Bloodborne Pathogens Exposure Procedure

Background:
Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Student and Health Care Providers (HCP) exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses. All healthcare providers and students should use appropriate practices for handling and disposing of contaminated sharps or specimens. In the event an exposure does occur, the following should be followed.

Purpose:
To establish a clear set of directives in the event a student or faculty/staff member is exposed to a possible bloodborne pathogen (BBP) and to provide the proper precautions and steps to be carried out if exposure to any BBP occurs to any student or faculty/staff member.

Procedure:
1. Treat Exposure Site
   a. The student or faculty/staff member should take immediate action to clean the affected area following any needle stick, injury, or other incident that causes the student or faculty/staff member to be exposed to a source patient’s blood or other body fluid.
      i. Skin exposures
         1. The area should be washed thoroughly with soap and water
         2. Wounds or punctures may be cleaned with an antiseptic such as an alcohol-based hand hygiene agent
      ii. Mucosal surfaces (mouth, nose and eye exposure)
         1. These areas should be flushed with large amounts of water or normal saline for at least 10 minutes
   b. Follow the site’s policy, if applicable, to obtain care as soon as possible
      i. Employee or student to seek medical attention within the first hour of exposure to a potential BBP

2. Report and Document Exposure
   a. Students should inform their clinic supervisor/preceptor of the incident immediately as well as The University of Findlay Experiential Director. Faculty/staff should notify their Department Chair, Dean, and Human Resources. Faculty members may seek care with their person healthcare provider or with Cosiano Health Services on campus.
   b. Source to complete the “Source Individual Consent Form”
      i. This can be performed by clinic supervisor or other qualified HCP
   c. Source to have testing at site (if hospital) or other medical facility agreed upon
   d. The following information should be documented regarding the recipient and incident using the “Bloodborne Pathogen Exposure Documentation” form:
i. Date and time of exposure
ii. Details of the procedure being performed, including where and how the procedure was performed
iii. Details of the exposure, including the type and amount of fluid or material and the severity of the exposure
iv. Details about the infection status of the source (i.e. HIV positive, hepatitis B, hepatitis C or unknown.
   • A note should also state if the source status is unknown
v. Details about the recipient’s health including: hepatitis B vaccination response status, medical conditions, allergies, pregnancy or breastfeeding etc.
e. Faculty /Staff must provide documentation of any counseling, post-exposure management and follow-up to The University.

3. **Determine Need for Post exposure Prophylaxis (PEP)**
   This will be determined by your medical provider as he or she will have the most up-to-date information regarding the following:
   a. The need for PEP is determined by the type of injury and the status of the recipient
      i. Type of exposure
         1. Percutaneous injury
         2. Mucous membrane exposure
         3. Non-intact skin exposure
         4. Bites resulting in blood exposure to either person involved
      ii. Type and amount of fluid/tissue
         1. Blood
         2. Fluids containing blood
         3. Potentially infectious fluid or tissue (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)
         4. Direct contact with concentrated virus
      iii. Infectious status of source
         1. Presence of HBsAg
         2. Presence of HCV antibody
         3. Presence of HIV antibody
         4. In the instance of an unknown source, evaluate the likelihood of exposure to a source at high risk for infection. Collect information about where and under what circumstances the exposure occurred to be assessed epidemiologically for the likelihood of transmission of HBV, HCV, or HIV.
      iv. Susceptibility of exposed person
         1. Hepatitis B vaccine and vaccine response status
         2. HBV, HCV, and HIV immune status
v. If any party is unsure whether to start PEP or not, they may call the PEP line for up-to-the-minute advice on managing occupational exposures to bloodborne pathogens at 888-448-4911.

b. According to the CDC, HBIG, hepatitis B vaccine and HIV PEP are most likely to be effective if administered as soon after the exposure as possible.
   i. HBIG – within 24 hours
   ii. HBV vaccine – within 24 hours
      1. Can be administered simultaneously with HBIG at different sites
   iii. HIV PEP
      1. The interval within which PEP should be initiated for optimal efficacy is not known.
      2. Animal studies suggest that PEP is less effective when started more than 24-36 hours after exposure; however, the interval after which no benefit is gained from PEP in humans is undefined. Therefore, PEP should be started even if the interval since exposure exceeds 36 hours.
      3. Exact regimens and recommendations for disease-specific PEP management should be provided by the CDC and are available at Updated U.S. Public Health Service Guidelines for the Management of Occupation Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. http://www.cdc.gov/niosh/topics/bbp/

4. Financial Responsibility
   a. When a student is exposed to a potentially infectious agent during the course of regular educational activities for the University, the University will not be responsible for costs incurred by the student for treatment and follow-up of this exposure.
   b. The “source” testing will be paid for by the college.
   c. Any personal financial obligation incurred by an exposure is the student’s responsibility.

Please refer to the most current information located on the Center for Disease Control and Prevention website: http://www.cdc.gov/niosh/topics/bbp/guidelines.html.

Resources:

Source Individual’s Consent Form
HIV, HBV, and HCV Testing
The University of Findlay – College of Pharmacy

The “Source Individual” is the person whose blood or body fluids were exposed to the healthcare provider/student.

Source Individual’s Information
Name (please print): ________________________________________
Address: __________________________________________________
Telephone Number: _________________________________________
Exposure Date: ______________________________________________

Source Individual’s Statement of Understanding
I understand that employers/sites are required by law to attempt to obtain consent for HIV, HBV, and HCV testing each time an employee or student is exposed to the blood or bodily fluids of any individual. I understand that a University of Findlay employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV is requested. I am not required to give my consent, but in doing so I am allowing the healthcare provider to receive proper preventative care. I recognize my blood will be tested for these viruses at no expense to me.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed healthcare provider for his or her medical benefit only, and to others only as required by law.

Please INITIAL next to the appropriate line:
I hereby consent to: HIV Testing ____  I hereby refuse consent to:
                      HBV Testing ____  HIV Testing _____
                      HCV Testing ____  HBV Testing _____
                       __________________________

Source Individual’s signature: ______________________________________

Legal guardian name (please print): ______________________________________
If source is under 18 years of age
Legal guardian signature: ______________________________________
If source is under 18 years of age
Date: ______________________

Name of Medical Facility/ER where the source individual will receive testing:
__________________________________________

The University of Findlay | Last Updated 2013 May
Contact information of testing site: ________________________________
Bloodborne Pathogen Exposure Documentation
The University of Findlay – College of Pharmacy

The recipient is the employee or student exposed to a potential bloodborne pathogen. The source is the person whose blood or body fluids were exposed to the healthcare provider/student.

**Recipient Information**
Name: ____________________________________________________________

UF Department or Program: __________________________________________

**Recipient Health Information**
Hepatitis B vaccination response status: _______________________________

Current medical conditions: __________________________________________

Allergies: _________________________________________________________

**Incident Information**
Date of Exposure: __________________________________________________

Time of Exposure ____________________________________________________

Detail of procedure being performed at the time of exposure (including where and how the procedure was performed) ____________________________________________________________

Type (blood, plasma, etc) and amount (in mL) of fluid or material exposed: __________

Area exposed (skin, eyes, mucosal, etc.): ________________________________

Severity of exposure: ________________________________________________

Provide a brief description what occurred: ________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Treatment Information

- For Skin Exposure:
  Was the site thoroughly washed with soap and water? Circle one: Yes / No
  Were wounds and punctures cleaned with an antiseptic agent? Circle one: Yes / No

- For Mucosal Exposure:
  Was the site flushed with water for at least 10 minutes? Circle one: Yes / No

- Did the recipient receive medical attention within the first hour of exposure?
  Circle one: Yes / No
  If no, please describe why not and when medical attention was obtained______________________________
  ______________________________________________________________________________________
  If yes, please describe when and where medical attention was obtained____
  ______________________________________________________________________________________
  ______________________________________________________________________________________

Testing

Did the source know details of their infection status (HIV, HCV, HBV)? Circle one: Yes / No
  If yes, what was the status?______________________________________________________________

Was the source asked for testing? Circle one: Yes / No
  If so, did they consent to testing? Circle one: Yes / No
  If not, why was the source not asked for testing?___________________________________________
  ______________________________________________________________________________________

Where did the source individual seek medical attention?_____________________________________
  ______________________________________________________________________________________

Exposed/Injured Individual's signature: __________________________ Date:________

UF Supervisor's signature: __________________________ Date:________