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Owner **Charlotte Osborn-Holm**
Policy Area **Human Resources - Employee Health**
Applicability **All CHI Health**

Blood and Bodily Fluid Exposure for Employees

PURPOSE

The purpose of this policy is to provide guidelines for the management of health care workers (HCW) after percutaneous, parenteral, mucous membrane or prolonged cutaneous exposure to bloodborne pathogens (BBP).

SCOPE

- A. The scope of this policy includes the staff of Employee Health/Occupational or designee, while caring for all CHI Health staff who work at any locations.
- B. Initial evaluation will also occur for individuals who are not associates and who are exposed to BBP when caring for any patient while working at a CHI Health ministry.
- C. This policy will also be followed for any exposure of BBP whether it is from patient to staff or staff to patient.
- D. This policy functions collaboratively with the "[Bloodborne Pathogen Exposure Control Plan](#)" for CHI Health (found in PolicyStat on the intranet).

DEFINITIONS

- A. BBP refers to Bloodborne Pathogens.
- B. HCW refers to anyone working in a CHI Health facility to care for patients, or is assisting in the transport of a patient to one of our facilities. Includes but is not limited to the following:
 - 1. Employees
 - 2. Contract employees
 - 3. Volunteers
 - 4. Students
 - 5. Physicians
 - 6. EMT, Firefighter, etc.
- C. EHN/OHN refers to the Employee Health Nurse or Occupational Health Nurse or his/her designee.
- D. Designee refers to Administrative/House Supervisor.

- E. ICP refers to the Infection Control and Prevention Professional.
- F. HBsAb refers to hepatitis B surface antibody.
- G. HBsAg refers to hepatitis B surface antigen.
- H. Anti-HCV refers to antibodies to hepatitis C virus.
 - I. HIV refers to human immunodeficiency virus.
- J. An exposure will be defined as:
 - 1. A percutaneous injury from a contaminated sharp (e.g., needle stick or cut with sharp object).
 - 2. Splash of fluids containing BBP into a mucous membrane.
 - 3. Splash or contact with BBP onto non-intact skin, e.g., skin that is chapped, abraded or afflicted with dermatitis.
 - 4. A human bite if skin is broken for both the HCW and there was blood present from the source's mouth.
 - a. This could also be considered a double exposure if the blood from the HCW's bite was transferred into the source's mouth.
- K. Other sources of BBPs are defined as:
 - 1. Body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, AND any other body fluids visibly contaminated with blood.
 - 2. Saliva during dental procedures.
 - 3. Unfixed tissue or organs (other than intact skin) from living or dead humans.
 - 4. Cell or tissue cultures that contain HIV, Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV).
 - 5. Organ cultures, culture media or similar solutions.
 - 6. Blood, organs and tissues from experimental animals infected with HIV, HBV or HCV.
- L. Body secretions that are NOT considered potentially infectious unless they contain visible blood are feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus.
- M. Means of transmission are:
 - 1. Sharps including:
 - a. Needles
 - b. Scalpels
 - c. Broken glass
 - d. Exposed ends of dental wires
 - e. Anything that can pierce, puncture or cut your skin
 - 2. Open cuts, nicks and skin abrasions, even dermatitis and acne, as well as the mucous membranes of your mouth, eyes or nose.
 - 3. Indirect transmission, such as touching a contaminated object or surface and transferring the infectious material to your mouth, eyes, nose or open skin.

POLICY STATEMENT

- A. All CHI Health employees who work at CHI Health will be educated on the reporting requirements and the medical follow up that must occur after an exposure to BBP.
- B. Those employees that have been exposed to BBP are to report to Occupational/Employee Health or the Administrative/House Supervisor immediately for evaluation of the exposure and chemoprophylaxis

information and counseling.

- C. Occupational Exposures should be considered urgent medical concerns to ensure timely post exposure management.
- D. All exposures will be handled on an individual and confidential basis, and the exposed HCW will be counseled by the Occupational/Employee Health Nurse, Administrative/House Supervisor or designated physician utilizing Occupational Safety and Health Administration (OSHA) BBP standards, as well as, Center for Disease Control (CDC) recommendations.

E. Procedure During Normal Business Hours

1. Roles and Responsibilities for Exposed HCW

a. Washes or irrigates the exposed area immediately or at the earliest possible time.

- 1. Skin - Wash with soap and water.
- 2. Eyes - Irrigate with running water or saline for 15 to 20 minutes.
- 3. Mouth - Swish with water and spit.

b. Notifies their local Occupational/Employee Health Nurse or depending on the location, in his/her absence, the Administrative/House Supervisor immediately following exposure.

c. Completes an IRIS report that includes:

- 1. Employee's name, title, and department
- 2. Source's name (if known), room number, and hospital number
- 3. Specific circumstances for the exposure incident (e.g., clean or dirty needle, splash around eye or in the eye, etc.)
- 4. Date of exposure
- 5. Location of exposure (e.g., patient room)
- 6. Type of exposure (e.g., needle stick)
- 7. Area exposed (e.g., right thumb)
- 8. Type of blood or body fluid involved (e.g., blood)
- 9. Immediate action taken (e.g., hands washed)
- 10. Personal protective equipment in use (e.g., gloves)
- 11. Work practices in use (e.g., safety needles)
- 12. Brand and gauge of device
- 13. Other pertinent information (e.g., in a hurry)

2. Roles and Responsibilities for the Occupational/Employee Health Nurse or Designee

a. Assists the employee with completing the necessary paperwork either from the intranet, the Red Packet or in person.

- 1. Form A - If there is a YES in BOTH sections (1 & 2) proceed with rest of packet.
- 2. Form B - Consent/declination for baseline testing.
- 3. Form C - Consent/declination for prophylactic medication.
- 4. Form D - Education for the exposed employee to keep.
- 5. Form E - Source Consent.
- 6. Lab Requisition (one for source and one for exposed).

- b. Reminds the HCW to submit an IRIS report.
- c. Determines whether the exposure meets criteria for implementing "Exposure Protocol Testing," keeping in mind that just because someone has been exposed to bodily fluids does not always mean testing is needed.
 1. The EHN or designee may use the "Exposure Evaluation" Form A to assist in identifying specific details about the exposure; this form asks questions about the following areas:
 - a. The 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
 5. Double exposure
 - b. Type and Amount of Fluid/Tissue
 1. Blood
 2. Fluids containing blood
 3. Other potentially infectious material or tissue
 4. Direct contact with concentrated virus
 - d. Initiates "Exposure Protocol" for testing (offering testing to the exposed individual and testing the source), if deemed necessary.
 1. Explains that the exposed HCW is responsible for maintaining the confidentiality of source results.
 2. Uses the following forms in the Exposure packet:
 - a. Normal Exposure
 1. Exposed Individual Consent for Post Exposure Blood Testing (this is also their declination form) - Form B
 2. Prophylaxis Medication Consent (this is also their declination form) - Form C
 3. Employee Health Standard Lab Requisition with mm-dd-yy then last four of social - Form D
 4. Information about Risk Factors and Transmission of HIV - Form E
 5. All blood samples are sent to a CHI Health lab.
 - b. Double Exposure
 1. Source Employee Consent for Post Exposure Blood Testing (this is also their declination form)
 2. Source Patient Consent for Post Exposure Blood Testing form (this is also their declination form)
 3. Prophylaxis Medication Consent (this is also their declination form) - Form C
 4. Employee Health Standard Lab Requisition - Form D
 5. Information about Risk Factors & Transmission of HIV

e. Explains risks of bloodborne infection, modes of transmission, and methods to prevent spread; also determines the following:

1. Infectious Status of the Source
 - a. Presence of HBsAg
 - b. Presence of HCV antibody
 - c. Presence of HIV antibody
2. Susceptibility of the Exposed Person
 - a. Hepatitis B vaccine information
 - b. HBV, HCV, and HIV immune status (titers)
3. Increased risk of seroconversion is if the exposure was:
 - a. Large-bore hollow needle
 - b. Deep puncture
 - c. Visible blood on device
 - d. Needle used in source's artery or vein
 - e. Parenteral exposure to laboratory or research specimens containing high titer of virus
- f. Completes an Incident Investigation
 1. Metro - Performed by Safety and IP, if needed
 2. Greater NE - performed by Employee Health

F. Determines the Source Patient

1. **When the source is known**, the following labs will be drawn (use Lab Requisition - Form D):
 - a. HIV rapid and HIV antibodies
 - b. HBsAg
 - c. AntiHCV
2. **If the source is unconscious, mentally incapable, or otherwise unable to sign consent:**
 - a. Request consent from the next of kin.
 1. If next of kin is not available, consult with nursing staff to confirm that consent was given upon admission for HIV testing to be completed or if having a procedure, confirm that consent included any necessary blood work.
 - b. Document efforts to obtain consent.
 - c. Notify the laboratory to perform testing as governed under Nebraska state law if consent is obtained or sample is available.
3. **If the source is a minor:**
 - a. If a newborn, test the mother.
 - b. Obtain appropriate consent from parents/guardian.
 - c. See lab testing below:
 1. Rapid HIV - cannot be done on children less than 12 years of age.
 2. HIV 1 & 2 - cannot be done on children less than two years of age.

- a. If less than two years of age, order the following:
 1. 86701 - HIV 1 antibody by Multispot
 2. HIV 2 antibody by Multispot
 3. Hepatitis C Antibody - if less than ten years of age, this will be sent out by the lab.
 4. Hepatitis B - no difference in the labs.
4. **If the source or next of kin refuses to sign consent for testing**, inform the source that refusal to give consent will be communicated to the exposed individual.
 - a. Inform the source that if there is no blood available and consent to draw blood is not given, consulting the District Court for the appropriate county may be an additional option if testing is desired by the exposed individual.
 1. The state has the authority though to require testing based on their assessment of the risk involved in the exposure.
 - b. Explain to the source that if a sample of blood is available or becomes available, the testing will be completed according to law.
 5. **If the source expires without the opportunity to consent** to such testing, testing for the presence of an infectious disease or condition shall be conducted immediately.
 - a. Employee Health may need to involve the mortuary to assist with obtaining the needed labs.
 6. **If source is unknown or unavailable**, inform the exposed individual that no source blood is available and monitor labs the same as a positive source.
 7. **If source labs are negative** (after initial testing performed on the source and testing offered to exposed individual):
 - a. No further testing is needed if all of the source's testing results are negative.
 - b. Proceed to section "Action Required by the EHN/OHN for Follow Up."
 8. **If source labs are positive** (after initial testing performed on the source and testing offered to exposed individual):
 - a. Determine if positive results are already known for the source or if this is a new development.
 1. If this is a new development, the EHN/OHN will contact an Occupational Health (Company Care) provider for instructions.
 2. EHN should NOT report newly positive results directly to a patient.
 3. Refer employee to Company Care to be evaluated by a provider.
 - b. **Post Exposure Prophylaxis (PEP)**
 1. Explain to exposed individual options for prophylaxis treatment which requires a visit with a provider.
 2. Explain the option of treatment if indicated and reinforce that for optimal results treatment should be initiated as soon as possible.
 3. If HCW refuses treatment, the declination form must be signed.
 4. If consenting to treatment:
 - a. Contact Occupational Health for treatment options and orders.
 - b. Options for utilizing Occupational Health in Lincoln:

1. Company Care - Lincoln
 2. Telehealth for Kearney and Grand Island
- c. Options for utilizing Occupational Health in the Metro:
1. Company Care - Mercy Council Bluffs
 2. Company Care - Omaha
- d. The HCW will need to sign a "Consent for Treatment" form.
- e. Staff follows normal CHI Health work comp visit protocols.
- f. A provider may obtain further baseline lab testing prior to administration of medications.
1. Testing may include CBC, CMS and a serum pregnancy test.
 2. Complete follow-up laboratory testing as directed by provider.
- g. If medication is prescribed:
1. Give the CHI Health HCW a "First Fill Temporary Pharmacy Card" form so they can get their medication at no cost at a local pharmacy.
 2. Company Care nursing staff can still fax/call in script to the appropriate pharmacy.
 3. The HCW will need to obtain medications from a local pharmacy; see list below.

City	Pharmacy	Address	Phone	Hours
Kearney	<p>*****1st choice for Good Samaritan is to use their pharmacy that is located within the hospital.</p> <p>2nd choice Walgreen's Pharmacy</p>	2516 2nd Avenue NE 68847	Phone: (308) 236-8547 or (308) 234-6631 Fax: (308) 237-0933	Open 24 hours
Grand Island	Walgreen's Pharmacy	1515 W. 2 nd St. Grand Island,	Phone: (308) 384-8290	Open M-F 0800-2200; Sat 0900-1800;

		NE		Sun 1000-1800; Holidays 0900-1700
Lincoln	Walgreen's Pharmacy	7045 O Street Lincoln, NE 68510	Phone: (402) 484-8222 Fax: (402) 484-7451	Open 24 hours
Metro	Use local CHI Health Retail pharmacies, if possible			

G. Explain to the exposed individual options for post-exposure testing.

1. Exposed individual may decline testing.
2. Exposed individual may opt to have baseline HIV drawn and held for 90 days.
3. Employee Health will need to notify the lab if this is the desire of the HCW.
4. Recommended Choice: Exposed individual may opt for free, confidential testing through the appropriate laboratory to include baseline:
 - a. HIV.
 - b. Anti-HCV.
 - c. HbsAb-Only tested when exposed individual's status is UNKNOWN.
 1. Does not need repeated if already has confirmed positive titer.
 - d. HbsAg-Only needs completed if the Hep B immunity status is unknown on the exposed individual.
5. Follow up may be indicated at the following intervals or at the medical provider's discretion (please confer with medical director for instructions):
 - a. Six weeks
 - b. Three months
 - c. Six months

H. Action required by the EHN/OHN for follow up post any exposure.

1. Determines employee's immunization status (Hepatitis B and Tetanus).
 - a. Hepatitis B Immunity
 1. Confirm immunity by reviewing past medical records for documented administration of three doses of Hepatitis B or laboratory evidence of immunity to Hepatitis B; if none of these are present, then draw HBsAb.
 - a. If the test indicates immunity, no further follow up for Hepatitis is required.
 - b. If testing indicates no immunity and the source patient of the exposure is known and tested as negative:
 1. Assess Hepatitis B vaccination history and proceed

accordingly (see Occupational Health Immunization Recommendations).

- a. For example, if they have not completed the first series, then it will need completed.
 - b. If they have completed the first series and now non-immune then a second series needs completed.
 - c. If testing indicates no immunity and the source patient of the exposure is either unknown or tested positive for Hepatitis B Antigen:
 1. Hepatitis B Immune Globulin will be offered, according to adult dosing, along with Hepatitis B vaccination.
 - d. For exposed non-employees who are HBsAb “negative” and the source is HBsAg “negative,” they are encouraged to follow-up with their own provider at their expense.
2. Determines HCWs tetanus status, offer booster, if needed.
 3. Notifies HCW of their test results, source test results, and if further immunizations are needed via a letter within 15 days of occurrence of exposure as mandated by OSHA.
 - a. Notify the HCW as soon as possible if immediate action is needed or as directed by the medical provider.
 4. Provides confidentiality of HCW test results.
 - a. HCW testing through any of the CHI Health Nebraska laboratories is confidential, not anonymous.
 - b. Laboratory results are released only with the HCW's consent or when required by law.
 - c. Hepatitis B results will be documented in the employee health file.
 - d. HIV results are released only with the written consent of the HCW or when required by law.
 - e. Post-exposure records are maintained in the strictest of confidence.
 - f. Breach of confidentiality by a CHI Health employee could result in disciplinary action.
 5. Provides confidentiality of source test results.
 - a. Test results are maintained in the strictest of confidence.
 - b. Breach of confidentiality by a CHI Health employee could result in disciplinary action.
 - c. Maintains appropriate records.
 1. Charts information about exposure and lab results in Agility.
 2. Blood Exposures are recorded in the employee's health file for the duration of employment and retained for 30 years after termination.
 3. All OSHA recordable BBP exposures are added to the OSHA log within seven days of occurrence.
 - a. Metro-performed by HR.
 - b. Greater NE-performed by Employee Health
 4. A sharps log is maintained in accordance with OSHA regulations.
 - a. Metro - performed by HR

- b. Greater NE - performed by Employee Health
- 5. The EHN will provide data as needed regarding number of exposures, type of exposures, etc., to safety managers, safety committees, workers' compensation, HR, OSHA, CHI Health, etc.
 - a. Metro - performed by HR
 - b. Greater NE - performed by Employee Health
- 6. Will submit a First Report of Injury to Sedgwick for workers' compensation if CHI Health HCW was seen in the ER, or by another provider and/or if PEP is indicated.
 - a. Metro - performed by HR
 - b. Greater NE - performed by Employee Health

I. After-Hours Procedures

1. Roles and Responsibilities for Exposed HCW

- a. Washes or irrigates the exposed area immediately or at the earliest possible time.
 - 1. Skin - Wash with soap and water.
 - 2. Eyes - Irrigate with running water or saline for 15 to 20 minutes.
 - 3. Mouth - Swish with water and spit.
- b. Contacts the Administrative/House Supervisor with any questions.
- c. Completes paperwork from the Occupational Health Intranet page using instructions provided.
 - 1. Form A - If there is a YES in BOTH sections (1 & 2) proceed with rest of packet.
 - 2. Form B - Consent/declination for baseline testing.
 - 3. Form C - Consent/declination for prophylactic medication.
 - 4. Form D - Education for the exposed employee to keep.
 - 5. Form E - Source Consent-House Supervisor will assist with this.
- d. Have labs drawn on themselves.
- e. Notifies their local Occupational/Employee Health Nurse by leaving a voice mail with the following information:
 - 1. Name of employee
 - 2. Name of source patient
 - 3. Date, time and location of the exposure
 - 4. Phone number where they can be reached
- f. Completes an IRIS report that includes:
 - 1. Employee's name, title, and department
 - 2. Source's name (if known), room number, and hospital number
 - 3. Specific circumstances for the exposure incident (e.g., clean or dirty needle, splash around eye or in the eye, etc.)
 - 4. Date of exposure
 - 5. Location of exposure (e.g., patient room)
 - 6. Type of exposure (e.g., needle stick)

7. Area exposed (e.g., right thumb)
 8. Type of blood or body fluid involved (e.g., blood)
 9. Immediate action taken (e.g., hands washed)
 10. Personal protective equipment in use (e.g., gloves)
 11. Work practices in use (e.g., safety needles)
 12. Brand and gauge of device
 13. Other pertinent information (e.g., in a hurry)
2. Roles and Responsibilities for Administration/House Supervisor
 - a. Direct employees to complete the paperwork via the Occupational Health intranet page.
 - b. Obtain consent from the source patient.
 - c. Notify lab to draw source blood.
 - d. Receive results from the source testing from lab via phone.
 - e. Offer further assistance, if needed.
 - f. Refer employees to the ED if Rapid HIV for the source is positive/reactive for prophylaxis treatment.
3. Roles and Responsibilities of the Lab
 - a. Draw appropriate labs as directed on the lab requisition for source and exposed employee.
 - b. Report results to the number/s on the lab form.
4. Roles and Responsibilities for Occupational/Employee Health Nurse
 - a. Follow up on exposure the next business day by contacting the employee.
 - b. Verify that all forms and labs were done correctly.
 - c. Follow same procedure as outlined in "**Procedure During Normal Business Hours.**"

Approval Signatures

Step Description	Approver	Date
	AMY ANDREASEN: DOCUMENT CONTROL COORD	05/2021
	JAKOB HUGHES: MKT MANAGER-EMPLOYEE HEALTH	05/2021
	CHARLOTTE OSBORN-HOLM: SUPERVISOR-EMPLOYEE HEALTH	05/2021