

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 personal 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 PEpline 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 site
 - iii. HIV PEP
 - 1. The interval within which PEP should be initiated form 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 are 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/Updated%20U.S.%20Public%20Health%20Service%20Guidelines%20for%20the%20Management%20of%20Occupation%20Exposures%20to%20HBV,%20HCV,%20and%20HIV%20and%20Recommendations%20for%20Postexposure%20Prophylaxis).
<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:

CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. *MMWR: Recommendations and Reports*; June 29, 2001 / 50(RR11);1-42.

CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. *MMWR: Recommendations and Reports*; September 30, 2005 / 54(RR09);1-17.





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:	I hereby refuse consent to:
HIV Testing _____	HIV Testing _____
HBV Testing _____	HBV Testing _____
HCV Testing _____	HCV Testing _____

Source Individual's signature: _____

Legal guardian name (please print): _____

If source is under 18 years of age

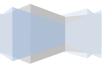
Legal guardian signature: _____

If source is under 18 years of age

Date: _____

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

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 and where it 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:** _____

