

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: POST-EXPOSURE EVALUATION AND FOLLOW-UP

NUMBER: NN-IC-19

Page 1 of 7

ORIGINAL DATE: 11/30/10,

REVIEW/REVISE DATE: 12/22/10, 12/5/13

APPROVAL, _____ Agency Director

I. PURPOSE

To describe the procedure to follow in the event of an employee's potential or actual exposure to HIV, HBV or HCV at NNAMHS.

II. POLICY

1. NNAMHS shall provide for the health and safety of its employees and consumers. Employees will receive follow-up on any exposure to HBV, HCV and/or HIV as soon as possible and within OSHA rules. They will arrive at the closest Emergency Department, to begin any needed treatment within two (2) hours of exposure.
2. NNAMHS will obtain baseline blood studies on the source individual immediately, or as soon as feasible within the same shift, not to exceed eight (8) hrs.

III. REFERENCES

NNAMHS Policy NN-IC-01 AIDS/HIV

NNAMHS Policy NN-IC-04 Employee Health

NNAMHS Policy NN-IC-06 Hand Hygiene

NNAMHS Policy NN-IC-07 Standard (Universal) Precautions

NNAMHS Policy NN-IC-09 Hepatitis B Vaccine

NNAMHS Policy NN-IC-14 Control of Environmental Contaminants (Cleaning Schedule)

NNAMHS Policy NN-IC-15 Hazardous Waste Handling and Disposal

NNAMHS Policy NN-HR-19 Employee Health Management of Latex-Sensitive Employees

NNAMHS Policy NN-HR-27 Training and Role Proficiency

NNAMHS Policy NN-PI-04 Employee & Visitor Injury and Property Damage

Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030, 2010 Edition Information MCO, provided to each employee through the NNAMHS Personnel Office Blood Borne Pathogen Exposure form (attached)

IV. DEFINITIONS

1. HIV – Human Immunodeficiency Virus
2. HBV – Hepatitis B virus
3. HCV – Hepatitis C Virus
4. Parenteral Exposure: Exposure that occurs through any route other than the intestinal tract. Hepatitis B, Hepatitis C and HIV transmission occur primarily through I.V. drug use, sexual contact, or contact with blood. Health care workers may be exposed not only through a needle stick injury, but also minor scrapes and abrasions on the employee's skin and by mucous membrane exposure (i.e., mouth and eyes, bite injuries).
5. MCO: Managed Care Organization identified by Workers Compensation that assesses and treats NNAMHS workplace injuries.
6. Hepatitis Profile I
 - a. Hepatitis B Core Antibody, IgM
 - b. Hepatitis B Surface Antigen
 - c. Hepatitis C Antibody, total
 - d. Hepatitis A Antibody, IGM

V. PROCEDURE

The following procedures cover consumer-to-employee and employee-to-employee procedures:

A. Employee's Immediate Responsibilities

1. The area of the body where the injury occurred should be immediately washed with soap and water or hydrogen peroxide. If mucous membrane exposure occurred, the area should be irrigated with water.
2. The incident should be reported immediately to the employee's supervisor.
3. Request and sign a consent form to release information from the Emergency Department, to NNAMHS Infection Control Officer.

4. The employee has the option to agree or decline a base-line bloodborne pathogen screening.
 - a. If the employee declines baseline screening, this is noted on the Bloodborne Pathogen Fluid Exposure form.
5. Employee is to complete a C-1 form for Worker's Compensation.

B. Supervising Staff Responsibilities

1. The supervisor is responsible for ensuring the following actions take place post-exposure:
 - a. The exposed employee must complete the employee section of the EMPLOYEE BLOODBORNE PATHOGEN EXPOSURE FORM and put the consumer's medical record number on the back of the form. The Infection Control Officer will complete the remainder of the form.
 - i. Follow the instructions on the form and complete the entire form within 24 (twenty-four) hours of exposure.
 - b. The injured employee is sent immediately to the Emergency Department, in time to receive any needed treatment within two (2) hours of exposure. If prophylactic treatment is warranted and the employee elects to initiate this treatment (i.e., for prevention of HIV), it must begin within two (2) hours of exposure to be effective. Employees should be educated to understand that they will have to make the decision regarding whether to receive prophylactic treatment prior to obtaining lab results from the source individual.
 - c. The exposed employee should be sent immediately to the nearest Emergency Department. The supervisor is to ensure that this visit occurs in a manner allowing treatment to begin within two (2) hours of exposure.
 - d. Assure that a Hepatitis Panel & HIV Rapid Screen on the source individual is ordered STAT by a physician.
 - i. Consent for the specimen collection is to be obtained from the source individual and documented on the MR-142 form. Consumers will be educated regarding the illness, the test and the possible consequences involved.
 - ii. If the source individual is an employee, they will be strongly encouraged to have lab specimens drawn. If they refuse, the exposed employee will be informed that the source individual refused the lab draw. The refusal will be noted on the Employee Bloodborne Pathogen Exposure Form.

2. In the event the source individual is a consumer and declines consent, a Denial of Rights shall be initiated to obtain the specimen against their will.
3. The specimen will be collected from the source individual immediately, or as soon as possible on the same shift, not to exceed eight (8) hours post-exposure.
4. In the event that a STAT lab specimen cannot be obtained immediately, or within the same shift, the source individual will be transported to the emergency room for specimen collection.
5. Upon receipt of the STAT lab results on the source individual, these results will be communicated to the employee and reported to the MCO, or designated NNAMHS health care provider.
6. Ensure that all documentation and required paperwork are completed and forwarded to the appropriate individuals by the end of the work shift. This documentation includes:
 - a. EMPLOYEE BLOODBORNE PATHOGEN EXPOSURE FORM for infection Control.
 - b. Employee and Visitor Injury and Property Damage Report form for Infection control.
 - c. All required documentation for Worker's Compensation; consult with Personnel Officer to assure all are completed and submitted.
 - d. Serious Incident Report.

C. Post-Exposure Evaluation and follow-up:

1. The employee is sent to the Emergency Department immediately in order to receive any needed treatment within (2) hours of the exposure.
2. The employee is informed by the Emergency Department physician of options available, to include HIV prophylactic treatment and Hepatitis B vaccination.
 - a. If the employee chooses to receive prophylactic treatment, this will be started immediately and documented on the Bloodborne Pathogen Exposure form.
 - b. If the employee declines treatment, documentation of their decision will be noted on the Bloodborne Pathogen Exposure form.
3. Information regarding the exposure and subsequent treatment will be forwarded to the designated NNAMHS health care provider. This information includes:
 - a. Description of the exposed employee's duties as they relate to the exposure incident.
 - b. The route of exposure and circumstances under which it occurred.
 - c. The result of their own blood testing, and that of the source individual's testing.

- d. All medical records relevant to the appropriate treatment of the employee, including vaccination status which is the employer's responsibility to maintain.
4. The employee will receive follow-up counseling immediately (same day) to include the debriefing of the incident, education as to employee health follow-up, and subsequent written opinion. A written copy of the Healthcare Professionals Written Opinion will be issued within 15-days of the completion of the evaluation. The written opinion shall include:
 - a. The results of the evaluation.
 - b. Description of any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - c. Recommendations for course of treatment which could include, but not limited to repeat testing for presence of bloodborne pathogens and booster doses of Hepatitis B vaccine.
5. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

Attachment A for Employee Completion

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
EMPLOYEE BLOOD BORNE PATHOGEN EXPOSURE
(To be filled out by employee within 24 hours of exposure)

CONFIDENTIAL - DO NOT REPRODUCE

Patient's Medical Record Number: _____

Employee Name (please print): _____

Exposure Date: _____ Time of Exposure: _____

Department: _____ Position/Shift: _____

Home Address: _____

Home Phone: _____

Exposure Information: Acute Intermediate RSU Other _____

Deep Needlestick Superficial Needlestick/Scratch Blood Ingestion Human Bite Open Wound

Contamination Eye Splash Scalpel/Other Sharp Instrument (Razor)

Other _____

Was needle or instrument visibly contaminated with blood? Yes No

Precautions used: Gloves Mask Gown Other _____ None

Was the involved area cleaned properly? Yes No

Did you report the incident to your supervisor? Yes No

Did you receive a copy of Policy #NN-IC-02? Yes No

Did you receive/decline a baseline BBP screen? Receive Decline

Did you decide to start Prophylaxis HIV? Yes No

Have you completed a Hepatitis B Vaccine series? Yes No

Do you want a Hepatitis B Booster Vaccine? Yes No

Date if given: _____ By: _____ RN

_____ Date _____

Employee Signature

Note: This form must be completed by the employee within 24-hours of the exposure. This form must be delivered to the Infection Control Officer by the exposed employee for follow-up.

The employee must contact Personnel by the next business day to complete appropriate Worker's Compensation papers

TO BE COMPLETED BY INFECTION CONTROL OFFICER

Form received by infection Control Officer on _____ at _____.
Date Time

Follow up with Patient:

DO NOT INTERVIEW THE PATIENT. INFORMATION SHOULD BE OBTAINED BY CHART REVIEW OR CONTACTING THE ATTENDING PHYSICIAN.

If patient name is unknown check this box:

Patient I.D.# _____ Age: _____ Sex: Male Female

Attending Physician: _____

If the patient has been identified with any of the following risk factors, please circle those that are appropriate: (circle those that are appropriate)

- | | | | |
|------------------------|---------------------|------------------|---------------|
| HEPATITIS | BLOOD TRANSFUSION | DIALYSIS PATIENT | PRISON INMATE |
| HISTORY OF IV DRUG USE | HOMOSEXUAL/BISEXUAL | HISTORY OF HIV | |
| OTHER _____ | | | |

The Infection Control Officer will contact the patient's physician and request an order for Acute Hepatitis Panel and HIV Screen if not previously done.

Appropriate tests ordered on patient? Yes No

If no, why not? _____

Patient's Lab Results (from Patient's Medical record):

Acute Hepatitis Panel Date: _____ Result: _____

HIV Date: _____ Result: _____

Follow up with Employee

Employee verified to the Infection Control Officer on _____ (date) that they had followed up with the MCO (Managed Care organization) provider for this exposure.

Employee has immunization record for Hepatitis B vaccine: Yes No

Infection Control Officer

Date