

## NWI Blood and Body Fluid Exposure Management Procedure:

Any potential exposure to blood or body fluids, including body fluid splashes or injuries with needles or sharp objects which may have come in contact with blood or body fluids.

### Action Step 1 – Intervention

1. Cleanse the exposed body part(s) with soap and warm water or irrigate wounds with sterile saline/water (Exception; for mucous membrane exposures have employee gargle/rinse with water). Employee should notify his/her supervisor and report to Occupational Health or the emergency room/appropriate medical facility after hours.
2. Apply non-adherent dressing to wounds and follow other wound care and Td/Tdap and hepatitis B prophylaxis protocols as appropriate.
3. Ensure the **source patient's** provider is aware of the exposure. Occupational Health Provider will notify the source patient's provider, order baseline lab work (**HIV rapid panel, HBsAg, Hepatitis C antibody**) on the source patient under the provider's name, and notify the provider to obtain verbal consent from the source patient prior to signing off lab orders.
4. Order baseline lab work for **employee (HIV antibody, Hepatitis C antibody, HBsAb, HBsAg, Hep B Core Ab (IgM), HCG if possibility of being pregnant)**. Occupational Health will manage any follow up lab work if necessary.
5. Verify the results of the rapid HIV screen. If positive, initiate antiviral medicals for the employee per protocol. Order prophylactic anti-viral medication per protocol if indicated in CPRS under the Blood Borne Pathogen Exposure Order Template. Refer patient to pharmacy to pick up medication.

### 6. Summary of recommendations for drugs

Source of exposure	More severe exposure	Less severe exposure	Large volume exposure	Small volume exposure	Exposure to Intact skin
HIV positive patient, class 2	Recommend 3-drug regimen	Recommend 3-drug regimen	Recommend 3-drug regimen	Recommend 2-drug regimen	No drugs
HIV positive patient, class 1	Recommend 3-drug regimen	Recommend 2-drug regimen	Recommend 2-drug regimen	Consider 2-drug regimen	No drugs
Patient not known to have HIV, has an HIV risk factor	Consider 2-drug regimen	Consider 2-drug regimen	Consider 2-drug regimen	Consider 2-drug regimen	No drugs
Source is unknown but HIV exposure was likely	Consider 2-drug regimen	Consider 2-drug regimen	Consider 2-drug regimen	Consider 2-drug regimen	No drugs
Patient not known to have HIV; no HIV risk factor	No drugs	No drugs	No drugs	No drugs	No drugs
Source is unknown but HIV exposure was not likely	No drugs	No drugs	No drugs	No drugs	No drugs
Source patient is known to be HIV negative	No drugs	No drugs	No drugs	No drugs	No drugs

7. Consult Infectious Disease if antiviral medication is indicated and the healthcare worker is taking additional medications, if the source patient is HIV+ and known to be taking HIV medication, or if the healthcare worker is pregnant.
8. Initiate CA-1 in ASISTS program. Contract, without compensation (WOC), trainees or volunteers involved in a blood or body fluid exposure incident must notify their agency of the exposure. Blood or body fluid exposure incidents involving non-VA employees should be treated similar to VA employee and the appropriate lab work will be drawn. An incident report must be created in ASISTS to notify Safety of the incident, regardless of whether the employee is an Agency staff or VAMC employee.

## Action Step 2 – Documentation

1. Refer to Blood Borne Pathogen (BBP) Exposure Control Plan Policy IC-008 for guidance.
2. Occupational Health Provider will document incident in the Body Fluid Initial Exposure Note Template found in the NWI Shared folder under Employee/Occupational Health or under the Emergency Room template. Obtain history of exposure (include time, location, and specific circumstances of the event), type of personal protective equipment (PPE) that the employee was using, initial actions taking by employee post exposure (eg. washing of exposed area, etc...).
3. Determine tetanus vaccination status of Td/Tdap and Hepatitis B series.
4. Obtain pertinent medical history about medications, medication allergies, and any underlying medical conditions.
5. Document employee and source patient on Occupational Health Body Fluid Exposure spreadsheet.

## Action Step 3 – Post Event Follow-up

1. Provide employee appropriate educational handouts from CDC and provide information sheet with dates of follow up lab work.
2. Inform employee regarding date of future lab work if necessary.

Timing	For all exposed workers	For those on 2-drug regimen or 3-drug regimen			Additional test For those on 3-drug regimen
		CBC with diff	Liver tests	BUN, Creatinine	Glucose
Baseline	✓	✓	✓	✓	✓
2 wk		✓	✓	✓	✓
4 wk		✓	✓	✓	✓
6 wk	✓				
12 wk	✓				
6 mo	✓				
12 mo	<i>If pt became Infected with hepatitis C</i>				

## Blood Borne Pathogen Exposure Procedure for All CBOCS

- 1) Identify Blood Borne Exposure has occurred. Wash area with warm soap and water or flush area for 5 minutes, as appropriate.
- 2) Employee will notify supervisor/lead person that incident has occurred. Employee will need to identify source patient.

- 3) The employee will call the appropriate Occupational Health Provider to document a note in CPRS and initiate a CA-1 in the ASIST program.

Shenandoah and Bellevue: Lois Johnson, LPN 8860-5823 or Shanna Freeman, APRN 8860-5994

Norfolk: Cay Tiernan, RN 8865-6634

North Platte & Holdrege: Tom Stearley, RN 8864-2358

- 4) Employee screening lab work will be ordered by the Occupational Health Provider and drawn at the CBOC clinic. **The baseline screening lab work includes a HIV Screen, Hepatitis C Antibody, Hepatitis B Surface Antibody (HBsAb), Hepatitis B Surface Antigen (HBsAg), and Hepatitis B Core Antibody (HBcAb (IgM)).** The lab will be sent to the Omaha VA Medical Center with the next available lab pick up. The Occupational Health Provider will communicate with the employee regarding the results of his/her lab work. If the source is HIV positive or has HIV risk factors, Post Exposure Prophylaxis (PEP) medication will be initiated from the Needle Stick Kit that is maintained by pharmacy.

- 5) Occupational Health Provider will notify CBOC physician/extender of body fluid exposure involving their patient. Occupational Health Provider will notify the source patient's provider, order baseline lab work (**HIV rapid panel, HBsAg, Hepatitis C antibody**) on the source patient under the provider's name, and notify the provider to obtain verbal consent from the source patient prior to signing off lab orders.

The SOURCE patient will have his/her blood drawn at the CBOC.

**The HIV Rapid Screen will be sent to the appropriate facility.**

Bellevue: Ehrling Bergquist Hospital

Shenandoah: Shenandoah Medical Center

Norfolk: Faith Regional Medical Center

North Platte: Great Plains Regional Medical Center

Holdrege: Phelps Memorial Health Center

Lincoln: St. Elizabeth's Medical Center

Grand Island: St. Francis Medical Center

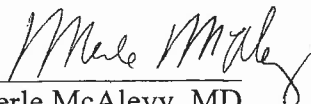
The clinic will send the HbsAg and Hepatitis C antibody screen to be transported to Omaha VA Medical Center.

- 6) Employee and Supervisor or Occupational Health will initiate CA-1 and contact OWCP specialist (Deb Bushor) at 402-995-4345 for any OWCP questions.

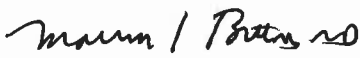
- 7) Occupational Health will manage follow up lab work if necessary. If the source patient is negative for HIV, Hepatitis B, and Hepatitis C, no follow up lab work is necessary.

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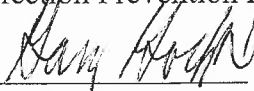
CONCURRENCES:

  
Merle McAlevy, MD  
Occupational Health Physician

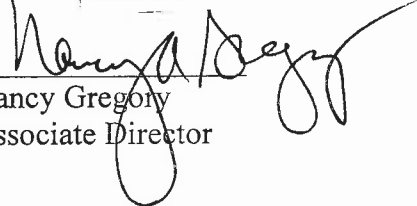
9/1/10  
Date

  
Marvin Bittner, MD  
Infection Prevention Physician

9/8/10  
Date

  
Gary Gorby, MD  
Chief of Medicine

10/6/10  
Date

  
Nancy Gregory  
Associate Director

9/15/10  
Date