

APPENDIX A

BLOOD AND BODY FLUID EXPOSURE CHECKLIST

A. IMMEDIATELY (at the time of exposure) the health care worker (HCW) will:

- 1. Initiate first aid (wash exposed skin with soap and water, flush mucous membranes, and/or irrigate eyes with water).
- 2. Report the incident to the immediate supervisor.
- 3. Report to the Emergency Department (ED). Bring completed BAMC Form 889, Mishap/Injury Report Form and information regarding the source patient. If source patient is known or suspected to be HIV positive, report immediately to the ED for evaluation for postexposure prophylaxis (PEP).

B. The HCW's supervisor will:

- 1. Ensure STEPS 1 through 3 above are completed. If HCW refuses treatment, have the HCW sign Declination of Treatment Statement (Appendix B), witness and forward to Department of Preventive Medicine, Occupational Health Section (MCHE-DHO).
- 2. Send source patient information with injured HCW to **OR** call the Emergency Department (**916-3693**) as soon as practical (ASAP) with the above information.
- 3. Complete BMC FORM 889, MISHAP/INJURY REPORT to send with HCW or FAX (6-2297) or tube to ED.

C. The Emergency Department (ED) will--

- 1. Triage HCW into emergency category if source is known or suspected to be HIV positive.
- 2. Ensure that first aid was or is performed adequately.
- 3. Obtain information from CHCS and the source patient's physician regarding source patient HIV, hepatitis B, and C status, and risk of these infections if status is unknown.
- 4. Instruct the source patient's physician to order source patient labs if HIV, HBV, or HCV status is unknown. (CHCS lab panel=**NEEDLESTICK SOURCE**)
- 5. Use exposure type and HIV infection status to determine recommendation of HIV PEP (See Appendix G). IMMEDIATELY consult Infectious Disease fellow on-call if questions arise regarding PEP.

- 6. If HIV PEP is indicated, 1) offer immediate pregnancy testing for all women of childbearing age not known to be pregnant, and 2) initiate PEP immediately. INITIATION OF PEP SHOULD NOT BE DELAYED. THE OBJECTIVE DESIRED IS TO BEGIN INDICATED HIV PEP WITHIN ONE HOUR FROM EXPOSURE. HOWEVER, INDICATED SHOULD STILL BE INITIATED EVEN WHEN A DELAY HAS OCCURRED. This can be accomplished through the ER paxis or STAT through the inpatient pharmacy. Provide exposed HCW enough antiretroviral medication to last until first follow up in Infectious Disease clinic (usually limited to 3 day supply).
- 7. IMMEDIATELY contact the Infectious Disease fellow on-call to arrange follow up of ALL exposed HCW started on HIV PEP.
- 8. Initiate the completion of APPENDIX B, Report of Exposure to Blood/Body Fluid.
- 9. Obtain blood from the exposed HCW for testing. (CHCS lab panel=NEEDLESTICK EXPOSED-HCW) If antiretroviral medications are indicated, also draw a CBC, LFTs and Chem-7.
- 10. Follow the hepatitis B algorithm (Appendix F) to determine whether HBIG should be administered immediately (source patient is known to be HBV carrier, and the HCW is not vaccinated or is known to be a nonresponder to vaccine).
- 11. Administer tetanus toxoid if over five years since last vaccination.
- 12. Refer HCW to Department of Preventive Medicine, Occupational Health Section (295-2437) to be seen same or next duty day for lab follow-up.
- 13. Place all completed medical records (Blood and Body Fluid Exposure Packet) in box outside ED for follow-up.

NOTES:

| CHCS LABORATORY PANEL | TUBE | INCLUDES |
|-------------------------|----------------|---------------------------------------|
| NEEDLESTICK SOURCE | marble red top | rapid HIV, HB _s Ag, HCV Ab |
| NEEDLESTICK EXPOSED-HCW | marble red top | HIV, HB _s Ab, HCV Ab |

D. The **BAMC Occupational Health Section (OH)** will--

- 1. Ensure documentation of the route and circumstances of the incident, including the source individual, unless identification is prohibited by state or local laws or deemed not feasible.
- 2. If testing of source patient was, for some reason, not done at the time of the incident, arrange to test the source individual blood as soon as feasible and with their consent to determine HBV/HCV status. Source individuals known to be HIV infected need not be retested. The exposed employee shall be informed of the source individual's test results and of the applicable laws and regulations concerning disclosure of the identity and status of the source patient.

- 3. If testing of HCW was, for some reason, not done at the time of the injury, collect and test the potentially exposed employee's blood, with consent, as soon as feasible. If the employee consents to blood baseline but not to HIV serologic testing, the sample shall be preserved for at least 90 days, and tested as soon as feasible if the employee subsequently consents to HIV testing
- 4. Provide the exposed employee with confidential counseling, treatment, and evaluation of reported illnesses.
- 5. Provide the health care professional who is treating or evaluating the employee with a description of the employee's duties, the circumstances of the exposure, and all relevant medical records.
- 6. Provide the employee a written opinion from the health care provider within 15 days of the evaluation. The opinion shall address whether HBV vaccination is recommended and whether it has been administered to the employee. The remainder of the opinion is limited to a statement that the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from the exposure. All other findings shall remain confidential and not be included in the report.