



Section	Infection Prevention	Effective:	<u>6/28/12</u>
Sub-section		Version:	<u>Draft</u>
Policy	<u>Patient Exposure to Blood and Body Fluids</u>	Last Revised:	<u>Draft</u>
Director's Approval	_____	Date	_____
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PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	<u>Patient Exposure to Blood and Body Fluids eff. 6/28/12</u>		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To provide for the management of patients potentially exposed to Bloodborne Pathogens.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

~~Exposure to blood and body fluid is defined as the following:~~

- ~~• Puncture of skin or laceration by a sharp object contaminated with blood, blood-tinged fluids or other potentially infectious body fluids.~~
- ~~• Contamination of mucous membranes (eyes, nose, mouth) by blood, blood-tinged fluids or other potentially infectious body fluids.~~
- ~~• Contamination of non-intact skin (cuts, scratches, abrasions, dermatitis, etc.) by blood, blood-tinged fluids or other potentially infectious body fluids.~~

~~2.1. Contamination of intact skin by blood, blood-tinged fluids, or other potentially infectious body fluids that is prolonged or involves an extensive area.:~~

2.1. **Potentially Infectious Material** – human body fluid that is visibly contaminated with blood.

2.2. **Exposure Incident** – a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or Potentially Infectious Materials.

2.3. **Source Individual** – any person whose blood or Potentially Infectious Materials may be the origin of exposure.

2.4. **Bloodborne Pathogen** – microorganisms that are present in human blood and can cause disease in humans such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

3. **POLICY**

3.1. The PHF will ensure that all staff are educated on the management of patients potentially exposed to Bloodborne Pathogens and that staff are able to respond immediately to any potential Exposure Incident.

~~3.1. This procedure is based on the assumption that blood and other body fluids from all patients may be infectious. This plan will protect patients from blood-borne infectious agents such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) as well as many other infectious diseases potentially encountered at the PHF.~~

4. **PROCEDURE**

4.1. When a patient experiences an Exposure Incident, the PHF will manage the exposure by:

1. Immediately performing First Aid;
2. -Practicing Safety Precautions;
3. Removing contaminated clothing;
4. Allowing wound to bleed freely;
5. Washing the injured area well with soap and water; and
6. If the patient's eyes are involved, flushing the eyes with water for 15 minutes at the eye wash station.

4.2. The Team Leader will contact the Nursing Supervisor and/or Clinical Director and the PHF internal medicine physician to report the Exposure Incident. The internal medicine physician will:

1. Order follow-up care beyond first aid, if needed;
2. Evaluate the level of risk from the Exposure Incident;
3. Advise the injured person of the need for baseline Bloodborne pathogen testing;
4. Discuss the indications for initiating post exposure prophylaxis (PEP); and
5. Provide full and appropriate counseling.
 - a. If patient consents to recommended PEP, it should be started as soon as possible.

4.3. The internal medicine physician or Team Leader shall interview the patient and, as indicated, the Source Individual, and shall counsel and seek consent for blood to be drawn for testing HIV, HBV, and HCV.

1. The test samples will be sent to the PHF's contracted laboratory and resulted within 24 hours.

2. If the PHF knows that the Source Individual is HIV positive, it is vital that the PHF obtains the Source Individual's history of antiviral treatment and reports it to the internal medicine physician, as the history will effect the prescribed treatment.

4.4. The internal medicine physician will:

1. Arrange follow-up appointments for future laboratory tests; and
2. Contact the patient with the results of the initial laboratory tests and all follow-up tests.

4.5. The Infection Preventionist must disclose all reportable diseases to the Santa Barbara County Public Health (See the *Reportable Diseases, Conditions, and Occurrences* policy).

4.6. PHF staff will:

1. Record the exposure incident and laboratory test results in the patient's medical record; and
2. Report all exposure incidents on the *Unusual Occurrence Incident Report* form (See Attachment A) and routed to the PHF Clinical Director.

~~When a patient is inadvertently exposed to blood and or body fluids, the exposed is at risk for developing a blood-borne infection. The following steps should be taken by the closest appropriate healthcare worker:~~

~~1. Provide first aid if needed.~~

~~2. Rinse all potentially contaminated areas (including eyes if potentially contaminated) with water.~~

~~3. The charge nurse should contact the PHF internal medicine physician to report the potential exposure. The internal medicine physician will determine if the patient requires medical treatment and order follow up care for the patient beyond first aid, order serologic tests, as indicated, and discuss available options for prophylaxis.~~

~~4. The internal medicine physician will confirm that a significant exposure occurred, and determines if it should be considered a high risk and/or is from a known HIV positive source, advise the injured person of the need for baseline HIV antibody and HBV antibody (Anti HBs) testing and discuss the indications for instituting emergency prophylaxis with appropriate medications, and provide full and appropriate counseling. If patient opts for treatment and the physician determines that treatment is indicated, treatment can be started immediately, pending results of testing source patient.~~

~~5. The internal medicine physician or charge nurse on duty shall interview the patient and, as indicated the source person, and counsel and seek consent for blood to be drawn for testing for *HIV antibodies and viral load, hepatitis C antibody and HBV (Hbs Ag) antigen*. These samples will receive priority testing in Public Health Lab within 24 hours of its receipt of sample. If the source person is known to be HIV positive, it is vital that their history of antiviral treatment be obtained and made known to the treating physician, as this will be the determinant of the treatment~~

~~6. The attending physician and internal medicine physician will coordinate and consult to arrange follow-up appointments for future laboratory tests.~~

~~7. The internal medicine physician will contact the patient with the results of initial laboratory tests and all follow-up tests.~~

~~It is the PHF Director of Nursing's responsibility that all staff receives appropriate training, are aware of this policy and respond urgently to any incident.~~

~~For exposure incident involving PHF employees see ADMHS Medical Records/ Health Information Management Procedure for Blood or Body Fluid Exposure (P&P #100.027).~~

~~All reportable diseases are reported to the Santa Barbara County Public Health Department (see Infection Control P&P # 119).~~

~~All exposure incidents will be reported on an unusual occurrence form and routed to the PHF Infection Control Review Committee.~~

ASSISTANCE

Infection Preventionist

REFERENCE

California - Code of Regulations.

~~##Title: 22, Section§ 77115(d)~~

Code of Federal Regulations

Title 42 C.F.R. § Section 482.42

Code of Federal Regulations

Title 42 CFR Sections 482.24(c)(4)(iv)

Hepatitis B Foundation: Exposed to Hep B? What Steps You Should Take to Prevent Infection, www.hepb.org 12/11/19

Occupational Safety Health Adminstration 1910.1030 Bloodborne Pathogens, www.osha.gov

ATTACHMENTS

Attachment A - Unusual Occurrence Incident Report.

RELATED POLICIES

Reportable Diseases, Conditions, and Occurrences

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
<u>DRAFT</u>	<u>2.0</u>	<ul style="list-style-type: none"> <u>Added Purpose/Scope section;</u> <u>Deleted previous Definition section and added a new one;</u>

		<ul style="list-style-type: none">• Deleted previous policy statement and added a new one;• Added Assistance, Related Policies, and Attachment sections;• Added regulations;• Streamlined language, organization, and format of policy.
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Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

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