



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

**MANAGEMENT OF AN EMPLOYEE
WITH AN OCCUPATIONAL EXPOSURE
TO A BLOODBORNE PATHOGEN**

Effective Date: June 10, 2015

Policy #: IC-12

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- I. PURPOSE:** To provide a guideline for the management of employees exposed to Bloodborne Pathogens.
- II. POLICY:**
- A. Universal precautions and body substance isolation, along with the appropriate engineering controls will be utilized by all employees when they have direct contact with blood, body fluid, potential respiratory exposure, contaminated needles, and/or other contaminated sharps in accordance with MSH's Exposure Control Plan.
 - B. The Hepatitis B vaccination series will be provided free of charge to all employees.
 - C. Preventing a health care worker from being exposed to blood and potentially bloodborne pathogens is the main goal of MSH's Exposure Control Plan. Appropriate post-exposure management is essential to assure the optimal safety of the health care worker. Any employee exposed to blood or other potentially infectious material must follow appropriate prophylaxis procedures as detailed below to ensure the most optimal outcome related to the employee's exposure.
- III. DEFINITIONS:**
- A. Bloodborne Pathogen – Pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).
 - B. Contaminated – The presence or the anticipated presence of blood or other potentially infectious materials.
 - C. Exposure Incident – A specific, direct contact of blood or other potentially infectious materials with a part of the body such as the eye, mouth, mucous membranes, or broken skin.
 - D. PEP (Post Exposure Prophylaxis) – Combination of drugs that may be started within 1-2 hours following a serious Bloodborne Pathogen Exposure.

- E. Immediate Supervisor – Any staff member responsible for supervision of another employee, i.e. Kitchen Supervisor, Maintenance Supervisor, Business Office Supervisor, LPN's, RN's, etc.

IV. RESPONSIBILITIES:

- A. The Employee is responsible for reporting any possible Bloodborne Pathogen Exposures.
- B. The Immediate Supervisor is responsible for completing the Incident Report, the Bloodborne Pathogen Exposure Report, and notifying the Nursing Supervisor or Infection Preventionist **IMMEDIATELY**.
- C. The Nursing House Supervisor, Nursing Supervisor or Infection Preventionist is responsible for assisting in the determination of need for HIV, PEP after occupational exposure using the algorithm on Table 1 (see attachment) as a guide.
- D. The Infection Preventionist will provide counseling and follow through for exposed employees. Mandatory education will be provided to employees through the Staff Development Department annually.
- E. The Physician will review all Exposure Reports which establish a possible Bloodborne Pathogen Exposure. He/she will assist in the determination of need for HIV PEP after an occupational exposure (see Table 1).
- F. Montana State Hospital's Medical Director (or designee) will direct treatment of all serious Bloodborne Pathogen Exposure. He/she will assist in the determination of need for HIV PEP after an occupational exposure (see Table 1).

V. PROCEDURES:

- A. Immediate post-exposure measures:
 - 1. For percutaneous (needle stick/sharp object) injury:
 - a. Do not squeeze wound.
 - b. Remove any foreign materials embedded in the wound.
 - c. Wash wound for ten minutes with soap and water.
 - 2. For non-intact skin exposure:
 - a. Wash with soap and running water for ten minutes.

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3. For mucous membrane exposure:
 - a. Irrigate with copious amounts of tap water for ten minutes.
 4. The employee has the opportunity to immediately begin chemoprophylaxis of antiretroviral agents per current recommendations from the Centers for Disease Control (CDC). The employee must be taken to Community Hospital of Anaconda for treatment. The nursing supervisor will send a copy of the Exposure Report with the employee (send the original to the Infection Preventionist).
 5. The employee will be given advice on further follow-up, including the scheduling of an appointment with a physician of the employee's choice for further counseling, follow-up, and management of the continuation of the chemoprophylaxis, if the employee has chosen to begin post-exposure prophylaxis (PEP). Assessment of the risk for HIV infection for each specific occupational exposure involves many factors and the management of the chemoprophylaxis following an occupational exposure, including the potential side effects and potential toxicity of the medications is very complex; thus it is strongly recommended to the employee that he/she seek further follow-up with a physician that specializes in infectious diseases or has current knowledge and understanding of PEP.
- B. The nurse or physician managing the situation will complete an occupational exposure incident report as soon after the exposure as possible and send the report to the Infection Preventionist or Nursing Supervisor.
- C. The nurse or physician will provide to the outside health care provider, who is completing the further follow-up, a copy of:
1. MSH's Bloodborne Pathogen policies
 2. The MSH Incident Report
 3. The employee's Hepatitis B immunization status
- D. With the consent of the employee, blood will be drawn from the employee for a baseline HBV/HIV/HCV as soon after the exposure as possible. The employee will not be charged for any testing and all employee blood will be labeled confidential. The employee has the right to refuse post-exposure HIV/HBV/HCV testing. MSH can refuse to recognize a later positive test for HIV, Hepatitis B, and/or Hepatitis C as documentation of infection from this occupational exposure if the employee refused baseline testing.

- E. The nurse or Licensed Independent Practitioner handling the occupational exposure will attempt to determine the source patient's HBV/HIV/HCV status:
 - 1. Screening for HIV-related conditions must be considered routine and must be incorporated into the patient's general informed consent for medical care on the same basis as other screening and diagnostic tests.
 - 2. Screening for HIV-related conditions must be voluntary and undertaken with the patient's knowledge and understanding that HIV diagnostic testing is planned.
 - 3. Patients must be informed orally or in writing that HIV diagnostic testing will be performed.
 - 4. If a patient declines an HIV diagnostic test, this decision must be documented in the patient's medical record.

- F. The employee will be counseled regarding his/her option for sequential confidential HBV/HIV/HCV testing.
 - 1. HIV Antibody Testing: Baseline, six weeks, three months, six months.
 - a. Consider twelve month for co-exposure to HIV/HCV.
 - b. HIV testing (PCR) if exposed person develops illness compatible with acute retroviral syndrome.
 - 2. HCV Antibody Testing and ALT
 - a. Baseline, six weeks, three weeks, six months.
 - b. Confirm positives.
 - 3. HCV RNA Testing
 - a. Consider at four to six weeks if earlier diagnosis needed.
 - 4. HBV Testing
 - a. As clinically indicated.

- G. When the baseline lab results are reported, the employee will be contacted by the Infection Preventionist or assigned designee to receive the results of employee's blood work and, if attainable, the source patient's blood work. The employee is reminded to not disclose the source patient's HBV/HIV/HCV status. If the employee's baseline tests are positive, the employee will be referred to a physician of the employee's choice for further treatment and counseling.

- H. Any medical expenses that occur because of the exposure will be forwarded to the workers compensation carrier.
- I. The Infection Preventionist or assigned designee will provide counseling and support during the testing process, along with a schedule for sequential testing and post-exposure counseling dates.

The counseling by the Infection Preventionist will include:

- 1. The employee's Hepatitis B status, and whether a Hepatitis B vaccination was indicated for the employee.
 - 2. A statement indicating the employee has been counseled about possible medical conditions that can result from blood or other potentially infectious material.
 - 3. A statement that the employee has been informed of any blood results from the employee and the source patient. The statement will also note that the employee was informed of any medical issues that might require further evaluation and treatment by a physician of the employee's choice. Because of the employee's right to confidentiality, specific blood results from the employee and the source patient are not included in this report. A copy of this report will also be given to the employee.
- J. All exposure records are reviewed and signed by the Infection Prevention Committee Chair.
 - K. Employees have the option of sequential HBV/HIV/HCV testing regardless of the patient testing results.
 - L. Employees have the right to refuse post-exposure HBV/HIV/HCV testing. MSH can refuse to recognize a later positive test as documentation of infection from the exposure if the employee refuses baseline testing.

VI. REFERENCES:

- A. Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen, policy from Montana Chemical Dependency Center, Butte, Montana.
- B. The OSHA Handbook Second Edition, A Skidmore-Roth Publication.
- C. MMWR 2008, Volume 57 (No. RR-6); 1-28 (for Table 1).
- D. Infection Prevention Manual for Behavioral Health, 2009 Edition.

VII. COLLABORATED WITH: Infection Control Committee, Director of Nursing.

VIII. RESCISSIONS: #IC-12, Management of an Employee with an Occupational Exposure to a Bloodbourn Pathogen dated December 20, 2015; #IC-12, *Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen* dated October 30, 2006; #IC-12, *Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen* dated December 18, 2002; Policy # IC-12, *Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen* dated September 1, 2002; Policy # IC-02-99-R, *Management of an Employee with an Occupational Exposure to a Bloodborne Pathogen*; IC-02-15, 2/15/95

IX. DISTRIBUTION: All hospital policy manuals

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Preventionist

XII. ATTACHMENTS:

- A. Employee Injury/Exposure Report
- B. Occupational Exposure Incident Report
- C. Table 1
- D. Incident Report

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

EMPLOYEE INJURY/EXPOSURE REPORT**EMPLOYEE INFORMATION:**

Employee Name: _____
 Home Address: _____
 City: _____
 Home Phone () _____
 Date of Birth: _____ Sex M F
 SS#: _____

EMPLOYMENT INFORMATION:

Job Title: _____
 Department: _____
 Shift: _____
 Status: FT PT TEMP Other _____
 Date of Hire: _____

PATIENT INFORMATION:

Patient Name: _____
 Medical Record #: _____

INJURY/EXPOSURE INFORMATION:

When did injury/exposure occur? Date: _____ Time: _____
 What part of the body was injured/exposed? _____
 Where were you? (exact location): _____
 What were you doing at the time of the injury/exposure? _____
 How did injury/exposure occur? Explain thoroughly _____

Exposed to Blood? _____ Body Fluid? _____ Type of body fluid? _____

If parenteral exposure, was it: Needle stick _____ Cut _____ Other _____

If mucous membrane exposure, was it: Eye _____ Mouth _____

What personal protective equipment was being worn at the time of incident?

Gloves _____ Gown/Apron _____ Mask _____ Eyewear _____ NONE _____

If no personal protective equipment worn, why? _____

Was a back support being worn? YES _____ NO _____

Were there any witnesses to the injury/exposure? YES _____ NO _____

If yes, Name: _____ Signature _____ Date: _____

Signature of person preparing report: _____

Date report completed: _____

Reported on date of exposure? YES _____ NO _____ If no, why? _____

SUPERVISOR'S REPORT:

Treatment immediately following injury/exposure:

Refused _____ No treatment _____ First Aid _____ Employee Health _____ ER _____ Physician _____

Did employee lose work time? YES _____ NO _____ If yes, first day unable to work: _____

Has employee returned to work? YES _____ NO _____ If yes, indicate date: _____

Was the employee performing his/her regular work? YES _____ NO _____

If no, explain: _____

Could this injury/exposure have been prevented? YES _____ NO _____ N/A _____

Explain: _____

Action taken to prevent reoccurrence: _____

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

**MONTANA STATE HOSPITAL
OCCUPATIONAL EXPOSURE INCIDENT REPORT**

Name _____ Date of Incident: _____

Date Reported _____ Reported to: _____

Type of Exposure Incident: _____

How did Exposure Incident Occur?: _____

List Personal Protective Equipment Used at the Time of Exposure: _____

Description of Employee's Duties as Related to Occupational Exposure: _____

Dates of Hepatitis B Vaccination: _____

Signature, Infection Control Person Date

Employee's Signature Date

Copy of Regulation to MD: YES _____ NO _____ Employee: YES _____ NO _____

Physician's Recommendation and Initial Written Opinion:

Physician's Signature Date

Counseling on Reporting and Effective Post Prophylaxis: YES _____ NO _____

Employee Agreeable to Further Testing: YES _____ NO _____

Signature of Counselor Date

Employee's Signature Date

Source Individual's Blood Drawn: YES _____ NO _____ Date _____

If no, state reason: _____

Signature, Healthcare Professional

Employee's Blood Initial, Drawn: YES _____ NO _____ Date _____

If no, state reason: _____

Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 3 months _____

Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 6 months _____

Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 1 year (optional) _____

Signature, Healthcare Professional

WRITTEN OPINION (to be limited to following information)

1. Employee's Laboratory Results and Source Individual Results

Results discussed with employee: YES _____ NO _____

If no, state reason: _____

Employee's Signature (Initial Testing) Date

Employee's Signature (3 months) Date

Employee's Signature (6 months) Date

2. Employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnoses are confidential and are not included in this written report).

Comments: _____

Infection Control Healthcare Professional Date

Employee's Signature Date

Blood Exposure	HBV*	HCV[†]	HIV[§]	Tetanus
Category 1. Penetrating injury/non-intact skin [¶]	For persons for whom no reliable history of hepatitis B vaccination exists and for whom no contraindication to vaccine is known, initiate hepatitis B vaccine series, preferably within 24 hours and not later than 7 days.	No prophylaxis recommended. Consider testing (immediately or during a follow-up referral) if exposure is to a known or likely HCV-infected source or multiple sources. If testing is performed, obtain baseline (within 7-14 days) and follow-up (4–6 months) anti-HCV and ALT.	Generally, no PEP** is warranted; consider only if exposure is to a known or highly likely HIV-infected source.	Clean and debride wound as appropriate. Give age-appropriate tetanus toxoid vaccine if date of receipt of last dose is unknown and no known history of vaccine contraindication exists. May consider administering TIG (in addition to tetanus toxoid) if no reliable history of tetanus primary series exists (always use separate syringes and separate administration sites). If TIG is in short supply, persons aged ≥60 yrs and immigrants from regions other than Europe or North America are most likely to derive benefit.
Category 2. Mucous membranes ^{††}	For persons for whom no reliable history of hepatitis B vaccination exists and for whom no contraindication to vaccine is known, initiate hepatitis B vaccine series, preferably within 24 hours and not later than 7 days.	Generally no action. Testing for early identification of HCV infection following mucous membrane exposure should be considered only in settings in which exposure to an HCV-infected source is known or thought to be highly likely.	Generally, no PEP** is warranted. Consider only if exposure is to a known or highly likely HIV-infected source.	No action
Category 3. Superficial exposure of intact skin ^{‡‡}	No action	No action	No action	No action

* Hepatitis B vaccine. † Hepatitis C vaccine. § Human immunodeficiency virus. ¶ Penetration of skin by a sharp object that was in contact with blood, tissue, or other potential infectious body fluid (i.e., semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid or any other visibly bloody body fluid or tissue) before penetration. Non-intact skin exposure is defined as contact of non-intact skin with any of these potentially infectious tissues or fluids ** Post-exposure prophylaxis. HIV PEP rarely is indicated. If PEP is indicated, the following procedures should be undertaken: 1) PEP should be started as soon as possible after exposure, without waiting for HIV test results; 2) PEP should be continued for 4 weeks; 3) Specimens should be collected for baseline testing, including HIV, complete blood count, liver function, creatinine, and pregnancy tests; 4) testing should be conducted in accordance with applicable state and local laws; 5) expert consultation should be obtained; sources of expert consultation include local persons with infectious diseases, hospital epidemiology, or occupational health expertise; local, state, or federal public health authorities; PEpline (available 24 hours/day via telephone 1-888-448-4911 [preferred] or online at <http://www.nccc.ucsf.edu/Hotlines/PEpline.html>; or the HIV/AIDS Rx information service at <http://aidsinfo.nih.gov>); 6) PEP should be continued for 4 weeks; 7) the patient should be discharged with written information, a 5–7 day supply of medication, and a follow-up appointment; and. 8) an HIV specialist should reassess the patient's condition within 72 hours. †† Contact of mucous membranes (i.e., eyes, nose, mouth, or inner surfaces of the gut or genital areas) with blood, tissue, or other potential infectious body fluid (i.e., semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid or any other visibly bloody body fluid or tissue). ‡‡ Superficial exposure of intact skin (but not of mucous membranes) with blood, tissue, or other potential infectious body fluid (i.e., semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid or any other visibly bloody body fluid or tissue).