

CP-72 – Blood/Body Fluid (BBF) Exposures in Employees

Policy

1. UH provides initial and follow-up evaluation, counseling and treatment for employees¹ experiencing a workplace exposure to Blood/Body Fluid (BBF)² while on duty. Types of exposure are defined in [Attachment A](#).

Evaluation includes screening and preventive intervention for hepatitis B and C and/or HIV-infected BBF based on the type and extent of exposure³ following current Centers for Disease Control recommendations. Source patients may be screened for the above bloodborne diseases. A mechanism is in place to facilitate source patient assessment and testing, coordinated by Corporate Health Service (CHS.) Current prophylaxis protocols⁴ are available in the CHS and Physician's Portal. Final determination of the significance of the exposure is the responsibility of CHS. Infection Control may be consulted.

2. Employees at UH who sustain an exposure to BBF are to perform the following activities immediately after exposure. The initial management is:

Skin/needlestick: Wash exposed areas with soap and water or an antiseptic such as 70% alcohol or iodophor.

Eyes: Flush eyes with normal saline or water x 15 minutes.

Facial and oral mucous membranes: Wash face and/or rinse out mouth with water.

3. Notify supervisor and complete an Employee Incident Report Form (see policy [HR-67, Employee Incident Reporting](#)). An on-line incident report must be completed and sent to Disability Management Services.
4. Seek Evaluation of Exposure:
 - 4.1. Evaluation, testing and medications are free of charge to employees who sustain a work place exposure to BBF.
 - 4.2. If the wound is a deep laceration or significant puncture wound, staff must report to a UH Emergency Department or Urgent Care(ED/UC) regardless of time of occurrence.
 - 4.3. If not a deep laceration, staff should present to designated area (CH, ED/UC) to have injury/exposure evaluated as soon as possible after exposure.

4.4. Entity Hospitals: Follow entity-specific procedures. See Infection Control website on UH Intranet; follow to your respective entity.

4.5. CMC:

4.5.1. Days: Contact CHS (844-1602) or present to CHS 0730-1600.

4.5.2. Evenings, nights, weekends, holidays:

4.5.2.1. Report to the ED/UC triage nurse for initial evaluation and information.

4.5.2.2. Based on ED/UC evaluation, employee may be given postexposure prophylaxis medication if indicated. No employee blood work is routinely done in the ED, but a mechanism for source testing is in place, coordinated by ED/UC staff.

4.5.2.3. Employee to report to CHS for follow-up care the next business day.

4.6. UH Non Hospital-based employees:

4.6.1. Days: Contact CHS (844-1602) for guidance.

4.6.2. Evenings, nights, weekends, holidays: Report to UH system hospital ED/UC for initial evaluation. Follow up with UH Corporate Health at Case Medical Center next working day.

4.7. Employee Records:

4.7.1. Employee test results and consent forms are part of an exposure chart separate from the employee's CHS record. All test results and consent forms concerning the source patient are sent to CHS and included in the employee's exposure chart and not in the source patient's medical record.

4.7.2. Employee exposure records are confidential and are not released without the employee's written permission.

¹ Employees: For the purposes of this policy, "employees" includes employees of UH and medical staff whose injuries occur while they are involved with the care of UH patients, volunteers and specific groups with whom Corporate Health Services has contracts to provide postexposure services.

² Blood/body fluids (BBF): Amniotic fluid, blood/blood products, bloody fluids, cerebrospinal fluid, menstrual discharge, pleural fluid, pericardial fluid, peritoneal fluid, semen, synovial fluid, and any tissue, vaginal secretions, or body fluids whose composition is unknown.

³ Exposure: Blood or body fluid splashes to the eyes, nose or mouth or on non-intact skin; needlestick or percutaneous exposure with a contaminated sharp object.

⁴ Postexposure prophylaxis (PEP): Antiretroviral, or other medications, offered to exposed employee, within a specific time frame, after significant exposure.

Attachments

[A, Definition of Exposure](#)

See Also

[CP-19, Corporate Health Service Infection Control Program](#)
[HR-67, Employee Incident Reporting](#)

ATTACHMENT A

Definition of Exposure

Bloodborne Pathogen Exposure Types

Percutaneous: Less Severe

1. Superficial scratch with needle or other sharp object.
2. Injury with needle or other device contaminated with blood/body fluids.
3. Subcutaneous injury that causes bleeding.

Percutaneous: More Severe

1. Deep puncture or laceration with large bore hollow needle or other sharp.
2. Intramuscular injury that causes bleeding.
3. Visible blood on device.
4. Needle causing injury previously in source patient's vein or artery.
5. Injection or transfusion of blood.

Mucous Membrane

Splash to eyes or mouth with blood/body fluid known to carry HIV:

1. Small amount (i.e., few drops, squirt) of blood/body fluid, short duration of contact (< 5 minutes).
2. Large amount (i.e., test tube full) of blood/body fluid, extensive or prolonged contact (> 5 minutes).

Skin

Splash onto compromised skin (e.g., dermatitis, abrasion or open wound):

1. Small amount (i.e., few drops, squirt) of blood/body fluid, short duration of contact (< 5 minutes).
2. Large amount (i.e., test tube full) of blood/body fluid, extensive or prolonged contact (> 5 minutes).

Splash on intact skin is not considered an exposure.

SOURCE EVALUATION

HIV Class Code

HIV Positive Class 1

1. Asymptomatic HIV infection.
2. Low viral load (<1500 RNA copies/mL).

HIV Positive Class 2

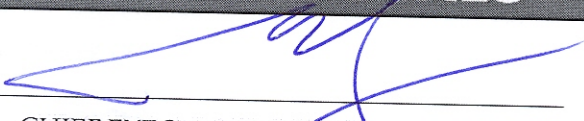
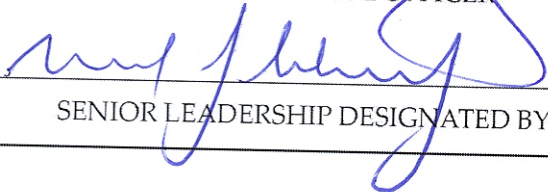
1. Symptomatic HIV infection.
2. AIDS.
3. Known high viral load.
4. Potential HIV+ with acute seroconversion illness (mononucleosis-like syndrome, rash, meningoencephalitis syndrome, diarrhea).

Unknown HIV status

1. No risk factors for HIV.
2. Positive risk factors for HIV:
 - History of multiple sex partners (same sex or not).
 - Homosexuality; bisexuality.
 - IV drug use.
 - Hemophilia, blood transfusions or organ transplant before 1985.

Unknown source

1. E.g., needle from trash container.
2. Consideration to be given to location of incident: HIV clinic, hospital infectious disease floors, Emergency Department, Labor and Delivery, Operating rooms
3. Consideration to be given if blood present on device **regardless** of location.

APPROVALS	
 _____ CHIEF EXECUTIVE OFFICER	<u>7/29/10</u> Date
 _____ SENIOR LEADERSHIP DESIGNATED BY PPG	<u>7/28/10</u> Date