

EXPOSED EMPLOYEE PROVIDER (EH&W/ED) INSTRUCTIONS FOR BLOODBORNE PATHOGEN EXPOSURE

Bloodborne Pathogen (BBP) exposure includes contaminated sharps injuries, needlesticks, splashes, bites, and skin injuries.

ROLE OF THE EXPOSED EMPLOYEE'S PROVIDER (EH&W/ED)

1. Identify if exposed employee's injury is significant and if BBP exposure protocol is warranted. Report this information to the assigned ADN.
 - A. *SHARPS EXPOSURE RISK* (Splashes are significantly less)
 - HIV - 0.3%
 - Hepatitis C - 1.8 %
 - Hepatitis B – 30%
 - B. Assess for risk of tetanus
2. Complete Employee Injury/Illness Report.
3. Complete Sharp Injury Log.
4. Obtain and document in medical chart verbal consent for HIV testing from the exposed employee.
 - If the exposed employee refuses HIV testing then document refusal in employee's medical record.
- 5) Order the following baseline bloodwork on the exposed employee:
 - a.) Hepatitis C Ab
 - b.) HIV -1/2 Ab (appears as HIV 1/2 Ag/Ab Test screen routine in Cerner)
Consider adding the following tests if appropriate (e.g. if PEP for HIV is being considered)::
 - Serum Pregnancy Test
 - CBC w/diff
 - Chem 8
 - Hepatic Panel/Liver Functions
 - c.) Determine appropriate labs for baseline Hepatitis B, based on immunization status of employee and need for HBIG:
 - If employee was previously vaccinated and had a documented positive Hepatitis B sAb titer (HBsAb titer ≥ 10 mIU/mL), no testing for Hep B is required
 - If employee was previously vaccinated and response is unknown, order Hepatitis B sAb
 - If employee was previously vaccinated and is a non-responder (HBsAb < 10 mIU/mL) after 1 or 2 series of 3 doses, order Hepatitis B cAb (core Ab)
 - If treatment with HBIG is indicated (i.e. source is Hep B positive or status unknown), also order Hep B sAb and Hep B sAg before HBIG is administered
 - If employee is unvaccinated or incompletely vaccinated, order Hepatitis B cAb (core antibody)
 - If treatment with HBIG is indicated, (i.e. source is Hep B positive or status unknown), also order Hep B sAb and Hep B sAg before HBIG is administered
6. Post Exposure Prophylaxis (PEP) Treatment:
 - A. Hepatitis B vaccine and HBIG (if exposed is not protected or status unknown)
 - B. Hepatitis C testing and follow up (no treatment)
 - C. Consider tetanus immunization (dT 0.5 mL IM)
 - D. HIV PEP

HIV Testing Checklist for ADN's

IN CASES OF OCCUPATIONAL EXPOSURE THE HOSPITAL ADN WILL FACILITATE THE HIV TESTING PROCESS

- Call PEP Hotline (888-448-4911) to consider treatment options
 - Current PEP regimen is available at <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>
 - Page the attending on Infectious Disease Consults for clarification or questions regarding treatment options
 - Complications of medications: see Lexi-Comp and Lexi-Comp Pals.
<http://online.lexi.com/crlsql/servlet/crlonline>
 - CDC website for PEP: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>
 - NYS Website: <http://www.hivguidelines.org>
7. Contact ADN to identify source patient and initiate source testing.
8. Conduct follow-up treatment for the exposed employee. See BBP follow-up protocol on next page or consult resources noted in step 6.

HIV Testing Checklist for ADN's

IN CASES OF OCCUPATIONAL EXPOSURE THE HOSPITAL ADN WILL FACILITATE THE HIV TESTING PROCESS

Blood Borne Pathogen Exposure - Follow-Up Testing Protocol

- If the Source Patient test **NEGATIVE** for Hepatitis B, Hepatitis C and HIV then no further testing is indicated for the employee.
- If the Source Patient tests (or is known) **POSITIVE** for Hepatitis B, Hepatitis C and/or HIV, follow-up testing is strongly recommended. Please see the follow-up schedule below.
- If the Source or the Hepatitis B, Hepatitis C and/or HIV status of the Source Patient is **UNKNOWN**, follow-up testing is strongly recommended and will follow the schedule below:

Follow-Up Testing Date		Hepatitis B (employee not immune/immunity unknown)	Hepatitis C	HIV	HIV PEP
	Initial Visit	Hep B sAb (employee w/ vaccination hx) Hep B cAb (non-immune employee)	Hep C Ab, LFT	HIV Ab	LFT, BUN, Cr, CBC, (HCG)
	2 weeks				LFT, BUN, Cr, (*CBC) WRITTEN OPINION
	4 weeks		Hep C RNA, LFT (source +)	HIV Ab	LFT, BUN, Cr, (*CBC)
	3 months		Hep C Ab (unknown source) Hep C RNA, LFT(source +)	HIV Ab	
	6 months	Hep B sAg, Hep B cAb	Hep C Ab LFT		

Employee w/ vaccination hx: received 3 dose series of Hep B vaccine in the past but titers not documented

Non-immune employee: Never vaccinated against Hep B or did not complete vaccine series

*CBC if on Zidovudine containing regimen

Print Name and Signature of Employee: _____ Date: _____

Print Name and Signature of Physician: _____ Date: _____