

DEM Physician Responsibilities for Treatment of Exposure to Bloodborne Pathogens

"Non PMHS Affiliates": to include: All Health Care Workers (HCW) presenting to DEM with exposure

1. Emergency treatment of wound.
2. Certify exposure was significant.
3. Evaluate immediately to determine risk of exposure and determine need for post-exposure prophylaxis with Zidovudine, Lamivudine and/or Indinavir, which needs to begin with first hour post-exposure. (See PMHS Occunet Policy 10, Section 4, attached.)
4. Obtain health care worker's written consent for HIV testing and request for source patient testing, when applicable.
***Physician must** do pre HIV test counseling and have health care worker sign form.
5. Order "Needlestick Non-Employee Vaccine POS" (includes Anti HB_sAg, HIV with consent, HCV), or "Needlestick Non-Employee Vaccine NEG" (includes HB_sAg, HIV with consent, HCV)
Note: If HCW refuses HIV testing, notify lab not to perform HIV test.
6. Further DEM physician responsibilities include when applicable.
 - a. Notify source patients attending physician of employee exposure incident and request physician to obtain source patient's permission for HIV testing. Request attending MD order any other labwork needed, i.e.: Hep C antibody, HB_sAg, RPR as indicated. Please ask attending to expedite consent as Rapid HIV will be completed.
Note: By law permission must be obtained within 24 hours of exposure certification and employee's request for source patient testing. If source patient is unable to give consent or refuses consent; blood already available in lab may be ordered for "Rapid HIV" by attending physician. Documentation on HIV consent form.
 - b. Offer immunization for Hepatitis B if employee has never received the vaccine. (Refer to PMHS Occunet policy number 10, page 4 of 12 - attached to this list.)
7. Place entire medical record with completed occupational health forms with clear follow-up plan in Mercy OccuNet Box.

References: PMHS Occunet Infectious Diseases Policy and Procedures Policy #10.

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MD/Non PMHS Affiliates

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DEM Nurse Responsibilities for Treatment of Exposure to Bloodborne Pathogens

"Non PMHS Affiliates": to include: All Health Care Workers (HCW) presenting to DEM with exposure

1. HCW will report to DEM for evaluation of exposure to bloodborne pathogens.
2. Register HCW per DEM registration process.
3. HCW will be seen and evaluated *immediately* triage priority emergent, (either in Main Department or UCC depending on bed availability) to evaluate risk of exposure and determine need for post-exposure prophylaxis Zidovudine, Lamivudine, and/or Indinavir which needs to begin within first hour post-exposure.
4. HCW will be seen by DEM attending physician, certification of exposure form will be completed, initial HIV counseling will be done, and written consent for HIV testing and source patient testing will be completed.

5. R.N. will draw:

<p>“Needlestick Employee POS”: If employee has received the Hep B Vaccine</p>	<p>“Needlestick Employee NEG”: If employee has not received Hep B Vaccine</p>
<p>Anti HB_sAg HIV (with consent) HCV</p>	<p>HB_sAg HIV (with consent) HCV</p>

Note: If employee refuses HIV testing, notify lab not to perform HIV test.

6. Blood will be sent to lab, label will include:

- ☼ health care worker name
- ☼ medical record number
- ☼ date

Note: There should be a minimum of 2 orange top tubes collected to perform these tests. (Immunology reports one "gold" top is more than enough.)

7. At the time of discharge, the following will be attached to the Health Care Worker chart:

- ☼ consent form for HIV testing
- ☼ DEM nurses notes

8. Place Health Care Workers' yellow chart copy in PMHS OccuNet follow-up box.
9. Patient to call PMHS OccuNet at 232-8107 for coordination of follow-up care. (Will need to determine if HBIG should be given within 72° if HCW is vaccine negative.)

DEM *Physician* Responsibilities for Treatment of Exposure to Bloodborne Pathogens

"PMHS Employees": to include: *Visiting/Rotating Students/Residents, Agency Persons and Attending Medical Staff*

1. Emergency treatment of wound.
2. Certify exposure was significant. See attached CDC Guidelines to evaluate risk of the exposure.
*Physician must complete "certification of exposure" form, a copy will be provided to the patient source attending.
3. Evaluate risk of the exposure to determine post-exposure prophylaxis with Zidovudine, Lamivudine and/or Indinavir, which needs to begin with first hour post-exposure. (See PMHS Occunet Policy 10, Section 4, attached.)
4. Obtain health care worker's written consent for HIV testing and request for source patient testing, when applicable. Call immediately to source patient attending physician to facilitate ordering of Rapid HIV on source patient.
***Physician must** do pre HIV test counseling and have health care worker sign form.
5. Order "Needlestick Employee Vaccine POS" (includes Anti HB_sAg, HIV with consent, HCV), or "Needlestick Employee Vaccine NEG" (includes HB_sAg, HIV with consent, HCV)
Note: If employee refuses HIV testing, notify lab not to perform HIV test.
6. Further DEM physician responsibilities include when applicable.
 - a. Notify source patients attending physician of employee exposure incident and request physician to obtain patient's permission for Rapid HIV testing.
Note: By law permission must be obtained within 24 hours of exposure certification and employee's request for source patient testing. Must expedite process to request Rapid HIV test. If source patient is unable to give consent or refuses consent, blood already available in lab may be ordered for "Rapid HIV".
 - b. Offer immunization for Hepatitis B if employee has never received the vaccine. (Refer to PMHS Occunet policy number 10, page 4 of 12 - attached to this list.)
7. Notify PMHS Occunet of exposure incident extension 8107 and leave message:
Employee name and department
Date of needlestick/exposure
Donor's name and medical record
8. Call nursing unit to assure source patient has had "needlestick patient profile" drawn. Notify Charge RN to expedite Rapid HIV testing on source patient.
9. Employee Accident Report must be completed by DEM physician.
10. Employee should interact with PMHS Occunet for follow up.

DEM Nurse Responsibilities for Treatment of Exposure to Bloodborne Pathogens

"PMHS Employees": to include: *Visiting/Rotating Students/Residents, Agency Persons and Attending Medical Staff*

1. Exposed HCW will contact PMHS Occunet: Monday-Friday 6:45 am-5:00 pm at x8107. Page Occunet Manager 5:00 pm-10:00 pm at pager #1300 Monday-Friday. Report to DEM 10:00 pm-6:45 am Monday-Friday and weekends (Policy per Occunet Manager).
2. HCW must have a completed employee accident report in order to be seen in the DEM. The report must include:
 - a. description of events of exposure
 - b. if patient involved, record name of patient and medical record number.
3. CONFIDENTIALITY will be maintained in the PMHS HCW registration process.

Triage Nurse will:

- a. Enter PMHS/HCW name in the employee needlestick book, obtain employee needlestick # number, example D1, D2, etc.
- b. Enter "employee needlestick #D-" in triage log book. (There is to be NO documentation of employee names in triage log book.)
- c. DEM progress note: enter employee needlestick with D# in area for patient's name, then complete progress note in normal manner.

Admission Secretary will: generate an employee needlestick chart, she/he will return the chart to triage nurse.

Triage Nurse will: enter number assigned to the employee on the chart and get *appropriate signatures*.

4. Employee will be seen and evaluated immediately triage priority emergent, (either in Main Department or UCC depending on bed availability) to evaluate risk of exposure and determine need for post-exposure prophylaxis with Zidovudine, Lamivudine, and/or Indinavir which needs to begin within first hour post-exposure.
5. Employee will be seen by DEM attending physician, certification of exposure form will be completed, initial HIV counseling will be done, and written consent for HIV testing and source patient testing will be completed.
6. R.N. will draw:

<p>"Needlestick Employee POS": If employee has received the Hep B Vaccine</p>	<p>"Needlestick Employee NEG": If employee has not received Hep B Vaccine</p>
<p>Anti HB_sAg HIV (with consent) HCV</p>	<p>HB_sAg HIV (with consent) HCV</p>

Note: If employee refuses HIV testing, notify lab not to perform HIV test.

7. Blood will be sent to lab, label will include:
 - ☒ employee needlestick number **D#**
 - ☒ medical record number
 - ☒ date

Note: There should be a minimum of 2 orange top tubes collected to perform these tests. (Immunology reports one "gold" top is more than enough.)
8. At the time of discharge, the following will be attached to the employee needlestick chart:
 - ☒ employee accident report
 - ☒ certification of exposure form
 - ☒ consent form
 - ☒ DEM nurses notes
9. Employee needlestick charts will go to the front desk for processing as usual, and then return to DEM PIA, to be placed in file at desk for PMHS Occunet to pick up.

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RN/PMHS Employee and Affiliates

Summary: DEM Patient With Significant Bloodborne Exposure

Any patient which presents to the DEM with a concern of a significant bloodborne exposure will need to have an initial evaluation by PMHS Occunet or by the Department of Emergency Medicine.

SUMMARY OF DEM GUIDELINES

	PMHS Employee and HCW visiting/rotating student/resident or agency person* who sustains exposure while performing his/her job duties while at any PMHS facility (*includes attending MD)	All other DEM patients who sustain exposure while performing his/her job duties elsewhere (i.e., paramedic, police officer, coroner, student at Western School)
1	Register patient in triage as needlestick #	Register patient in triage as any other DEM patient - Reinforce to patient need to notify employer if work related
2	a. Employee accident report completed b. Occurrence report completed if HCW non-employee of PMHS and paid wages by other facility, i.e., resident rotating at Mercy but paid by Univ. of Pgh.	Identify patient as a "work related injury" if exposure occurred while performing his/her duties Yellow dot placed on medical record
3	Complete "employee" significant exposure form	Document on medical record "significance of exposure"
4	Obtain consent for HIV testing	Obtain consent for HIV testing
5	Order "Employee Needlestick" vaccine negative or positive bloodwork	Order "Non-employee Needlestick" vaccine negative or positive bloodwork
6	Consider prophylaxis as indicated - consult ID on-call if given	Consider prophylaxis as indicated - consult ID on-call if given
7	Notify "source patient" attending physician of HCW exposure and need to facilitate Rapid HIV testing results * Charge RN of unit where exposure occurred should also facilitate testing	Notify "source patient" attending physician of HCW exposure and need to facilitate HIV testing * inquire if "Rapid HIV" available
8	Follow-up with PMHS Occunet for all test results and plan further follow-up care	Follow-up with PMHS Occunet for work related exposures or B. MacLeod, MD, in DEM if not work related injury
9	File DEM medical record chart for PMHS Occunet to obtain	File DEM medical record for PMHS Occunet to obtain

* Manager Occunet request PMHS employees and affiliates to report to Occunet Monday-Friday, 6:45 am-5:00 pm for initial evaluation, call Occunet Manager at pager #1300 between 5:00 pm-10:00 pm, and report to DEM 10:00 pm-6:45 am and weekends.

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