

BLOODBORNE PATHOGEN EXPOSURE INCIDENT POLICY

PURPOSE:

To provide a comprehensive program for the management of occupational exposures to blood or other potentially infectious materials, which complies with Regulatory Standards and aids in providing safe management of occupational exposures.

POLICY:

- 1) An "Exposure Control Plan" as required by the OSHA, Bloodborne Pathogen Standard (1910.1030) will be developed and maintained by the employer.
- 2) The Work Well Clinic clients will be responsible for the implementation of the requirements of the exposure control plan including the educational component.
- 3) Any occupational exposure incident involving blood or other potentially infectious materials will be immediately reported to the employer and will be managed according to the OSHA Bloodborne Pathogen protocol.
- 4) The Employer will contact the work well clinic for an appointment for the exposed associate. Most times the appointment is with a nurse unless the injury warrants a provider visit. It is the employer's responsibility to notify the source that your worker was exposed to their fluids and that they need to contact Work Well for testing also. As the employer you need to send information with the associate on the source such as name, date of birth, phone number and address. Please let the source know that someone from Work Well will call them to ask questions. Work Well Clinic is open from 0700-1700 Monday through Friday we are closed weekends and holidays, for exposures that occur outside of these hours please report to the Emergency Department with the same information to begin care.
- 5) The St. Luke's Work Well clinic will provide follow-up care with bloodborne pathogen exposures. Your exposed employee will follow with Work Well Clinic for 3 month and 6 month evaluations but could also have to have a 6 week assessment after review of paperwork.
- 6) The Bloodborne Pathogen exposure Incident Policy is under the direction of the Hospital Epidemiologist.

PROCEDURE:

- 1) The exposed employee will contact Work Well or report to the Emergency Department immediately after the incident with exposure information including the source.
- 2) The exposed employee's supervisor will assist in the completion of the Risk Assessment Forms A&B. Make sure to send source information along with

associate or supervisor.

Work Well Clinic *St. Luke's ER*
(319) 369-8153 319-369-7105

- 3) Upon arrival the incident will be evaluated to determine if it is a blood or body fluid exposure.
 - a) If it is determined to be a non-exposure, treatment will be provided as needed and the patient will be discharged as indicated.
 - b) If the incident is determined to be a blood or body fluid exposure the following steps should be initiated.

- 4) Source case evaluation
 - a) Review source case information
 - b) If source case is available for testing we would ask them about that. The HIV and Hepatitis testing was done confidentially at no expense to them**
 - c) Lab tests to be done.
 - i) Draw HIV.**
 - ii) Draw HbsAG (Hepatitis Surface Antigen).
 - iii) Draw Hepatitis C Virus antibody.
 - iv) *Note- Testing of the source individual for HIV and Hepatitis B or C is not required if the source is already known to be positive. Source testing for Hepatitis B is not necessary if the exposed is Hepatitis B immune. We do not know immune status until results are back.

- 5) Treatment of Exposed Employee
 - a) Provide routine wound care.
 - b) Tetanus immunization if indicated
 - c) Draw blood for following tests.
 - i) Run HbsAB (Hepatitis Surface Antibody) if individual has started the Hepatitis series and the vaccine response if unknown
 - ii) Run HbsAG (Hepatitis Surface Antigen) if they have not started the hepatitis series
 - iii) Run Hepatitis C Antibody test on exposed if the source is Hepatitis C Ab positive.

iv) Consider HIV baseline testing. HIV testing is not necessary if the source case has tested negative and has no known risk factors for HIV; however testing may be done if the exposed individual requests it.

- d) If the source case is determined to be high risk for HIV infection, **HIV prophylaxis should be given as soon as possible. The providers will need to order this.**
- e) If the employee elects to receive HIV prophylaxis the following treatment is indicated.
 - i) Draw blood for baseline HIV, CMP, CBC, and HCG (in female patients).
 - ii) Schedule appointments for follow-up in 3-5 days with an Infectious Disease physician.
 - iii) Counsel regarding methods of prevention of transmission including sexual abstinence and the use of barrier protection during the follow-up period, and the importance of reporting any febrile illness during the first twelve weeks after the exposure incident.
- 6) Keep follow up appointment
 - a) At follow up appointment draw a CMP and CBC.
 - b) Repeat HIV, HBV, and HCV testing if indicated at 6 weeks, 6 months, and 1 year and after any illness consistent with zero conversion. Report any post exposure conversions to the Center for Disease Control.
- 7) Discharge instructions
 - a) Employees should contact Work Well Clinic (369-8153) the next working day, Monday-Friday, 7:00 AM-5:00 PM
 - b) Work Well Clinic will fax information to the employer in generic terms about care.
 - c) Work Well staff will send out reminder letters on follow up needs. At a minimum we will do a 3 month and a 6 month follow up for lab work but this can change due to source status.
 - d) Contact will be made to the employee to discuss labs also and they will be asked for the last four of their social security number for identification.

Reference:

- 1) OSHA Bloodborne Pathogen Standard
- 2) Protection Against Viral Hepatitis, MMWR February 9, 1990/Vol. 39/ No. RR-2
- 3) Ippolito, G. et.al (1993) "The Risk of Occupational Human Immunodeficiency Virus Infection In Health Care Workers: Archives of Internal Medicine, 153, 1451-1458.
- 4) "Update: Provisional Public Health Service Recommendations for Chemoprophylaxis After Occupational Exposure to HIV", MMWR: 1996: 45 (22) 468-472.

- 5) Gerberding, J.L. (1995). "Management of Occupational Exposures to Bloodborne Viruses". New England Journal of Medicine, 332, 444-451
- 6) Gerberding, J.L. (1996). "Prophylaxis for Occupational exposure to HIV", Annals of Internal Medicine, 125, 497-501.
- 7) "Public Health Service Guideline for the Management of Healthcare Worker exposures to HBV1, HCV and HIV and Recommendations for Postexposure Prophylaxis; MMWR, 1998 37(7), 8-23, 2001 So(RR11)j 1-42
- 8) "Guidelines for Infection Control in Healthcare Personnel", 1998. American Journal of Infection Control.
- 9) Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post Exposure Prophylaxis, Infect Control Hosp Epidemiol. 2013 Nove:34(11):1238
- 10) <https://www.cdc.gov/Niosh/topics/bbp/surveillance.html>

Revised: 11/06/18 Dr. Shirley Pospisil, MD, MPH, and Mary Anderson RN, BSN, COHN

St. Luke's Work Well Clinic

IOWA MEDICAL WASTE REDUCTION CENTER MEDICAL WASTE DISPOSAL PROGRAM

SERVICE

The collection and destruction of Medical Waste (potentially infectious) that is generated from Hospitals, Medical and Dental offices and other related sources.

CONDUCT OF SERVICE

Iowa Medical Waste Reduction Center utilizes St. Luke's Courier service to pick up medical waste and Iowa Medical Waste Reduction Center destroys the waste at their facility located at 500 41st Avenue Drive S.W., Cedar Rapids, Iowa 52404

WHEN

Iowa Medical Waste Reduction Center can provide daily, weekly, or monthly pick up service.

FEES, SCHEDULING, ETC.

Fees and schedules are based on the volume of Medical Waste generated and number of pickups required.

For more information on Medical Waste Disposal Service from Iowa Medical Waste Reduction Center, please contact Bridget at the aforementioned number

Client Responsibilities:

- Assemble box by closing bottom flaps and placing one strip of clear plastic tape across the seam.
- Drape a plastic bag supplied by Iowa Medical Waste Reduction Center in the box, to be used as a liner only.
- Place medical waste in plastic bags. Liquid waste in excess of 10 cc. MUST be placed in a leak-proof container prior to placing in the red bag.
- Sharps MUST be placed in a rigid plastic, tamper-proof sharps container.
- All plastic bags and sharps containers are to be placed in the disposal fiberboard box lined with a sturdy plastic bag.
- When the box is full, the plastic liner is to be closed, tied and the box securely taped shut.
- In the "Generator" space provided on the box, stamp or write your office name.
Complete a shipping manifest supplied by Iowa Medical Waste Reduction Center and tapes it to the box.
- Place the box and manifest in the designated area for the courier.

NOTE: Certain Chemotherapy agents and all radioactive materials are not to be disposed of using this system. Contact us if you need to dispose of Chemotherapy waste, to see if it is allowed.

MEDICAL WASTE: Any waste that potentially contains blood or body fluids.

- A. Biological Waste: Surgical dialysis, laboratory waste, blood, suctioned fluids, excretions and secretions.
- B. Pathological Waste: Tissues, organs, body parts and body fluids that are removed during surgery and autopsy.
- C. Sharps: Hypodermic needles, syringes, pipettes, broken glass, scalpel blades.