

Blood Borne Pathogen Exposure

Student

INSTRUCTIONS

1. Student:

- ___ Get name, DOB and, if available, health record number of source patient
- ___ Obtain form and assist your supervisor with providing information for the student injury form
- ___ 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, DOB and, if available, health record number of source patient

3. Provider: see BBP Exposure packet for further instructions

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

Patient Care Center-Pomona 795 E Second Street, Suite 5 Pomona, CA (Corner of Towne Avenue and Second Street). Phone: 909-865-2565	* Patient Care Center-Rancho Cucamonga 8686 Milliken Avenue, Suite 200 Rancho Cucamonga, CA Phone: 909-706-3950
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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 student 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: Workers’ Compensation forms are not needed; students must complete the report of injury forms which are available online.

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 student immediately to go to the PCC-Medical Center (or the student's own healthcare provider) for medical follow up.
(NOTE: If student refuses to obtain medical care, clearly document this refusal of medical treatment on the student injury form.)
4. 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.
5. ____ Notify the university's Risk Management of BBP Exposure including the date, time of exposure, name and health record number of student.

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 Student 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 Student 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 (PEP) 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. Write “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 and Hepatitis B or 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 student lab requisitions.
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 student should be referred to an infectious disease physician for further evaluation and follow-up.

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)

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

Please Print

Student'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 student 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 student's) occurs, and the student 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. Student 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 student from their duties immediately to seek post-exposure care.
 - a. Student 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 student 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) Student injury form
 - 2) Accident Claim form
- B. These forms can be found online or at the Medical Center located in the Patient Care Center in Pomona and Rancho Cucamonga.
- C. These two forms should then be given to the university Risk Manager.

IV. MEDICAL EVALUATION/COUNSELING

- A. Student 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. Student 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. 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 student 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 Risk Manager.
- G. If the Medical Center is closed (after normal business hours or holidays), the student 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 a student. Be sure to also call the Student-Employee Health Coordinator at 909-706-3870.
- I. 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.

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 student's supervisor.

- A. Obtain the source and exposed person's 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 student'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."
- i. 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]

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

G. 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. STUDENT 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 – Students 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 student that the blood will also be tested for Hepatitis B and Hepatitis C.

3) **Submit Student specimens** using the appropriate lab order form.

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 student 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. Students 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 primary care provider or the Student-Employee Health Coordinator.
- 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. 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. 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 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. Prophylaxis medications – write “*Exposure*” on prescription if it is for a student 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 student’s medical record.
- B. The student 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 student 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 student was informed of the evaluation results and that the student was informed of any medical condition resulting from the exposure to blood/body fluids which will require further medical evaluation or treatment.

VIII. MEDICAL RECORDKEEPING

A. Medical recordkeeping shall include:

1. Name and social security number of the student
2. Copy of the student's HBV vaccination status, including dates of the all HBV vaccines and any medical records relative to the student'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

STUDENT EXPOSURE/INJURY

- A. All exposures or injuries are to be reported to the Risk Manager by the SEHC
- B. All forms and bills, including the source person's bills for the lab/office visit are to be forwarded to the Risk Management office so that the appropriate documents can be completed and processed for payment.
- C. If student 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 student presents to the front desk of the medical center and will be checked in following the usual check in process. The exposed student will be immediately roomed and the first available healthcare provider will examine the student.

The healthcare provider will obtain signed consent for HIV testing from student and source patient and will inform them that their blood will also be tested for Hepatitis B and Hepatitis C.

PROCEDURE FOR TESTING EXPOSED PERSON

- A. The medical assistant completes lab requisition for ***exposed*** individual HIV Ag/Ab, 4th Generation test (blood) (see ii below) - -HbsAb Quantitative, HCV Antibody with reflex to RIBA.
 - i. For HIV, please use HIV Ag/Ab, 4th Generation test.
 - ii. Hepatitis B surface *antibody* quantitative (HBsAb QN); Hepatitis B Surface

Antigen (HBsAg), & Hepatitis B core antibody IgG/IgM (blood)

iii. 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 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 consent must be obtained from a neutral party, e.g., healthcare provider or student'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. 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.
- C. 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 consent for their blood to be drawn and tested for HIV Ag/Ab, 4th Generation test (blood), Hepatitis B and Hepatitis C. 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 a "student exposure" if for a student.
- D. 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.
- E. 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

STUDENT EXPOSURES

The same actions related to obtaining consent, blood tests, counseling and follow-up for a student 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>
2. Students can then click on both of the following forms, complete them as indicated below:
 - a. “Student’s Initial Report of Accident/Injury”— fill this form out completely
 - b. “Accident Claim Form”— *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 located at the main campus of Western University of Health Sciences in Pomona.
4. If student has their own insurance, bill that one for the tests and office visit. 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). Student will be asked if they did complete the two forms listed in item #2 above. If the answer is no, student’s will have to fill them out as instructed above before the Risk Management Department can be of any further assistance to the student.
5. Billing for the tests from the source patient in a student exposure is to be billed to the Western University of Health Sciences Risk Management Department.