

Blood Borne Pathogen Exposure

Employee

INSTRUCTIONS

1. Employee:

- ___ Get name, DOB and, if available, health record number of source patient
- ___ Obtain form and assist your supervisor with providing information for Workers' Compensation form 5020 "Employer's Report of Occupational Injury or Illness"
- ___ Complete Workers' Compensation form 5021 "Doctor's First Report of Occupational Injury or Illness" form and give to healthcare provider
- ___ Complete "Routes and Circumstances of Exposure Incident" form
- ___ Obtain Medical follow-up (see below)

2. Supervisor: see BBP Exposure packet for further instructions

- ___ Obtain name and, if available, health record number of source patient

3. Provider: see BBP Exposure packet for further instructions

As soon as possible, send employee to the Medical Center located at the

<p>Patient Care Center-Pomona 795 E Second Street, Suite 5 Pomona, CA (Corner of Towne Avenue and Second Street). Phone: 909-865-2565</p>	<p>✿ Patient Care Center-Rancho Cucamonga 8686 Haven Avenue, Suite 200 Rancho Cucamonga, CA Phone: 909-706-3950</p>
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- ✿ Draw source patient's blood. Call the Student-Employee Health Coordinator at the number below to report the exposure. The exposed employee has the choice of being seen by a WUMC healthcare provider, their own healthcare provider or they can go to the nearest emergency room for evaluation/treatment.

Medical Center hours: Monday through Friday 8am to 5pm
 (closed weekends and holidays).

NOTE: Should you have any questions, please call:
 Risk Manager Chique Magsino at 909-469-5452 (or extension 5452) or
 Student-Employee Health Coordinator, Eileen Cotter at 909-706-3870 (or extension 3870)

SUPERVISOR CHECKLIST

1. ____ Provide BBP Exposure packet to the exposed/injured worker.
2. ____ Obtain name, DOB and, if available, health record number of source patient
3. ____ Release employee immediately to go to the PCC-Medical Center (or the employee's own healthcare provider) for medical follow up.
(NOTE: If employee refuses to obtain medical care, clearly document this refusal of medical treatment on the Workers' Compensation form 5020 "Employer's Report of Occupational Injury or Illness" and notify the WesternU Workers' Compensation Coordinator in Human Resources at extension 5371.)
4. ____ Obtain Workers' Compensation form 5020 "Employer's Report of Occupational Injury or Illness" and assist employee in completing sections 1-29. Forward form to Workers' Compensation Coordinator in Human Resources.
5. ____ Obtain Workers' Compensation form 5021 "Doctor's First Report of Occupational Injury or Illness" form and assist employee in completing sections 1-17. Instruct employee to give form to healthcare provider.
6. Access and complete the Incident Report form available on line at https://webapp.westernu.edu/incident_report it will automatically be distributed to the appropriate individuals.
7. ____ Notify the university's Workers' Compensation Coordinator in Human Resources and Risk Management of BBP Exposure including the date, time of exposure, name and health record number of employee.
8. The DWC-1 and form 5020 are to be forwarded to the Worker's Compensation Coordinator in Human Resources.

NOTE: Should you have any questions, please call:
Risk Manager Chique Magsino at 909-469-5452 (or extension 5452) or
Student-Employee Health Coordinator, Eileen Cotter at 909-706-3870 (or extension 3870)

HEALTHCARE PROVIDER CHECKLIST

EXPOSED PERSON

1. ___ Assess need for and provide:
 - ___ Review Routes and Circumstances of Exposure Incident form
 - ___ Tetanus/diphtheria booster following percutaneous injury, especially if not received within last 10 years (or Tdap booster if not received since age of 18 years).
 - ___ Verify Hepatitis B vaccination status and give HBIG if indicated.
 - ___ Provide HIV pre-test counseling.

2. ___ Obtain Employee baseline tests:
 - ___ Human Immunodeficiency Virus antibody (HIV Ag/Ab, 4th Generation test) (blood)
 - ___ Hepatitis B surface *antibody* quantitative (HBsAb QN); Hepatitis B Surface Antigen (HBsAG), & Hepatitis B core antibody IgG/IgM (blood)
 - ___ Hepatitis C antibody with reflex to RIBA (HCV Ab) (blood)

3. ___ If the source patient is already known to be HIV positive, consult with Infectious Disease physician as soon as possible.

4. ___ If Employee has never received the Hepatitis B vaccine or has a history of HBV infection the following serum blood tests should also be ordered: HBsAg, HBcAg IgM/IgG.

5. For post-exposure prophylaxis for exposed person:
 - a. PEP medications to order are:
 - i. Truvada 300/200mg 1 pill by mouth daily AND
 - ii. Raltegravir 400mg 1 tab by mouth 2 times per day
 - b. If source person is high risk, prescribe enough PEP for 5 days
 - i. Within 5 days, lab results will be available.
 - ii. If the source patient is negative for HIV, PEP can be stopped.
 - iii. If the source is positive for HIV, provide an additional 23-day supply of PEP medications.
 - c. If source person is known to be HIV positive, prescribe enough PEP for a total of 28-days.
 - d. If any further questions related to medications and dosages, please contact infectious disease physician at 909-865-2565 or provider may call the National PEP Hotline at 1-888-448-4911.
 - e. If the exposed person is an employee, must write "WU Occupational Exposure" on the prescription.

NOTE: Should you have any questions, please call:
Risk Manager Chique Magsino at 909-469-5452 (or extension 5452) or
PCC Student-Employee Health Coordinator, Eileen Cotter at 909-706-3870 (or extension 3870)

HEALTHCARE PROVIDER CHECKLIST

SOURCE PERSON

1. ____ Have source patient stay until the healthcare provider has had an opportunity to speak to the patient in order to determine level of risk and obtain verbal consent for testing for what is listed in item #2.
2. ____ On known source patients, inform patient blood will be tested for HIV, Hepatitis B and C. Order the following tests:
 - ____ Human Immunodeficiency Virus antibody (HIV Ag/Ab, 4th Generation test) (blood)
 - ____ Hepatitis B surface *antibody* quantitative (HBsAb QN); Hepatitis B Surface Antigen (HBsAG), & Hepatitis B core antibody IgG/IgM (blood)
 - ____ Hepatitis C antibody with reflex to RIBA (HCV Ab) (blood)
3. ____ When the source patient is not tested at the time of the exposure, contact the source person and obtain consent to contact their physician in order to have source patient's testing completed and results forwarded to Student-Employee Health Coordinator.
4. ____ After explaining the need for testing to the source patient or their representative, if source patient refuses testing, please document the refusal in the health record, on the exposed employee lab requisitions, and if an employee, on the Worker's Compensation forms.
5. ____ If test results are negative, notify source person and exposed person.
6. ____ If test results are positive, notify source person and refer them to their personal health care provider for further follow up and/or treatment. Clearly document that the source person has been referred in their health record.
7. ____ If test results are positive, the exposed employee should be referred to an infectious disease physician for further evaluation and follow-up. Worker's Compensation will be notified of positive results by the Student-Employee Health Coordinator.

NOTE: Should you have any questions, please call:
Risk Manager Chique Magsino at 909-469-5452 (or extension 5452) or
Student-Employee Health Coordinator, Eileen Cotter at 909-706-3870 (or extension 3870)

Informed Consent for Prophylaxis After Bloodborne/Body Fluid Pathogen Exposure

_____ As an employee or student of Western University of Health Sciences, I know I have the right to be informed about the risks from a bloodborne or body fluid pathogen exposure and the recommended prophylaxis (retroviral drug) treatment.

_____ I have been informed that there are certain side effects which are associated with retroviral drugs. They can include at minimum nausea, vomiting, diarrhea, headache, sensitivity to light (called photophobia), and fatigue.

_____ I have been counseled to use precautions like use of barrier contraception, avoidance of blood or tissue donation, pregnancy and, if possible, breastfeeding for up to 12-weeks after this exposure.

_____ My healthcare provider has reviewed the recommended tests and medications that I should take because of this exposure. I have also had an opportunity to discuss the side effects of any medications recommended and what to do for follow-up care.

_____ I have read and understand the patient information booklet entitled "Exposure to Blood: what healthcare personnel need to know" which explains the risks of infection, prophylaxis, medications, pregnancy precautions, follow-up and special precautions.

_____ The healthcare provider has informed me of the possible risks associated with refusing these medications. The nature and purpose of the proposed prophylaxis and the risks and hazards if the treatment is withheld have been explained to me by the healthcare provider. I have had an opportunity to discuss these matters with a healthcare provider, to ask questions and receive answers about my exposure, alternatives, and the proposed treatments.

_____ I hereby consent to medication prophylaxis for exposure to blood and body fluids infection or possibly infected with HIV.

_____ I hereby decline medication prophylaxis following my exposure to bloodborne pathogens.

Employee Name

Date

Time

Employee Signature

Healthcare Provider Name

Date

Time

Witness

Date

Time

*Mandatory Vaccination Declination Waiver Form

Today's Date: _____ Center: _____

I understand that my serum titers showed that I may be susceptible to acquiring a communicable disease. However, my signature below indicates that:

I object to receiving the following required immunizations (check all that apply):

- Tetanus*, Measles*, Varicella*, Diphtheria*, Mumps*, Hepatitis B**, Pertussis*, Rubella*, Influenza

I have read and fully understand all of the restrictions that apply, and are enforced, by this waiver. _____ (initials)

I have been provided a copy of this waiver form. _____ (initials)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by California Code of Regulations, Title 8, subchapter 7; Group 16. Article 109; section 5199, subsection (h)(5)(E). I understand that due to my occupational exposure to aerosol transmissible disease, I may be at risk of acquiring infection with _____ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring _____, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me. _____ (initials)

** Mandatory Vaccination Declination Statement Specific to Hepatitis B

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by California Code of Regulations, Title 8, subchapter 7; Group 15. Article 109; section 5193, subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infection material (OPIM) I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. _____ (initials)

Print Name

Signature

Date of Birth

Employee ID number

Workers' Compensation Claim Reporting Procedures (form DWC-1)

Important:

Employee's supervisor should be personally handed or mailed an "Employee's Claim for Worker's Compensation Benefits" form (DWC-1) within one (1) working day of an on the job illness or injury.

Personal Delivery:

- Step 1:** Complete lines 1-8. Enter employee's name and today's date.
- Step 2:** Supervisor completes lines 9 through 12. The date on line 12 should be the same date or one working day after the date on line 11.
- Step 3:** Make a copy of the form and keep one for your files and send the original to Western University's Human Resources Department, Attention Workers' Compensation Coordinator.
- Step 4:** Fill in blanks of cover letter ("sorry you're hurt" letter) with employee's name and date, attach it to the DWC-1 form and give it to the employee.
- Step 5:** When employee returns completed form (sections 1-12), supervisor completes lines 13 through 18.
- Give a completed copy of the DWC-1 form to the employee for their records.
- Keep the Employer's Copy for the Workers' Compensation file.
- Either hand deliver or fax the completed form to (909)-469-5489, attention Worker's Compensation Coordinator.

Mail Delivery:

- Steps 1 & 2** are the same as above, except for the following changes: On line 12 of the form, the date should reflect the day you mailed the form, which is either the same date or one working day after the date found on line 11.
- Step 3:** Complete "Certified Mail Delivery" form for tracking purposes. Make a copy of the mail form and keep the original form for your files. Send copies of both the Employer's Temporary Copy claim and Proof of Services to the University's Workers' Compensation Coordinator.
- Step 4:** Fill in blanks of cover letter ("Sorry you're hurt" letter) with employee's name and date. Attach it to the DWC-1 form, a copy of the "Proof of Service" and mail all forms by first class registered mail to the employee.

NOTE: This must be mailed within one working day of the date of knowledge of the injury.

- Step 5:** Same as step 5 in the "Personal Delivery" section above.

Information to be Provided to the Evaluating Healthcare Provider (Routes and Circumstances of Exposure Incident)

Please Print

Employee's Name _____ Date _____

Date of Birth _____ SS# _____

Telephone (Business) _____ (Home/Cell) _____

Department/Job Title _____

Date of Exposure _____, 20____ Time of Exposure _____ AM ___ PM _____

Hepatitis B Vaccination Status ___ Completed series ___ Never received series ___ Unknown

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred. _____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) _____

What body fluid(s) were you exposed to? _____

What was the route of exposure (e.g., mucosal contact, contact with nonintact skin, percutaneous)? _____

Describe any personal protective equipment (PPE) in use at time of exposure incident: ___ gloves ___ cover gown ___ face shield ___ face mask ___ Other _____

Did PPE fail? _____ If yes, how? _____

Identification of source individual(s) (names) _____

Other pertinent information _____

**Post-Bloodborne Pathogen Exposure
WRITTEN OPINION**

To the Evaluating Healthcare Provider:

The evaluation of this Western University of Health Sciences employee has been completed. The exposed person has been:

_____ Informed of the results of this evaluation.

_____ Advised about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

NOTE: No other findings should be included on this report.

Please give one copy of this completed and signed form to the exposed person and send one copy to:

Western University of Health Sciences
Attention: Student-Employee Health Coordinator
479 E Second Street, Room 110
Secure fax line: (909) 706-3785

Healthcare Provider's signature

Healthcare Provider's name (printed)

Date

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 be seen in one of the Western University of Health Sciences Medical Center (WUMC), the following steps should be performed:

I. MANAGE THE EXPOSURE

- A. Employee should cleanse/wash any exposed skin immediately with soap and water.
- B. Exposure to eyes, nose, and/or mouth should be thoroughly flushed with a lot of lukewarm 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. Employees have the choice of going to:
 - i. The WUMC located in the PCC building in Pomona or 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) about the exposure
- C. If instructed by the health care provider, supervisors will assist in obtaining the source patient's consent for required lab work.

III. REQUIRED REPORTS/DOCUMENTATION

- A. Following an 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) Western U's Human Resources form "Accident Investigation and Prevention Report"
- B. These forms can be found online or at the Medical Center located in the Patient Care Center in Pomona and 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.

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 after the exposure.
- B. The first available healthcare provider is to see the individual(s). The first available Medical Assistant is to assist in drawing/processing the blood.
- C. Employee and source patient (if known) will have to be counseled and advised that their blood will be tested for HIV, Hepatitis B and Hepatitis C. A cheek swab may also be obtained at the initial visit. The counseling is to be done by the licensed 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.
- D. 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.
- E. The route of exposure and circumstances under which the incident occurred should be clearly documented.
- F. 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.
- G. If the Medical Center is closed (after normal business hours or holidays), the employee should be referred to US Health Works, their own healthcare provider, or the nearest emergency room for immediate medical evaluation and follow up.
- H. 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 call the Student-Employee Health Coordinator at 909-706-3870.
- I. Employees/students with off campus exposure shall notify Student-Employee Health Coordinator as soon as possible even when evaluation and/or treatment are initiated elsewhere. The Student-Employee Health 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 verbal consent to test the source's blood. The verbal consent must be obtained from a neutral party, e.g., healthcare provider or employee's supervisor.

- A. Obtain the source and exposed person's verbal consent to test their blood for HIV, Hepatitis B and Hepatitis C. 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. If the source person refuses to have their blood drawn this should be documented on the exposed person's health record and on the Lab Requisition for the employee's exposure.
- C. 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 HIV, Hepatitis B and Hepatitis C.
- D. Document exposure in source patient's health record and document that the following labs were drawn for "source of occupational exposure."

ii. On source patients, order the following tests:

- ____ Human Immunodeficiency Virus (HIV Ag/Ab, 4th Generation test) (blood)
- ____ Hepatitis B surface *antibody* quantitative (HBsAb QN); Hepatitis B Surface Antigen (HBsAG), & Hepatitis B core antibody IgG/IgM (blood)
- ____ Hepatitis C antibody with reflex to RIBA (HCV Ab) [serum blood test]

E. Laboratory results for the exposed employee and source person will be sent to the healthcare provider for review and to determine if medical follow-up is needed.

F. The "Source's" laboratory results will be reviewed by the healthcare provider to determine necessary follow-up. Results will then be scanned in the source person's health record and, if requested by the source patient, notified of their test results.

VI. EMPLOYEE POST EXPOSURE CARE: TESTING/TREATMENT

A. The Medical Center, located at the Patient Care Center in Pomona or 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 hours of exposure.

2) Inform employee that the blood will be tested for HIV, 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 Ag/Ab, 4th Generation test (blood), Hepatitis B surface *antibody* quantitative (HBsAb QN); Hepatitis B Surface, Antigen (HBsAg), & Hepatitis B core antibody IgG/IgM (blood); Hepatitis C antibody with reflex to RIBA (HCV Ab) (blood)

b. If the healthcare provider 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 at baseline and 2-weeks post-exposure. Further testing may be indicated if abnormalities are detected.

c. Females of childbearing age must have a urine or serum pregnancy test performed prior to starting medications.

d. Send blood specimens to reference lab per protocol.

4) Post-exposure Treatment and Follow up

a. Offer tetanus/diphtheria booster following percutaneous injury, especially if not received within last 10 years (or Tdap booster if not received since age of 18 years).

b. If employee has not been vaccinated against Hepatitis B:

i. Offer Hepatitis B vaccine if source is high risk for hepatitis B.

ii. Offer Hepatitis B Immune Globulin 0.06 ml/kg IM along with HBV vaccine if source is known to be positive for Hepatitis B.

c. Employees testing positive for Hepatitis B and/or C initially or at 6 months, will be referred immediately to an appropriate healthcare provider for further evaluation. If tests are positive for HIV initially, at 6 weeks or at 6 months, referral to an infectious disease physician will be recommended.

d. Any follow up labs are to be arranged by the employee's primary care provider or US Healthworks for the exposed employee.

e. 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 hours of exposure*).

Post-exposure prophylaxis for exposed person, prescription for the following should be given:

a. If source person is high risk or known to be HIV positive, prescribe enough for 5 days

i. Truvada 300/200mg 1 pill by mouth daily AND

ii. Raltegravir 400mg 1 tab by mouth 2 times per day

b. Within 5 days, lab results will be available.

i. If the source patient is negative for HIV, PEP can be stopped.

ii. If the source is positive for HIV, provide an additional 23-day supply of PEP medications.

c. If any further questions related to medications and dosages, please contact infectious disease physician at 909-865-2565 or provider may call the National PEP Hotline at 1-888-448-4911.

d. Prophylaxis medications – write “*WU Occupational Exposure*” on prescription if it is for an employee of WesternU.

i. Provide with 5 day supply of medication.

ii. Assure Consent for Post-Exposure Prophylaxis is completed and a signed copy of the consent 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. Provided 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. A. Healthcare provider is to review lab results and complete the “Post-Bloodborne Pathogen Exposure Written Opinion” form. Once completed, scan into employee’s medical record.
- B. The employee is to be given a written copy of the treating healthcare provider’s opinion within 15-days after the medical evaluation. All other findings or diagnoses excluding the following 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 employee bloodborne pathogen exposures 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. Post-exposure prophylaxis
 - 6. A copy of the healthcare provider’s written opinion

BILLING GUIDELINES

EMPLOYEE EXPOSURE/INJURY

- A. All exposures or injuries are to be reported to the Workers' Compensation Coordinator (WCC) in Human Resources.
- B. All Workers' Compensation forms and bills, including the source person's bills for the lab/office visit are to be forwarded to the WCC in the HR office so that the appropriate documents can be completed and processed for payment.
- C. WCC will also be responsible for contacting our Workers' Compensation Carrier to report the injury/exposure.
- D. If employee was seen by healthcare provider and/or an infectious disease physician, an office visit must be charged.

MEDICAL ASSISTANT'S INSTRUCTIONS FOR BLOOD OR BODY FLUID EXPOSURE

The exposed employee presents to the front desk of the medical center and will be checked in following the usual check in process. The exposed employee will be immediately roomed and the first available healthcare provider will examine the employee.

The healthcare provider will inform the employee and source person that their blood will be tested for HIV, Hepatitis B and Hepatitis C.

PROCEDURE FOR TESTING EXPOSED PERSON

- A. The medical assistant completes lab requisition for ***exposed*** individual HIV 1/HIV 2 antibody (see ii below) - --HbsAb Quantitative, HCV Antibody with reflex to RIBA.
 - i. HBsAg, HBcAg IgM/IgG should be ordered for persons who have *never* received the Hepatitis B vaccine or have previous history of Hepatitis B infection.
 - ii. For HIV 1/HIV 2 antibody, please use rapid HIV swab test kit if available otherwise order blood test.
- B. If the healthcare provider 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 at baseline and 2-weeks post-exposure. Further testing may be indicated if abnormalities are detected.
- C. Females of childbearing age **must** have a urine *or* serum pregnancy test prior to starting on the antiretroviral medications.
- D. Send specimens to reference lab per protocol.
- E. Laboratory results for the exposed person will be sent to the provider that examined the exposed patient for review and necessary follow-up. Results will then be documented in the source's medical record.

Submit all specimens using the appropriate lab order form.

PROCEDURE FOR SOURCE TESTING

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

- A. Once the source and exposed persons are notified to have their blood drawn, the medical assistant completes the required documents for the reference lab, performs the blood draw and labels the blood specimens. The Medical Assistant must ensure each set of specimens are clearly marked as "Source" or "Exposed" and that the correct requisition is attached to the correct specimen.
- B. The medical assistant should perform the Rapid HIV swab test for the source patient if available and provide the results to healthcare provider.
- C. If the source person refuses to have their blood drawn this must be documented on the exposed person's health record and on the Lab Requisition.
- D. The medical assistant will notify the Student-Employee Health Coordinator [SEHC] (ext. 3870 [909-706-3870]) who will notify WesternU Risk Management Department (at extension 5452 [909-469-5452]) of the exposure and if the source patient grants or refuses to have their blood drawn to be drawn and tested for HIV-1/HIV-2, Hepatitis B and Hepatitis C.
- E. The medical assistant will document exposure in source patient's health record and that the labs were drawn for "source of occupational exposure" (ICD- 9 code V15.95) for an employee and for "student exposure" if for a student.
- F. Laboratory results for the exposed person will be sent to the healthcare provider that examined the exposed patient for review and necessary follow-up. Results will then be documented in the source person's health record. If the source person consents to receive the results of the blood testing, the healthcare provider will inform the source person of the results.
- G. If the source patient consents to receive the results of the blood testing, the provider will inform the source patient of the results.

BILLING GUIDELINES

EMPLOYEE EXPOSURE/INJURY

- A. All exposures or injuries are to be reported to the Workers' Compensation Coordinator (WCC) in Human Resources.
- B. All Workers' Compensation forms and bills, including the source person's bills for the lab/office visit are to be forward to the WCC in the HR office so that the appropriate documents can be completed and processed for payment and filing by the SEHC.
- C. WCC will also be responsible for contacting our Workers' Compensation Carrier to report the injury/exposure.
- D. If employee was seen by a healthcare provider, an office visit must be charged.