counseling and management

C. Follow up with exposed employee:

1. Employee Health will provide exposed employee with their lab results
2. Follow up may be required as noted in tables above
3. If risk of Hepatitis A (fecal oral transmission) has occurred, a single dose of Immunoglobulin may be given within 2 weeks post exposure.
 - a. Hepatitis A immunization will be offered to the employee

References:

Centers for Disease Control and Prevention. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management. MMWR Recommendations and Reports 2013/62(rr10);1-19. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>. Accessed April 7, 2014.

Centers for Disease Control and Prevention. Hepatitis C FAQs for Health Professionals. 2014. <https://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section6>. Accessed April 7, 2014.

Kuhar, D., Henderson, D., Strubble, K., et al. Infection Control and Hospital Epidemiology, vol. 34, no 9, September 2013. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis. <http://www.jstor.org/stable/10.1086/672271>. Accessed April 7, 2014.

Zingman, B.S. 2013. HIV Prophylaxis Following Occupational Exposure: Guideline and Commentary. Occupational Exposures to Hepatitis B and C. Medscape. http://www.medscape.com/viewarticle/778035_11. Accessed April 7, 2014.

During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

Attachments:

[2017 BBF Exposure Order sheet](#)

Approval Signatures

Step Description	Approver	Date
	Cheryl Ransom: Chief Nursing Officer FSEH	8/19/2016
	Daniel Wickert: VP Medical Affairs WIR	8/18/2016
Med Exec Committee	Andrea Drew: Medical Staff Assistant	8/17/2016
	Michelle Duffy: Director Human Resources	7/29/2016
	Carlos Vasquez: VP COO	7/29/2016
Infection Control Medical Director	David Lin: Physician	7/21/2016
	Dana Altman: Infection Preventionist	7/21/2016
	Kristin Deno: Manager Employee Health NP	7/17/2016

COPY