

# BLOOD BORNE PATHOGEN EXPOSURE PROTOCOL



**Revised  
March 2018**

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This packet contains all of the forms and information needed to take care of an employee or student involved in an exposure incident.

### **What is an Exposure Incident?**

***Exposure Incident:*** “a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM)\* that results from the performance of an employee’s duties.” If you are unsure if an exposure incident occurred, administer first aid and then call either the exposure control officer or the appropriate supervisor of your school or college to determine if an exposure incident has occurred.

\*OPIM = semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**You have determined that an exposure incident has occurred. Please, don’t panic. Occupational exposures should be considered urgent (not emergency) medical concerns to ensure timely post-exposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP if necessary.**

Follow the steps outlined below:

#### **Step One:**

##### ***Administer First Aid:***

- If this incident occurred in a patient care setting, ensure patient safety first.
- Then, clean your wound with copious amounts of soap and water for 10-15 minutes or flush your eyes or other mucous membranes with water for 10-15 minutes.
- Vigorous scrubbing should be avoided as this may damage the skin and increase the chance of disease transmission.
- If there is a puncture wound (e.g. needle stick), you do **not** need to squeeze any blood out.
- You do **not** need to apply alcohol, antiseptic or use bleach on the wound.

#### **Step Two:**

- Notify your immediate supervisor\* Failure to document an exposure incident may result in the denial of the claim or delay of payment for healthcare services.
- If he/she is unavailable, call the Exposure Control Officer.
- Your supervisor or the Exposure Control Officer will assist you with completion of the exposure incident documentation.

**\*Note to supervisor:** you must contact the Exposure Control Officer within 24 hours of the incident.

Christián Jovanović M.Om, B.S., L.Ac, Dipl. Ac  
*Exposure Control Officer*  
Office: 952-888-4777 x309  
Cell: 612-203-2693

### **Step Three:**

- Complete **Document A** in as much detail as possible.
- **Make 3 copies:** one for Human Resources, one for the Exposure Control Officer, one for the health care professional.

### **Step Four**

- Sign the form regarding permission for testing of Exposed Individual. **(Document B) Make 3 copies.**

### **Step Five:**

- Identify the Source Individual (when possible) or unless prohibited by law. This is the person to whose blood or OPIM you were exposed.
- The clinical supervisor of the exposed individual should contact the Source Individual to discuss blood testing and obtain consent.
  - Request and obtain permission for testing of Source Individual (if necessary). Fill out the Past Exposure Testing Consent form and have blood tested for HIV, HBsAg, and HCV antibody. If the Source Individual is immune to Hepatitis B (i.e. has had the vaccination), HBsAg testing is not necessary. **(Document C) Make 3 copies.**
  - If the Source Individual is already known to be HIV, HCV or HBV positive, new testing need not be performed.
  - If the Source individual refuses to be tested, it must be documented that legal consent was not obtained. **(Document C)**
  - If the Source individual cannot be identified, this must be documented. **(Document C)**

### **Step Six:**

- Within **2 hours** of the incident the Exposed Individual should present to the university lab or an urgent health care clinic / ER for a medical evaluation. It is important that you don't delay in getting care. Be prepared to have your blood drawn and to be counseled by a physician regarding your risks and management options such as post-exposure drug prophylaxis.

**\*Note:** HIV prophylactic drugs are most effective when given within 4 hours of exposure. Hepatitis B Immune Globulin (HBIG) should be given as soon as possible after exposure, within the first 24 hours. Hepatitis B vaccine is given within seven days of exposure.

- Bring a copy of the following forms with you when you go in for your medical evaluation:
  - Completed Documents A and B (if you are having lab work done there)
  - Notice to healthcare provider
  - Healthcare professional's post exposure written opinion (Document D)
  - Completed Description of employee's exposure-related job duties
  - Copy of OSHA's Bloodborne Pathogens Standard
- If you would rather have your blood drawn at the NWHSU laboratory, you will need to have the Past Exposure Testing consent form filled out, signed by a DC or MD, (test your blood for HIV, HBsAg, and HCV antibody; if you have had the hepatitis B vaccine series, you do not need to test for HBsAg) and make an appointment with Bloomington Health Clinic (formally known as Bloomington Natural Care Clinic).

### **Step Seven:**

- The exposed individual must make an appointment with the university's Exposure Control Officer for follow-up counseling and paperwork within the next 2 weeks. Bring copies of all your blood work, forms from the clinic, and 2 copies of exposure incident report.

### Step Eight

- It will be the exposed individual's responsibility to make appropriate appointments for follow-up laboratory testing. They must contact the Exposure Control Officer for forms and call the clinical laboratory for an appointment.

### **\*Note to Faculty / Clinical Supervisors:**

In the event an exposure incident happens in the classroom, lab, or clinical settings, you must immediately excuse the student or exposed individual from their duties in order to present for a lab draw.

*You may not penalize the exposed individual in any way for time missed, including: assignments, exams, or patient care duties.*

If the exposure incident happens in the clinical setting, the clinical supervisor must arrange for an immediate transition of care for the patient to another clinical intern, or to assume care of the patient themselves in order to facilitate the exposed individual presenting for lab draws.

- All paperwork must be submitted to the exposure control officer within 24 hours of the incident.
- Although highly recommended and encouraged, the exposed individual is not required to submit to lab testing or prophylactic therapy. However, all documentation must still be submitted.
- In the event the exposed individual is an employee, associated medical fees will be processed as a workman's comp claim through Human Resources.
- If the exposed individual is an AOM student, fees will be reimbursed or paid out right as a benefit of their needle stick insurance policy. The student will not be responsible for any fees associated with the exposure incident.
- External clinical sites (i.e. hospitals) may have their own blood borne pathogen protocols, in this case follow the procedure of the host site and submit all forms to the NWHSU exposure control officer.

**Document A**

**EXPOSURE INCIDENT REPORT**

*To be filled out by the exposed individual involved in an exposure incident. Please fill out as completely as possible.*

Date of Exposure Incident \_\_\_\_\_

Exposed Individual's Name \_\_\_\_\_

Job Title or Student \_\_\_\_\_

HBV (Hepatitis B Virus) Vaccination status (please circle)

Fully vaccinated

Partially vaccinated

Not vaccinated

Time of suspected exposure \_\_\_\_\_

Location of incident \_\_\_\_\_

Describe as specifically as possible what procedure(s) you were performing when exposure occurred. Describe how the exposure incident occurred.

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Were you using personal protective equipment? (e.g. gloves, lab coat, and mask) Yes ☐ No ☐

Did the PPE fail? Yes ☐ No ☐

If yes, explain how:

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To what body fluid(s) were you exposed? Circle all that apply:

- ☐ blood
- ☐ semen
- ☐ vaginal secretions
- ☐ unfixed tissues
- ☐ body fluid visibly contaminated with blood
- ☐ couldn't tell what fluid it was

How much fluid do you think you were exposed to approximately?

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What part(s) of your body became exposed?

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Did a "sharps" (hollow-bore needle, acupuncture needle, glass, wooden stick etc.) penetrate your body?

Yes ☐ No ☐

If yes, what was the object? 

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Where did it penetrate your body? 

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How deep was the puncture? 

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Did you administer first aid? Yes ☐ No ☐ Treatment declined by injured party ☐

Describe what you did:

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Please attach a separate sheet for additional comments:

Signature: 

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Printed Name

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Contact phone number

## Document B

### POST EXPOSURE TESTING CONSENT FORM EXPOSED INDIVIDUAL

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the exposed individual.

As this exposure may possibly transmit the hepatitis B virus (HBV) or hepatitis C (HCV) or the human immunodeficiency virus (HIV), I understand that it is important that my blood be tested for Hepatitis B, Hepatitis C, and HIV.

\_\_\_\_\_ I agree to have my blood tested for hepatitis B, hepatitis C, and HIV at the prescribed intervals recommended by the CDC (see below).

\_\_\_\_\_ I decline to have my blood tested at this time.

\_\_\_\_\_ I understand that I may request testing within 90 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

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The Center for Disease Control (CDC) has suggested testing at the following intervals:

	Date	Results
• At time of exposure ( <u>baseline</u> )	_____	_____
• At 6 weeks post-exposure	_____	_____
• At 6 months post-exposure	_____	_____

**Document C**

**POST EXPOSURE TESTING CONSENT FORM  
SOURCE INDIVIDUAL**

I was recently involved in an exposure incident at Northwestern Health Sciences University.  
I am the source individual.

As this exposure may possibly transmit the hepatitis B virus (HBV), hepatitis C, (HCV), or the human immunodeficiency virus (HIV), I understand that it is important that my blood be tested for Hepatitis B, Hepatitis C, and HIV.

\_\_\_\_\_ I agree to have my blood tested for hepatitis B, hepatitis C, and HIV (baseline).

\_\_\_\_\_ I decline to have my blood tested at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

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The Center for Disease Control (CDC) has suggested testing at the following intervals:

	Date	Results
• At time of exposure ( <u>baseline</u> )	_____	_____

**Northwestern Health Sciences University  
POST EXPOSURE  
UNKNOWN SOURCE INDIVIDUAL**

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the exposed individual. The incident was such that the source individual for this exposure incident cannot be identified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date



## Document D

### HEALTHCARE PROFESSIONAL'S POST EXPOSURE WRITTEN OPINION

The following information is required by law to be provided to healthcare professionals performing blood borne pathogen evaluations including HBV vaccinations:

- A description of the exposure incident.
- Documentation regarding the routes of exposure
- Source individual's blood test results (Unless unfeasible or prohibited by law)
- A copy of OSHA's Blood borne Pathogens Standard.

Employee / Student Name: \_\_\_\_\_

Title: \_\_\_\_\_

Our employee has been referred to you due to an occupational exposure to blood or other potentially infectious material. Please provide the following information and return this form within 15 days of the evaluation.

Hepatitis B Vaccine: Please check appropriate box:

- ☐ Previously received HBV vaccination.
- ☐ HBV vaccination in progress.
- ☐ HBV vaccination is not indicated at this time.

#### Post-Exposure Follow-up and Evaluation

The employee has been provided the following:

- ☐ Laboratory test results
- ☐ Results of all evaluations and examinations.
- ☐ Information regarding any medical conditions resulting from the exposure incident which require treatment or evaluation.
- ☐ Post-exposure prophylaxis management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP

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Licensed Healthcare Provider

Date

## **NOTICE TO HEALTHCARE PROVIDER**

As part of your follow-up for our employee (Exposed Individual), please provide the following services:

- 1      Test the Source Individual's blood to determine infectivity (if consent is given). If the individual is known to be infected with HIV, HBV, or HCV testing need not be repeated
- 2      Test the Exposed Individual/employee's blood to determine HIV, HBV, and HCV serologic status (consent form must be filled out)
- 3      Provide the Exposed Individual/employee (or their medical doctor) the Source Individual's test results (if feasible), and advise on regulations limiting disclosure of source identity and infectious status
- 4      Provide post-exposure treatment and counseling following U.S. Public Health Service guidelines
- 5      Complete the "Healthcare Professional's Post Exposure Written Opinion" and return it within 15 days to:  
  
         Exposure Control Officer  
         Northwestern Health Sciences University  
         2501 West 84<sup>th</sup> Street  
         Bloomington, MN 55431
- 6      If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed personnel elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.