Bloodborne/Body Fluid Post Exposure Protocol

In the event that an occupational exposure to blood or body fluids (that is not the employee’s) occurs, and the employee chooses to been seen in one of the Western University of Health Sciences Medical Center’s, the following steps should be performed:

I. MANAGE THE EXPOSURE

   A. Employee should cleanse/wash any exposed skin immediately with soap and water.
   
   B. For exposure to eyes, nose, and/or mouth should be thoroughly flushed with a lot of tepid to warm water.

II. NOTIFY SUPERVISOR/FACULTY IMMEDIATELY

   A. Supervisor/faculty shall release the employee from their duties immediately to seek post-exposure care.
   
      a. Employee’s have the choice of going to:
         
            i. The Medical Center located in the PCC building in Pomona or on Milliken in Rancho Cucamonga
            
            ii. US Healthworks
            
            iii. Their own healthcare provider
            
            iv. Nearest hospital’s emergency room
      
   B. Supervisor will assist the employee in contacting the Student-Employee Health Coordinator at extension 3870 (909-706-3870)
   
   C. Supervisors will assist in obtaining the source patient’s consent and lab work.

III. REQUIRED REPORTS/DOCUMENTATION

   A. Following and exposure incident, the following forms must be completed:
      
         1) DWC-1 known as a Workers’ Compensation Claim form
         2) DWC form 5021 known as “Doctor’s First Report of Occupational Injury or Illness”
         3) DWC form 5020 known as “Employer’s Report of Occupational Injury or Illness”
         4) WesternU Human Resources form “Accident Investigation and Prevention Report”
      
   B. These forms can be found on line or at the Medical Center located in the PCC Building in Pomona or at the Milliken Medical Center located in Rancho Cucamonga.
   
   C. The Employee, along with their Supervisor should:
      
         1) Complete the DWC-1 entirely.
         2) Complete the Employer and Employee section on form 5020.
i. These two forms should then be given to the Workers’ Compensation Coordinator in Human Resources.

3) Form 5021 items 1 through 17 only and then give the form to the healthcare provider.
   i. Healthcare provider is responsible for forwarding on this form to the Workers’ Compensation Coordinator.

D. Healthcare providers are to complete the EPINet forms based on the type of injury/exposure. Once completed, the form is to be scanned into the employee’s medical record and the original is to be forwarded to the Student-Employee Health Coordinator located on room 2000 on the 2nd floor of the PCC building.

   1) Needlestick & Sharp Object Injury Report (3 page form)
   2) Blood and Body Fluid Exposure Report (2 page form)
   3) Post Exposure Follow-Up (2 page form)

IV. MEDICAL EVALUATION/COUNSELING

A. Employee should be aware that time is of the essence when a blood/body fluid exposure has occurred. Immediate medical assessment and intervention should be sought immediately after the exposure.

B. Employee and source patient (if known) will have to be counseled and informed consent to draw their blood to test for Hepatitis B, Hepatitis C and HIV-1/2 is required. This is done by the healthcare provider. Post-exposure counseling must be consistent with the current US Public Health Services Guidelines.

   1) Please note that when the source patient is already known to be infected with HBV, HCV and/or HIV, testing the source’s blood is not necessary.

   2) If the exposed employee consents to baseline blood collection, but does not give consent at that time for HIV testing, the sample should be preserved for at least 90 days. Employees have 90 days to decide if they want the testing done for HIV. If within that 90 day period from the initial exposure the employee chooses to have the baseline sample tested, the testing should be done as soon as possible. Inform the employee that blood will be discarded on day 91.

      i. Specimen will be forwarded to the Reference Laboratory with clear instruction to hold the specimen for 90-days.

C. Neither the employee nor the source patient is to be charged for any of these tests, or if needed, medications. This is per state law.

D. Documentation of the route of exposure and circumstances under which the incident occurred should be done using the EPINet forms for “Needlestick & Sharp Object Injury Report” or Blood and Body Fluid Exposure Report form. The healthcare provider and exposed employee will review the form together. Once completed, scan the form into the employee’s medical record; send original form to the Student-Employee Health Coordinator located in room 2000 on the 2nd floor of the PCC building.

E. All information obtained at this evaluation is to be kept confidential and only the minimum necessary information can be released to the Workers’ Compensation Coordinator.
F. If the Medical Center is closed (after normal business hours or holidays), the employee should be referred to US Health Works or their own healthcare provider for immediate medical evaluation and follow up.

G. If an exposure should occur after normal business hours, on weekends or holidays, please contact the Student-Employee Health Coordinator as 909-706-3870 and leave brief message.

1) NOTE: If any BBP exposure occurs in or on the Oregon WesternU campus, please contact the Director of Operations at 541-451-6994 if the exposure is with an employee or a student. Be sure to also the Student-Employee Health Coordinator at 909-706-3870.

H. Employees with off campus exposure shall notify Student-Employee Health Coordinator as soon as possible even when treatment is initiated elsewhere. The Coordinator will notify Risk Management and the Workers’ Compensation Coordinator in Human Resources.

V. PROCEDURE FOR SOURCE TESTING

NOTE: California law requires that at no time is the exposed person to approach the source patient and request consent to test the source’s blood. The consent must be obtained from a neutral party, e.g., healthcare provider or employee’s supervisor.

A. Obtain the source and exposed person’s consent for HIV 1-2, Hepatitis B and Hepatitis C testing. Once consent has been obtained, complete the required documents for the reference lab. Obtain and label the blood specimens. Be sure each set of specimens are clearly marked as “Source” or “Exposed” and that the correct requisition is attached to each specimen.

B. Assure consent status is documented on the lab requisition forms for both the exposed employee and source patient.

C. If the source person refuses to give consent this should be documented on the exposed person’s health record and on the Lab Requisition for the employee’s exposure.

D. It is important to notify WESTERNU Risk Management Department (at extension 5452 [909-469-5452]) of the exposure and if the source person grants or refuses consent for their blood to be drawn and tested for HIV1-2, Hepatitis B and Hepatitis C.

E. Document exposure in source patient’s medical record and that the labs were drawn for “source of occupational exposure.”

F. Laboratory results for the exposed employee will be sent to the Infectious Disease physician and/or the Employee /Student Health Coordinator for review and necessary follow-up.

G. The “Source’s” laboratory results will be reviewed by the Infectious Disease physician and/or the Employee/Student Health Coordinator for review and necessary follow-up. Results will then be scanned in the source’s medical.

VI. EMPLOYEE POST EXPOSURE CARE: TESTING/TREATMENT

A. The Medical Center, located at the Patient Care Center in Pomona or the Milliken Center located in Rancho Cucamonga, is open Monday through Friday 8AM to 5PM.

B. Holidays, weekends, or after hours – Employees are to be immediately referred to the nearest hospital Emergency room or personal healthcare provider.
1) **Determine if exposure occurred** and to what extent, in order to ensure that the initiation of prophylaxis is begun within 2 hours of exposure.

2) **Obtain signed consent** for HIV testing. Inform employee that the blood will also be tested for Hepatitis B and Hepatitis C.

3) **Submit Employee specimens** using the lab order form from LabCorp (they are already pre-marked for the required tests for the employee and source patient).
   
   a. Order labs for exposed individual [HIV-1/HIV-2 antibody, HBsAg Qualitative, HCV Antibody with reflex to RIBA].
      
      i. HBsAg IgM, HBcAg should be ordered for employees who have never received vaccine or who have a history of HBV immunization.
   
   b. If the physician determines that the Employee should be started on antiretroviral prophylaxis, the following labs should also be ordered: CBC, ALT, AST, total bilirubin, Creatinine and BUN.
   
   c. Females must have a urine or serum pregnancy test.
   
   d. Send specimens to reference lab per protocol.

4) **Post-exposure Treatment**
   
   a. Offer tetanus/diphtheria booster following percutaneous injury, especially if not received within last 10 years.
   
   b. If employee has not been vaccinated against Hepatitis B:
      
      i. Offer HBV vaccine if source is known to be positive for Hepatitis B or is high risk for hepatitis B.
      
      ii. Offer Hepatitis B Immune Globulin 0.06 ml/kg IM if source is known to be positive for Hepatitis B or is high risk
   
   c. Employees testing positive for Hepatitis C at 6 weeks, 3 months or 6 months, will be referred immediately to a hepatologist for further evaluation.
   
   d. Recommend HIV prophylaxis following percutaneous injury or contamination of mucous membranes or nonintact skin with blood, body fluids visibly contaminated with blood, unfixed tissue, semen, vaginal secretions, and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids (goal is to begin within 2 hours of exposure).
   
   e. Prophylaxis medications – write “WU Occupational Exposure” on prescription

5) **For post-exposure prophylaxis:**
   
   a. If source person is **high risk or known** to be HIV positive, prescribe enough for 28 days
      
      i. Combivir 150/300mg, 1 tab by mouth 2 times per day AND
      
      ii. Kaletra 400/100mg by mouth 2 times a day for 28 days,
   
   b. If source person’s **HIV status is not known or is low risk**, prescribe enough for **5 days**
i. Combinir 150/300, 1 tab by mouth 2 times per day AND
ii. Kaletra 200/50mg 2 tabs by mouth 2 times a day

c. Within 5 days, lab results will be available and adjustments can be made in accordance with the test results
d. If any further questions, please contact infectious disease physician at 909-706-3779 or provider may call the National PEP Hotline at 1-888-448-4911.

i. Assure Consent for Post-Exposure Prophylaxis is completed and a copy is given to patient to give to pharmacist.

f. For pregnant women, prophylaxis should be reserved for those with HIGH RISK exposures and in consultation with her obstetrician.

i. Provide with 5-day supply of medication until test results are available.

ii. Assure Consent for Post-Exposure Prophylaxis is completed.

VII. POST EXPOSURE FOLLOW-UP ON TEST RESULTS

A. Healthcare provider is to review lab results and complete the EPINet “Post-Exposure Follow-Up” form. Once completed, scan into employee’s medical record and send original to the Student-Employee Health Coordinator located in room 2000 on the 2nd floor of the PCC building.

B. The employee is to be given a written copy of the treating healthcare provider’s opinion within fifteen (15) days after the medical evaluation. All other findings or diagnoses excluding the following two should remain confidential and not be included in the written report:

1) The written opinion in relation to the Hepatitis B vaccine should be limited to and include whether the vaccine is indicated or the employee has received the vaccine previously

2) The written opinion in relation to the post-exposure evaluation and follow-up should be limited to and include that the employee was informed of the evaluation results and that the employee was informed of any medical condition resulting from the exposure to blood/body fluids which will require further medical evaluation or treatment.

VIII. EMPLOYEE EXPOSURE/INJURY BILLING

A. All exposure or injuries are to be reported to the Workers’ Compensation Coordinator (WCC) in Human Resources.

B. All Workers’ Compensation forms are to be forward to the WCC so that the appropriate documents can be completed and processed for payment and filing.

C. WCC will also be responsible for contacting our Workers’ Compensation Carrier to report the injury/exposure.

IX. MEDICAL RECORDKEEPING

A. Medical recordkeeping shall include:

1. name and social security number of the employee
2. copy of the employee’s HBV vaccination status, including dates of the all HBV vaccines and any medical records relative to the employee’s ability to receive the vaccines
3. results of all exams, medical testing and follow-up procedures, including counseling
4. copies of all required/pertinent forms as mentioned above
5. records involved with preserving employee’s blood for 90 days if he/she doesn’t consent to HIV serologic testing to allow for decision regarding testing
6. post-exposure prophylaxis
7. a copy of the healthcare providers written opinion
STUDENT EXPOSURES and BILLING REQUIREMENTS

The same actions are to be followed if the exposure occurs with a student. However, there are different billing requirements.

1. Students should be instructed to go to the main website for the university, click on “Faculty and Staff” then on “Risk Management.” The actual website is. [http://www.westernu.edu/risk-management-forms](http://www.westernu.edu/risk-management-forms)

2. Students can then click on:
   a. “Accident Claim Form”—fill this form out completely
   b. “Student’s Initial Report of Accident/Injury”—*complete part II only*. Please note that the student is the “CLAIMANT” and must fill this section out. They also MUST *sign the bottom of page 2 of 3*, located in the “Payment Authorization” section of this form or the processing can be significantly delayed.

3. Both forms are to be scanned into the medical record and the original forms are to be forwarded to the Risk management department on the main campus of Western University of Health Sciences.

4. If student has the university’s student health insurance, then that insurance can be billed.

5. If student has their own insurance, bill that one, and inform the student that if there is any balance not paid by their insurance carrier, they are to notify the Risk Management department at 909-469-5452 (or call extension 5452 if on campus).

6. NOTE: Student injuries do not constitute a Workers’ Compensation injury therefore, do not complete any of the DWC forms.
ATTACHMENTS:

a. Bloodborne Pathogen Exposure Instructions
b. Supervisor or Designee Checklist Bloodborne Pathogen Exposure
c. Exposed Employee’s Checklist Bloodborne Pathogen Exposure
d. Source Patient Checklist Bloodborne Pathogen Exposure
e. DWC-1 known as a Workers’ Compensation Claim form
   i. Instructions on how to complete
f. DWC form 5020 known as “Employer’s Report of Occupational Injury or Illness”
   i. Instructions on how to complete
g. DWC form 5021 known as “Doctor’s First Report of Occupational Injury or Illness”
h. Accident Investigation and Prevention Report
   i. Needlestick & Sharp Object Injury Report (3 page EPINet form)
j. Blood and Body Fluid Exposure Report (2 page EPINet form)
k. Post Exposure Follow-Up (2 page EPINet form)
l. Informed Consent for the HIV Antibody Blood test (English and Spanish)
m. Informed Consent for Prophylaxis after bloodborne pathogen exposure
n. Mandatory Vaccination Declination Waiver, includes Hepatitis B waiver
o. Student’s Initial report of Accident/Injury
p. QBE Accident Claim form (student)
q. Incident Report form for Patient Care Center
r. Lab requisitions for employee and source patient
s. Booklet “Exposure to Blood: what healthcare personnel need to know”