1. **PURPOSE.** The Bloodborne Pathogen Exposure Control Plan describes the coordinated efforts of all services in providing a safe environment for all affected Louis Stokes Cleveland VA Medical Center personnel. The plan identifies all persons (i.e., affected employees) in the medical center who have any potential for occupational exposure to hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV), describes measures designed to protect employees from such exposures, and provides evaluation and follow-up of employees should such an exposure occur. Occupational exposure to bloodborne pathogens will be minimized or eliminated by utilizing a combination of engineering and work practice controls, personal protective clothing and equipment, education, medical follow-up of exposure incidents, vaccination, and other provisions.

2. **POLICY.** All Louis Stokes Cleveland VA Medical Center employees are required to follow the procedures in this plan.

3. **DEFINITIONS.** See the Federal Register for definitions of terms used in this plan. For the purpose of this plan, employee is defined as full or part time employee, volunteer, trainee, or student.

4. **RESPONSIBILITY**
   
   a. All employees will receive an initial orientation as well as annual updates in infection prevention, and are responsible for compliance with this plan for their safety and protection. In the context of an occupational exposure, the affected employee is responsible for seeking medical attention and follow-up of the incident as described in this plan.

   b. Service chiefs and supervisors will ensure employee compliance with this plan and employee participation in mandatory yearly review. Supervisors of affected employees will ensure their attendance at training sessions; compliance may be included in the performance appraisal process. Each service will keep a current list of affected employees and list of standard tasks that put them at risk for exposure. Supervisors will ensure that the employee is competent in utilizing engineering controls, including safer medical devices and work practice controls.

   c. Infection Prevention and Control nurses are responsible for training all affected employees and assisting Personnel Health in the evaluation and follow-up of employees who have exposures. Training will be documented in Talent Management System (TMS).

   d. Infectious Diseases physicians are responsible for post-exposure prophylaxis recommendations not covered in this plan and for exposures
to a known HIV positive source to assure appropriate coverage for possible resistant strains.

e. Personnel Health staff is responsible for administering the hepatitis B vaccination program and providing medical evaluation and follow-up of all exposures, to include notifying Infection Prevention and Control of the source patient, documenting and managing the exposure, completing the Initial History and Physical for Post-Exposure Prophylaxis (PEP) for HIV (Attachment I), administering post-exposure prophylaxis, and obtaining all appropriate lab studies for the affected employee.

f. Pharmacy is responsible for making post-exposure prophylaxis medications readily available to occupationally exposed employees.

g. Engineering Service is responsible through periodic and preventive maintenance inspections, for ensuring that engineering controls are functional.

h. Occupational Health and Safety Unit is responsible for maintaining the Occupation Safety and Health Administration (OSHA) 300 log which is accessed through the Automated Safety Incident Surveillance Tracking System (ASISTS).

i. Human Resources Management Service ensures the Personnel Health records are forwarded to either the gaining agency or to the National Personnel Records Center upon transfer or separation.

j. Sterile Processing Service (SPS) is responsible for decontamination of reusable equipment in a central location and for supplying Personal Protective Equipment (PPE) throughout the medical center. Community-Based Outpatient Clinic (CBOC) staff is responsible for stocking supplies within their area.

k. Chief, Environmental Management Service (EMS) ensures regular replacement of sharps disposal containers, scheduled cleaning of structural surfaces, disposal of general refuse and infectious waste, and collection and laundering of linen.

l. Nursing is responsible for daily cleaning, as outlined in Nursing Policies, with a hospital approved disinfectant (HAD) supplied by EMS.

m. The Infection Prevention Committee is responsible for review, update, and approval of this plan on an annual basis.

5. **PROCEDURE**
a. Exposure Determination: Job classifications or titles of employees and associated tasks/procedures where occupational exposure to blood or other potentially infectious materials may occur are identified in Attachment A.

b. Compliance Methods

1) Standard precautions will be observed by all employees to prevent contact with blood or other potentially infectious materials (OPIM). All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. (See Medical Center Policy (MCP) 011-056, Isolation and Infection Prevention and Control Precautions).

2) Engineering and work practice controls will be utilized to eliminate or minimize the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. Engineering controls include sharps disposal containers and safer medical devices such as sharps with engineered sharps injury protections and needleless systems. Safer medical devices will be used by employees when available. Staff members who utilize sharps will be involved in the selection and evaluation of engineering controls. Staff will be trained in the use of engineering controls; particularly as new safer devices are introduced into the facility. Consideration for implementation of newer and safer commercially available devices to eliminate or minimize occupational exposure will be done at least on an annual basis. Newer devices will be implemented as available, with consideration given to user input. List of currently used/approved sharps safety devices are attached to this plan and updated as changes are made (see Attachment B).

3) Needles and sharps will be discarded into designated sharps containers at the point of use when possible. Needles and other sharps will not be bent, recapped, removed, or purposely broken. Exception: If a certain procedure requires that a contaminated needle be recapped or removed, then the recapping or removal must be done by the use of a mechanical device or a one-handed technique. Recapping is done at the discretion of the employee. (See MCP 011-056).

4) Sharps Containers will be monitored at least daily and changed when ¾ full (See EMS Infection Prevention Policy).

5) Hand hygiene facilities are readily accessible to employees and are located throughout the facility in patient rooms, procedure areas, and in restrooms. Staff members are required to decontaminate their hands after removal of any personal protective equipment, including gloves. If an exposure to blood or body fluids occurs, staff members are required to wash any potentially contaminated skin immediately or as soon as feasible with antimicrobial soap and water, and flush affected mucous membranes with water. (See MCP 011-056).
6) Work Area Restrictions: Employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses in any work area where there is reasonable likelihood of exposure to blood or other body fluids. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present. (See MCP 011-056).

7) Specimens of blood or OPIM will be placed in a container which prevents leakage during collection, handling, processing, storage, and transport of the specimens. The containers used for this purpose will be labeled biohazard or color-coded in accordance with the OSHA standard. If outside contamination of the primary container occurs, the primary container will be placed within a secondary container that prevents leakage.

8) Personal Protective Equipment (PPE): All PPE used in the facility will be provided to employees without cost. PPE will be readily accessible to employees. PPE with be located in supply boxes and designated supply rooms throughout the medical facility. SPD will supply PPE to all areas. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use. All PPE will be disposed of, cleaned, or laundered as appropriate by the medical center at no cost to employees. All repairs and replacements will be made by the medical center at no cost to employees. All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE will be removed, according to Center of Disease Control and Prevention (CDC) guidelines and hands decontaminated, prior to leaving the work area (See MCP 011-056).

9) All environmental work surfaces contaminated with blood or OPIM will be cleaned with a tuberculocidal grade HAD according to the EMS and Nursing Infection Control Policies. Environmental and work surfaces will be cleaned and disinfected immediately or as soon as feasible after any spill of blood or other potentially infectious materials.

10) Regulated Waste Disposal: The following regulated waste is placed in red or BIOHAZARD labeled containers, and is either autoclaved prior to disposal or picked up by a contract vendor for proper disposal off-site: waste that drips or flakes blood or OPIM, waste that would release blood or OPIM in a liquid or semi-liquid state when compressed, or caked with dried blood or OPIM, contaminated sharp items, and pathology waste. Other waste is disposed of as general refuse. EMS is responsible for disposal of general refuse and infectious waste. (See Refuse and Infectious Waste Management Program, MCP 137-011).
11) Reusable contaminated equipment will be decontaminated by staff
wearing appropriate PPE. Decontamination will be done in an area specifically
designated for decontamination. Rinsing or other decontamination procedures
will be avoided if at all possible in patient care areas. Contaminated equipment
will be examined prior to servicing or shipping and will be decontaminated as
necessary unless the decontamination of the equipment is not feasible. If
equipment has not been decontaminated, it must be properly labeled and
handled as contaminated, and the receiving area must be informed of such. All
soiled laundry is considered contaminated and will be handled according to
policy. (See EMS Infection Control Policy).

12) Hepatitis B vaccine will be offered at no cost to all employees who
have any potential for occupational exposure to blood or OPIM (Attachment C).
Employees who decline the Hepatitis B vaccine must sign a waiver (Attachment
D). Personnel Health is responsible for administering the hepatitis B vaccination
program.

13) Post-Exposure Evaluation and Follow-Up: All employees who incur
an exposure incident will be offered post-exposure evaluation and follow-up at no
cost. Personnel Health Services will be responsible for providing evaluation and
follow-up of all exposures. Infection Prevention and Control will assist in
evaluation and follow-up of employees (Attachment E). The Personnel Health
Infection Control Policy, MCP COPS-002 will also be utilized in this evaluation.

   a) Healthcare Professional's Written Opinion: A written opinion will
be provided to the exposed employee by Personnel Health within 15 days of
completion of the evaluation. The evaluation will include whether the Hepatitis B
vaccine and/or Hepatitis B immune globulin is indicated, whether the employee
received the vaccine, if recommended, and whether the employee was informed
of results of the evaluation and was advised about any medical conditions
resulting from the exposure which require further evaluation or treatment
(Attachment F).

   b) VA Form 10-0121B: Potential Exposure to HIV/HBV Employee
Epidemiological Follow-Up will be provided to the exposed employee by
Personnel Health (see attachment G).

   c) Details of assessment and treatment of employees with
bloodborne pathogen exposures are outlined in Attachment H.

   d) Recordkeeping: An accurate and confidential record for each
current employee and documentation of each reported occupational exposure
will be maintained by Personnel Health. The incident will be documented on the
OSHA 300 log and in the electronic exposure log. The exposure log contains
information stating the type and brand of device involved in the incident, if
applicable, the department or work area where the exposure occurred, and an
explanation of how the incident occurred. Personnel Health records will be
BBP Exposure Control Plan

forwarded to either the gaining agency or to the National Personnel Records Center upon transfer or separation. These records will be maintained for 30 years after the employee leaves employment.

14) Communication of Hazards to Employees:

a) Fluorescent orange or orange-red biohazard symbols will be affixed to all containers of regulated wastes, refrigerators, or freezers containing blood or OPIM.

b) Regulated waste that has been decontaminated need not be labeled or color-coded.

c) Education and Training: Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Education and training for all employees will include the following:

d) Explanation of the OSHA Bloodborne Pathogens Standard and identification of those job classifications determined to have potential for occupational exposure.

1) Epidemiology and symptomatology of bloodborne diseases.

2) Modes of transmission of bloodborne pathogens.

3) The hospital Exposure Control Plan and how to access it.

4) Procedures that might cause exposure to blood or OPIM within the facility.

5) Control methods that will be used to control exposure to blood or OPIM, including the use of safer medical devices and safer work practices.

6) Principles of standard precautions, available personal protective equipment, how to obtain it, and how to use it.

7) Post exposure evaluation and follow up.

8) Biohazard signs, labels, and color codes used at the medical center.

9) Hepatitis B vaccine program (attachment C).

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7. **RESCISSION.** Medical Center Policy 011-039 is rescinded.

8. **FOLLOW-UP RESPONSIBILITY.** Chair, Infection Prevention Committee

**Attachments:**
- Attachment A: Job Classifications and Titles of Exposure Prone Employees
- Attachment B: Currently Used/Approved Sharps Safety Devices as of Oct 2015
- Attachment C: Hepatitis B Vaccination Program
- Attachment D: Hepatitis B Vaccine Information and Declination Form
- Attachment E: Post Exposure Evaluation
- Attachment F: Health Care Professional's Written Opinion Statement
- Attachment G: Guidelines for Assessment and Treatment of Employees with Bloodborne Pathogen Exposure
- Attachment H: Initial History and Physical for Post-Exposure Prophylaxis (PEP) for HIV
- Attachment I: Post-Exposure Prophylaxis Information Sheet
- Attachment J: Needle stick Protocols (Wade Park and CBOCs)
- Attachment K: Wade Park and CBOCs Exposure Protocol
JOB CLASSIFICATIONS AND TITLES OF EXPOSURE PRONE EMPLOYEES

Includes a sample of tasks if occupational exposure occurs only in the job classes.

- Air conditioning mechanic/ Repair of equipment in patient care areas
- Anesthesiologist/nurse anesthetist
- Audiologist/tech
- Autopsy assistant
- Barber
- Biomedical engineer/tech
- Cardiac Cath laboratory technician
- Carpenter/ Repair of needle boxes
- Canteen worker/ Assisting patients who have open wounds, intravenous (IVs), etc.
- Chaplin/ Counseling patients in Intensive Care Units (ICUs)
- Chemist/ Working with lab specimens
- Clinical psychologist
- Corrective therapist/ Gait training incontinent patients
- Counselor/ Working with patients who have open wounds, IVs, etc.
- Dentist
- Dental assistant
- Dental hygienist
- Dental laboratory technician
- Dialysis technician
- Dietician/ Interview and teaching patients
- Domiciliary staff
- Domiciliary Escorts
- Electroencephalogram (EEG) technician
- Electrocardiogram (EKG) technician
- Electrical engineer/ Equipment repair
- Electronics engineer/tech/ Servicing ICU and other equipment
- Electrician/ Working in patient care areas
- Electromyography (EMG) technician
- Engineer/tech/ Patient care equipment repair
- Engineering foreman/ Patient care equipment repair
- Escort tech
- Food service worker
- Gait laboratory technician
- Health technician
- Hemodialysis technician
- Housekeeper
- Industrial hygienist
- Laboratory technician
- Laundry worker/ Handling soiled laundry
- Maintenance mechanic
- Medical supply technician
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Medical technician
Medical technologist
Microbiologist
Nuclear medicine technician
Nurse
Nursing assistant
Occupational therapist/assistant
Optometrist
Oral surgeon
Operating Room (OR) technician
Pest controller/ In-patient care areas
Pharmacist/ Returned medication modules
Pharmacy technician/ Processing returned medication modules
Photographer/ OR, Autopsy
Physical therapist
Physician
Physician assistant
Phlebotomist
Pipe fitter/ Plumbing in patient care areas
Plumber/In patient care areas
Podiatrist
Police officer/ Control of disruptive behavior
Practical nurse
Prosthetics specialist/ Fitting prosthetics devices
Radiology technician/ Contrast studies
Recreation therapist/ working with patient who have wounds, IVs, indwelling caths, etc.
Rehabilitation tech/drug dependency
Respiratory lab technician
Respiratory therapist
Research Biologist/ Handling lab specimens
Research assistant/Handling lab specimens
Safety and occupational health specialist
Speech therapist
Social worker/ Working with ICU patients
Students and trainees with clinical assignments
Supply technician/ Pickup of soiled items
Volunteers with patient contact such as transporting with invasive tubes, etc., assisting with hygiene/Activities of Daily Living (ADL); or who handle specimens
Ward clerk/ Handling lab specimens, assisting patients
## CURRENT SHARPS SAFETY DEVICES
### May 2016

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## BBP EXPOSURE CONTROL PLAN
### ATTACHMENT B

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### Safety Characteristics

- **R** Retracting
- **SB** Self-Blunting
- **SS** Self-Sheathing
- **S** Sheathing
- **THR** Two hand Requirements
## CURRENT SHARPS DEVICES w/o SAFETY
**May 2016**

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**BBP EXPOSURE CONTROL PLAN**  
**ATTACHMENT B**

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<tbody>
<tr>
<td>HBW ACUPUNCTURE NEEDLE, 32 GA 3&quot;</td>
<td>No¹</td>
</tr>
<tr>
<td>NATUS EMG NEEDLE, 26 GA</td>
<td>No¹</td>
</tr>
<tr>
<td>NATUS EMG NEEDLE, 30 GA</td>
<td>No¹</td>
</tr>
</tbody>
</table>

*Note 1: Safety device is not commercially available. Work practice controls have been implemented to reduce the potential for a BBP Exposure.*

*Note 2: Safety device available; however, a clinical review was conducted and the device poses an additional infection control risk to the patient. Work practice controls have been implemented to reduce the potential for a BBP exposure.*

*Note 3: Safety device available; however, clinician has determined that the safety device would affect the outcome of the procedure. Work practice controls have been implemented to reduce the potential for a BBP Exposure.*
HEPATITIS B VACCINATION PROGRAM

1. Hepatitis B vaccine will be initiated for applicants after medical clearance on preplacement examination as indicated.

2. Current employees and others, i.e. student or volunteers will be trained yearly by Infection Prevention and Control and offered vaccine through Personnel Health.

3. Employees with a bloodborne pathogen exposure will be offered vaccine as indicated.

4. If an employee for whom vaccination has been recommended declines, that employee will sign the Hepatitis B Declination (Attachment D). This form will become a part of the Personnel Health record.

5. An employee who has declined vaccine may choose to receive it at a later date.

6. The vaccine will be available through Personnel Health during normal administrative hours at all units. All other times, the vaccine will be available for post-exposure prophylaxis through the Emergency Department at Wade Park, and the Nursing Supervisor.

7. Employees who have received Hepatitis B vaccine and are unsure of their antibody status, or those who will receive vaccine, will be screened for Hepatitis B surface antibody one month after completion of the Hepatitis B vaccine series.

8. Employees who remain seronegative should receive the full three (3) - injection series using a different manufacturer, and should be screened for antibodies as previously described. Should the employee remain seronegative after the second series, no further immunization is indicated, and the employee will be considered a non-responder.
HEPATITIS B

Hepatitis B is a disease caused by a viral infection. The virus is found in blood and body fluids of infected individuals. The hepatitis B virus attacks the liver. It may cause serious liver disease and, rarely, death. Sometimes people who contract Hepatitis B remain carriers of the virus. Approximately 25% of carriers develop chronic active hepatitis, which often progresses to cirrhosis. Furthermore, Hepatitis B carriers have a higher risk of developing liver cancer.

Certain jobs in the Louis Stokes Cleveland VA Medical Center place you at greater risk of exposure to Hepatitis B. Some of those include:

- Exposure to blood, tissues, or other body fluids
- Administration of medications or vaccines using syringes, needles
- Taking blood samples for laboratory tests
- Inserting or maintaining intravascular devices
- Collecting filled needle containers and contaminated wastes

Some employees considered at greater risk for exposure to Hepatitis B are: Environmental Management staff, Nurses, Dentists, Physicians, Laboratory staff, Dental Hygienists, Radiology Techs, Physician Extenders.

If you have never had hepatitis B, and never been immunized against it, immunization with the vaccine is the most effective means of preventing hepatitis B virus infection and its consequences. No substances of human origin are used in the manufacture of the vaccine, so there is no risk of hepatitis B or Human Immunodeficiency virus (HIV) infection from vaccination. Immunization involves three (3) intramuscular injections given over six months. (Hepatitis B vaccine was not available until the early 1980’s, please do not confuse it with hepatitis B immune globulin.) As an employee at the Louis Stokes Cleveland VA Medical Center, vaccination is highly recommended.

If you do not know your immune status re: hepatitis B and are interested in knowing, or are interested in starting the vaccine, please report to Personnel Health.

If you do not wish to receive hepatitis B vaccine, the 1992 Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard requires you read the following statement and sign below to acknowledge your choice.

---- DECLINATION----

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potential
BBP Exposure Control Plan
ATTACHMENT D

infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

__________________________________________
Signature                                                   Date
POST EXPOSURE EVALUATION

The post exposure evaluation will include:

1. Completion of an electronic Exposure Log that documents the route of exposure and the circumstances under which the exposure incident occurred.

2. When possible, identification and documentation of source individual and testing the source individual's blood for hepatitis B surface antigen, hepatitis C antibody and HIV antibody. The infection prevention and control nurse, or an ordering provider, will assess the source patient’s risk factors, obtain verbal consent for HIV testing and release the order electronically.

3. Advising the exposed employee of the source individual's risk factors and test results.

4. Collection of blood from the exposed employee as applicable for hepatitis B, hepatitis C antibody or HIV antibody testing, after consent is obtained for HIV testing.

5. Consultation with Infection Prevention and Control as necessary.

6. Recommendations by Infection Prevention and Control for changes in work practices, equipment, or training to prevent similar exposures.

7. Completion of a CA-1 form in the Automated Safety Incident Surveillance Tracking System (ASISTS), for reporting by Occupational Health and Safety Authority (OHSA) staff when indicated.
BLOODBORNE PATHOGENS

PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP) RECOMMENDATION/OPINION

DATE:

Exposed Employee:

Exposed Employee:

Date of Exposure Incident:

This Opinion meets the requirements of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard, 1910.1030(f)(5) Healthcare Professional's Written Opinion.

This employee experienced exposure to potentially infectious materials in the performance of job-related duties. The post-exposure evaluation is now complete.

Hepatitis B vaccination: is/is not indicated for this employee.

The employee has been informed of the results of the evaluation and told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

This Opinion is a confidential medical record and may not be disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by law.

______________________________________________  ___________________________
Signature                                              Date

1910.1030(f)(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
GUIDELINES FOR ASSESSMENT AND TREATMENT OF EMPLOYEES WITH BLOODBORNE PATHOGEN EXPOSURES

a. Employees who are exposed to blood or potentially infectious body fluids by needle stick or other sharps injuries or mucous membrane splashes, etc. will be evaluated as soon after the exposure as possible by Personnel Health or designated medical personnel. Appropriate Post-Exposure Prophylaxis (PEP) for Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) should be administered as soon as possible after the exposure, ideally within 15-30 minutes. Current Center of Disease control and Prevention (CDC) recommendations will be used as guidelines for post-exposure follow-up and prophylaxis. Infectious Diseases (ID) will be consulted as needed.

b. Any employee who is exposed to blood or other potentially infectious body substance in the course of a needle stick or other sharps injury, mucous membrane splash, or cutaneous exposure, is to report immediately to Personnel Health at Wade Park or the Personnel Health designee at the community-Based Outpatient Clinics (CBOCs). If the exposure occurs when Personnel Health is not open, Wade Park employees report to the Emergency Department. See Appendix C, Exposure Protocols.

1. PROCEDURE FOR EVALUATION AND POST-EXPOSURE PROPHYLAXIS FOR HIV

a. The employee’s exposure risk for HIV will be evaluated and post-exposure recommendations made using the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis, dated September 2013. Infectious Diseases Fellow is available for consultation.

b. Post-Exposure Prophylaxis (PEP): A three drug regimen is available at Wade Park from Personnel Health/Emergency Department (ED) and at CBOCs from the Personnel Health designee. The regimen is available through Pharmacy Service, and in the Pyxis machines in the ED and in the CBOCs.

c. Preferred PEP regimen consists of:

1) Tenofovir 300 mg/emtricitabine (FTC) 200 mg, one (1) tablet daily (supplied as a combination product Truvada®)

2) Raltegravir 400 mg, one (1) tablet every 12 hours (supplied as Isentress ®)

d. PEP Information sheet (appendix B) will be given to every person receiving PEP.
e. If a delay in HIV test result is anticipated, the physician may dispense additional doses of PEP as indicated. Physicians may consult with the ID Fellow. For employees requiring ongoing PEP, prescriptions will be issued and filled by the employee through Pharmacy.

f. If PEP is indicated and the employee agrees to treatment, the treating physician should administer the first doses of PEP before completing the INITIAL HISTORY AND PHYSICAL FOR POST-EXPOSURE PROPHYLAXIS FOR HIV FORM (Appendix A). The female employee of childbearing potential may also be required to take a “stat” pregnancy test after the first dose.

g. Baseline CBC, basic metabolic panel, needle stick panel Hepatitis B Surface Antigen, Hepatitis B Surface Antibody index, Hepatitis B core Antibody index, Hepatitis B Core Antibody –Positive, Hepatitis C Virus Antibody, and Serum Glutamic Pyruvic Transaminase (HBsAg, HbsAb index, HBCAb-M, HCVAb, and SGPT), and urinalysis will be done for all employees receiving post exposure prophylaxis to HIV. Anonymous HIV testing is available for the employee. The employee evaluated outside of Personnel Health will be instructed to report to Personnel Health within 72 hours of the exposure to arrange further follow-up.

h. Known source patients will be interviewed regarding risk factors, and offered HIV testing in accordance with Medical Center Policy (MCP) 011-084. This interview will be conducted by the Infection Prevention and Control Nurse, ID Fellow or provider as soon as possible after the exposure. In the event that a Home Based Primary Care (HBPC) patient is the source of an exposure, a designated nurse may obtain verbal consent and release the order. The person obtaining consent must not be the person who sustained the exposure. This counseling will include assessment of risk factors and HIV antibody testing in accordance with MCP 011-084, HIV Diagnostic Testing. A printed copy of the verbal consent form marked “needle stick source” will be sent to the lab along with the blood sample. An HIV viral load will be ordered on all known HIV positive source patients. A rapid HIV test, when available, will be done on the source patient, with a follow-up Enzyme Linked Immunosorbent Assays (ELISA). A needle stick panel will also be ordered on the patient. The individual who consented, the patient will provide results of the rapid test to Personnel Health and the patient as soon as available.

2. **PROCEDURE FOR EVALUATION FOR HEPATITIS B AND C AND POST-EXPOSURE PROPHYLAXIS FOR HEPATITIS B:**

a. The physician evaluating the exposure will request that source patient blood is sent for needle stick panel.
b. If the source patient is known HBsAg Positive and:

1) The employee has not been vaccinated, THEN give Hepatitis B Immune Globulin (HBIG) (0.06 milliliter/kilogram (ml/kg)) Intramuscular Injection (IM) as soon as possible and initiate the hepatitis B vaccine series (1.0 ml/dose IM in the deltoid). A second dose of HBIG is given in one month.

2) The employee has been vaccinated and is a known responder, THEN no treatment needed.

3) The employee is a non-responder to vaccine (has received the vaccine series twice and has negative serology for HbsAb or HbsAb index), THEN give HBIG (0.06ml/kg) IM, one dose at the time of exposure and another dose one month later.

4) The employee has been vaccinated but HbsAb or HbsAb index is unknown, THEN test for HbsAb index. If adequate, no treatment is indicated. If inadequate, give booster dose of vaccine (1.0 ml) and give HBIG (0.06ml/kg) IM.

c. If the source patient is known HBsAg NEGATIVE and:

1) The employee has not been vaccinated, THEN start vaccine series.

2) The employee has been vaccinated, THEN no treatment is needed.

d. If the source patient HBsAg status UNKNOWN and:

1) The employee has not been vaccinated, THEN start vaccine series. HBIG may be given later if the source patient is found to be HBsAg positive.

2) The employee has been vaccinated and HbsAb or HbsAb index is adequate, THEN no treatment is needed.

e. If the source patient is UNKNOWN or UNAVAILABLE, and:

1) The employee has not been vaccinated, THEN start vaccine series.

2) The employee has been vaccinated and HbsAb or HbsAb index is adequate, THEN no treatment needed.

3) The employee has been vaccinated and HbsAb or HbsAb index is unknown, THEN test HbsAb index and a booster can be given later if negative.

4) The employee is a non-responder to vaccine, THEN consider HBIG if source is known to be high risk for hepatitis B.
f. **For hepatitis C, a baseline HCV-ab and liver enzymes on all employees is recommended.** Post-exposure prophylaxis is not currently recommended.

1) If the source patient is UNKNOWN or HCVAb positive, THEN follow-up HCVAb and SGPT at six weeks, three months, and six months will be recommended by Personnel Health.

2) Instruct the employee to report to Personnel Health as soon as possible to complete post-exposure evaluation, treatment and documentation.

3. **POST-EXPOSURE FOLLOW-UP**

The following recommendations are given to the employee at the time of the initial exposure. It is the responsibility of the employee to comply and follow these recommendations.

a. If the employee is receiving ongoing PEP for HIV, follow-up testing for HIV-ab is recommended at 6 weeks, 12 weeks, and six (6) months.

b. If the employee is exposed to an unknown or known HbsAg positive patient and has not been immunized adequately, follow-up HbsAg testing is recommended at 6 weeks, 12 weeks, and 6 months.

c. If the source patient is unknown or known HCVAb positive, follow-up HCVAb and liver enzymes are recommended at six (6) weeks, 12 weeks, and six (6) months.
INITIAL HISTORY AND PHYSICAL FOR POST-EXPOSURE PROPHYLAXIS (PEP) FOR HIV

Employee Name ______________________ ID# ______________________
Date of exposure: _________________ Time of exposure: ___________ am, pm
Date PEP started: _________________ Time of PEP started: __________ am, pm
History of injury/exposure:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Medical History: (i.e.: immunosuppressed, chemotherapy, steroids?)
____________________________________________________________________
____________________________________________________________________
P.E.:  Weight: ________________
Lymphatics: _______________________________________________________
Plan:
1. Obtain at start of treatment: Needle stick Panel:
   Basic Metabolic Panel __________ HBsAg __________
   CBC ________________ HBsAb index __________
   Urinalysis ____________ HBcAb-M __________
   HIV Test ______________ HCVAb __________
   SGPT ______________
2. After first dose (if applicable):
   Urine for pregnancy: ________________
3. PEP Regimen:
   __________ Truvada (tenofovir 300 mg/emtricitabine 200 mg) daily for four (4) weeks (treatment should start within 24 hours of exposure)
   __________ Isentress (raltegravir) 400 mg tablet, one tablet every 12 hours (treatment should start within 24 hours of exposure)
   __________ Other (in consultation with Infectious Diseases)
3. Advise employee to report to Personnel Health for follow-up within 72 hours.
5. Advise employee to report any side effects to Personnel Health. Consult with ID as needed.
6. Hepatitis:
   HBV Status: Patient ____________________ Employee ____________________
   Prophylaxis ______________________________________________________
   HCV Status: Patient __________ Employee __________
   No PEP recommended __________

Provider: __________________________________________________________
POST-EXPOSURE PROPHYLAXIS INFORMATION SHEET

Because you have been exposed to blood or blood containing fluids that either contain or were highly suspicious of containing HIV (the virus that causes AIDS), prophylactic treatment is being offered to you. This therapy may be for 1-28 days, depending on the exposure risk and evaluation.

If you choose to accept treatment, after the first dose you will have a history and physical exam, laboratory studies including HIV testing, Basic Metabolic Panel, complete Blood Count (CBC), Liver Function Test (LFTs), Hepatitis B and a urinalysis and a urine test for pregnancy (if female of childbearing potential).

If side effects occur or other problems arise, you must report them immediately. If indicated, therapy may be discontinued. If you have any questions regarding treatment, please ask your health care provider.

Truvada® (tenofovir 300 mg/emtricitabine 200 mg)

Directions: Take one (1) tablet daily with food.

Side effects: This medication is generally well tolerated.

Drug interactions: Minimal drug interactions with this medication.

Cautions: Take the medication exactly as prescribed by your physician.

Isentress® (Raltegravir tablet)

Directions: Take one (1) tablet every twelve hours.

Side effects: This medication is generally well tolerated.

Drug interactions: Minimal drug interactions with this medication.

Cautions: Take the medication exactly as prescribed by your physician.
WADE PARK EXPOSURE PROTOCOL (BUSINESS HOURS)

Immediately post-exposure:

**Employee will:**
- Wash/flush site and apply first aid
- Notify supervisor and report directly to Personnel Health
- Bring name and location of source patient

**A provider in Personnel Health will:**
1. Notify Infection Prevention & Control of the exposure, including name of source patient if known.
2. Assess risk level of injury (sharp vs splash, no gloves, hollow-bore needle, deep puncture, visible blood, risk factors of source patient if known)
3. Provide prophylaxis for hepatitis B or HIV if indicated
4. Order baseline labs:
   - Needle stick Panel (Quick Orders)
   - HIV-ab with coded consent form and coded sample (not in CPRS)
     - For anonymous HIV testing, use hard copy HIV Consent Form.
       - Assign an anonymous code (e.g., provider + employee initials + date) to the patient signature block, and do not allow employee to sign the lab copy. Send to lab along with coded sample (same code). Use this code to retrieve lab result by accessing the restricted testing log in the Public Drive. Document result in Personnel Health note.
   - Note: if taking Post-Exposure Prophylaxis (PEP): add pregnancy test, CBC, basic metabolic panel and urinalysis
5. Complete Occupational Exposure template in CPRS.
6. Ensure that an injury report is initiated in ASISTS for the exposed employee.

**Infection Prevention and Control Nurse will:**
1. Interview source patient to determine risk factors (IVDU, multiple unprotected partners, money or drugs for sex, known exposures, previously tested positive for hep or HIV).
3. Document risk factors and verbal consent in the HIV Testing Note in CPRS.
   - Include a general description of the exposure. Confirmatory HIV test is ordered through that template.
4. Document result in the “HIV Post Test Counseling” note as PRELIMINARY NEGATIVE or PRELIMINARY POSITIVE. Include Personnel Health physicians, Julian Capito and Rochelle Thorpe for additional signature. Confirmatory testing will be done by the lab.
5. Order Needle stick Panel and HIV-ab.
6. Note: if a WAH or WHE blood sample is available in the lab, rapid testing may be done on that sample

**Laboratory (Blood Draw Room) will:**
1. Draw the required tests (Needlestick Panel- Quick Order), HIV-ab with coded consent form (not in CPRS- hardcopy), and collect other tests as ordered (i.e. Urinalysis, Urine pregnancy test etc.)
2. Patient/source (accompanied by Infection Control) will be the next draw in line
3. Exposed employee will be asked to wait in line, or return when the wait time is more acceptable

HIV Prophylaxis
- PEP regimen: Tenofovir 300 mg/emtricitabine (FTC) 200 mg daily (supplied as the combination product Truvada®) and raltegravir 400 mg tablet, one tablet every 12 hours (supplied as Isentress). Treatment should start ASAP.
- If patient is found to be low risk and/or HIV-negative, discontinue meds.
- If PEP is to continue, see Personnel Health at 2 weeks, 4 weeks, 12 weeks, and 6 months for blood work.

Hepatitis B Prophylaxis
- If source is known-positive and employee has not been vaccinated (or is a non-responder), give 0.06 ml/kg Hep B immune globulin (HBIG), and begin vaccine series.
- If status of source is unknown and employee has not been vaccinated, then start the vaccine series. HBIG may be given later if source is positive.
- If employee has been vaccinated and HbsAb is unknown, draw titer and await results. Vaccine booster and HBIG may be given later if indicated.
- If employee has been vaccinated but is HbsAb negative, give booster dose of vaccine. HBIG may also be indicated based on source results.
- If employee is HbsAb positive, no action is required.

Hepatitis C follow-up:
- No PEP needed. If source is HCV-ab positive, follow-up testing for antibody and LFT recommended at 6 weeks, 12 weeks, and 6 months by Personnel Health.
WADE PARK EXPOSURE PROTOCOL (OFF TOUR)

Immediately post-exposure: Consult with ID fellow (440-562-8667) or Infection Control (216-701-7085) with questions.

Employee will:

- Wash/flush site and apply first aid
- Notify supervisor and report directly to the Emergency Department (ED). Bring name/location of source patient.

A provider in the ED will:

1. Ensure that the nursing supervisor is notified of the incident
2. Assess risk level of injury (sharp vs splash, no gloves, hollow-bore needle, deep puncture, visible blood, risk factors of source patient if known).
3. Provide prophylaxis for hepatitis B or HIV if indicated (see MCP 011-039)
5. Instruct employee to report to Personnel Health within 72 hours to complete baseline labs and paperwork.

The ED nurse will:

1. Complete Nurse First note and select box for employee with bloodborne pathogen exposure
2. If employee is unable to report to Personnel Health within 72 hours, labs may be drawn in ED. Use a code (provider initials + employee initials + date: TZBS0525) for signature block and blood tube. Send encrypted email with employee’s name, code and date of exposure to VHACLE Personnel Health Needlestick.

The nursing supervisor will:

1. Interview source patient to determine risk factors (IVDU, multiple unprotected partners, money or drugs for sex, known exposures, previously tested positive for hep or HIV).
2. Document consent in “HIV Testing” note. Include a general description of the exposure and any risk factors. Order is available through that template, under a standing order by Dr. Scott Ober.
3. Perform point-of-care rapid HIV test and share result with patient, ED provider and exposed employee.
4. Document result in the “Point of Care Testing Results” note as PRELIMINARY NEGATIVE or PRELIMINARY POSITIVE. Add Florencio Marquinez, Julian Capito, Christine Robbins, and Rochelle Thorpe for additional signature.
   - Note: if necessary, contact the ID fellow at pager (440) 562-8667 for guidance with positive result.
5. Request the covering physician to order Needlestick Panel for source patient. This covers hepatitis B and C.
6. Ensure that the employee’s supervisor initiates an injury report in ASISTS for the employee.
Labs for source patient (1 pearl, 1 light green and 4 gold tops)

- Needlestick panel (Quick Orders) and HIV-ab (HIV Testing template)

Labs for exposed employee (1 pearl, 1 light green and 4 gold tops)

- Collected within 72 hours through Personnel Health. If unable to go to PH within 72 hours, may be drawn in ED
- Needlestick panel in Quick Orders and anonymous HIV-ab on coded paper consent form
  - For anonymous HIV testing: use hard copy HIV Consent Form, assign an anonymous code (provider + employee initials + date) to the patient signature block, and do not allow employee to sign the lab copy. Send to lab along with coded sample (same code).
- Note: if taking Post-Exposure Prophylaxis (PEP): add pregnancy test, CBC, basic metabolic panel and urinalysis

HIV Prophylaxis

- PEP regimen: Tenofovir 300 mg/emtricitabine (FTC) 200 mg daily (supplied as the combination product Truvada®) and raltegravir 400 mg tablet, one tablet every 12 hours (supplied as Isentress). Begin ASAP.
- If patient is found to be low risk and/or HIV-negative, discontinue meds.
- If Post-Exposure Prophylaxis (PEP) is to continue, see Personnel Health at 2 weeks, 4 weeks, 12 weeks, and 6 months for blood work.

Hepatitis B Prophylaxis (stored in the refrigerator in the Emergency Department):

- If source is known-positive and employee has not been vaccinated (or is a non-responder), give 0.06 ml/kg Hep B immune globulin (HBIG), and begin vaccine series.
- If status of source is unknown and employee has not been vaccinated, then start the vaccine series. HBIG may be given later if source is positive.

Hepatitis C follow-up:

- No PEP needed. If source is HCV-ab positive, follow-up testing for antibody and liver enzymes recommended at 6 weeks, 12 weeks, 6 months and 1 year by Personnel Health.
COMMUNITY BASED OUTPATIENT CLINIC (CBOC) EXPOSURE PROTOCOL
Immediately post-exposure: Notify Infection Control at ext 4782, 5782, 4792, 6550 or cell (216) 701-7085

The employee will:
1. Wash/flush site, apply first aid.
2. Ask patient not to leave until the provider can assess risk and obtain verbal consent for HIV testing.
3. Report to nurse manager and Personnel Health provider.

The Personnel Health provider will:
- Assess risk level of injury (sharp vs splash, no gloves, hollow-bore needle, deep puncture, visible blood, risk factors of source patient, previous labs)
- Order labs for employee
- Provide prophylaxis for hepatitis B or HIV if indicated (see MCP 011-039)
- Complete Personnel Health Occupational Exposure template and add Florencio Marquinez and Beatrice Tabor for co-signature. Documentation must be completed within 72 hours.

A designated nurse will:
1. Interview source patient to determine risk factors (IVDU, multiple unprotected partners, money or drugs for sex, known exposures, previously tested positive for hep or HIV).
2. Request HIV testing of source patient. Document any risk factors in “HIV Testing” note. Test is covered by a standing order by Dr. Scott Ober.
3. Perform point-of-care rapid HIV test and share result with patient and Personnel Health provider.
4. Document result in the “Point of Care Testing Results” note as PRELIMINARY NEGATIVE or PRELIMINARY POSITIVE. Add Florencio Marquinez, Beatrice Tabor, Julian Capito, Christine Robbins and Rochelle Thorpe for additional signature. Confirmatory testing will be done by the lab.
5. Arrange for a Needlestick Panel to be drawn. This covers testing for hepatitis B and C.

Phlebotomist will:
1. Draw samples for needlestick panel and label as usual.
2. Draw 1 gold-top tube for anonymous HIV-ab, and label with same code as paper consent form.
3. Send all tubes to WP, along with coded paper consent form.

The nurse manager will:
1. Ensure that the employee’s supervisor initiates an injury report in ASISTS for the exposed employee (desktop → CLE Apps → ASISTS).

Labs for source patient:
- Needlestick panel in Quick Orders and HIV-ab, consent required (1 pearl, 1 light green and 4 gold tops)

Labs for exposed employee
- Needlestick panel in Quick Orders and HIV-ab, coded consent required (1 pearl, 1 light green and 4 gold tops)
For anonymous HIV testing, use hard copy HIV Consent Form, assign an anonymous code (provider initials + employee initials + date: TZCD0523) to the patient signature block. Do not allow employee to sign the lab copy. Send to lab along with coded sample (same code). Use this code to get result by calling ext 820/3557.

Note: if taking Post-Exposure Prophylaxis (PEP): add pregnancy test, CBC, basic metabolic panel and U/A

HIV Prophylaxis
- PEP regimen: Tenofovir 300 mg/emtricitabine (FTC) 200 mg daily (supplied as the combination product Truvada®) and raltegravir 400 mg tablet, one tablet every 12 hours (supplied as Isentress). Treatment should start ASAP.
  - If patient is found to be low risk and/or HIV-negative, discontinue meds.
  - If PEP is to continue, see Personnel Health at 2 weeks, 4 weeks, 12 weeks, and 6 months for blood work.

Hepatitis B Prophylaxis
- If source is known-positive and employee has not been vaccinated (or is a non-responder), give 0.06 ml/kg Hep B immune globulin (HBIG), and begin vaccine series.
  - If status of source is unknown and employee has not been vaccinated, then start the vaccine series. HBIG may be given later if source is positive.
  - If employee has been vaccinated and HbsAb is unknown, draw titer and await results. Vaccine booster and HBIG may be given later if indicated.
  - If employee has been vaccinated but is HbsAb negative, give booster dose of vaccine. HBIG may also be indicated based on source results.
  - If employee is HbsAb positive, no action is required.

Hepatitis C follow-up
- No PEP needed. If source is HCV-ab positive, follow-up testing for antibody and liver enzymes recommended at 6 weeks, 12 weeks, 6 months and 1 year by Personnel Health.
OFF-SITE DIALYSIS AND AMBULATORY SURGERY CENTER
EXPOSURE PROTOCOL

Immediately post-exposure: Notify Infection Control at ext 4782, 5782, 4792, 6550 or cell (216) 701-7085

The employee will:
4. Wash/flush site, apply first aid
5. Ask patient not to leave until the provider can assess risk and obtain verbal consent for HIV testing
6. Report to nurse manager and Personnel Health at Wade Park (after hours report to ED)

The designated nurse will:
1. Request HIV testing of source patient and document consent in “HIV Testing” note. Test is covered by a standing order by Dr. Scott Ober.
2. Perform point-of-care rapid HIV test and share result with patient and Personnel Health provider.
3. Document result in the “Point of Care Testing Results” note as PRELIMINARY NEGATIVE or PRELIMINARY POSITIVE. Add Florencio Marquinez, Beatrice Tabor, Julian Capito, Christine Robbins and Rochelle Thorpe for additional signature. Confirmatory testing will be done by the lab.
4. Arrange for a Needlestick Panel to be drawn. This covers testing for hepatitis B and C.

A provider in Personnel Health will:
7. Notify Infection Prevention & Control of the exposure, including name of source patient if known.
8. Assess risk level of injury (sharp vs splash, no gloves, hollow-bore needle, deep puncture, visible blood, risk factors of source patient if known)
9. Provide prophylaxis for hepatitis B or HIV if indicated
10. Order baseline labs:
   • Needlestick Panel in Quick Orders
   • HIV-ab with coded consent form and coded sample (not in CPRS)
     o For anonymous HIV testing, use hard copy HIV Consent Form. Assign an anonymous code (initials + date) to the patient signature block, and do not allow employee to sign the lab copy. Send to lab along with coded sample (same code). Use this code to retrieve lab result by accessing the restricted testing log in the Public Drive.
   • Note: if taking Post-Exposure Prophylaxis (PEP): add pregnancy test, CBC, basic metabolic panel and urinalysis
11. Complete all necessary paperwork as outlined in MCP 011-039

The nurse manager will:
1. Ensure that the employee’s supervisor initiates an injury report in ASISTS for the exposed employee (desktop → CLE Apps → ASISTS).

Labs for source patient:
   o Needlestick panel in Quick Orders and HIV-ab, verbal consent required (1 pearl, 1 light green and 4 gold tops)

HIV Prophylaxis
BBP Exposure control Plan
Attachment K

- PEP regimen: Tenofovir 300 mg/emtricitabine (FTC) 200 mg daily (supplied as the combination product Truvada®) and raltegravir 400 mg tablet, one tablet every 12 hours (supplied as Isentress). Treatment should start ASAP.
  - If patient is found to be low risk and/or HIV-negative, discontinue meds.
  - If PEP is to continue, see Personnel Health at 2 weeks, 4 weeks, 12 weeks, and 6 months for blood work.

**Hepatitis B Prophylaxis**
- If source is known-positive and employee has not been vaccinated (or is a non-responder), give 0.06 ml/kg Hep B immune globulin (HBIG), and begin vaccine series.
- If status of source is unknown and employee has not been vaccinated, then start the vaccine series. HBIG may be given later if source is positive.
- If employee has been vaccinated and HbsAb is unknown, draw titer and await results. Vaccine booster and HBIG may be given later if indicated.
- If employee has been vaccinated but is HbsAb negative, give booster dose of vaccine. HBIG may also be indicated based on source results.
- If employee is HbsAb positive, no action is required.

**Hepatitis C follow-up**
- No PEP needed. If source is HCV-ab positive, follow-up testing for antibody and liver enzymes recommended at 6 weeks, 12 weeks, 6 months and 1 year by Personnel Health.
HBPC EXPOSURE PROTOCOL

Immediately post-exposure: Notify Infection Control at ext 4782, 5782, 4792, 6550 or cell (216) 701-7085

The employee will:
- Wash/flush site, apply first aid.
- Notify nurse manager for phone guidance and report to Personnel Health at the nearest VA facility (after hours report to ED).
  - Note: If travel time to nearest VA facility is >1 hour, first dose of prophylaxis may be administered from packet provided by Pharmacy. Decision to administer first dose is made through consultation with Personnel Health, Infection Control and Infectious Diseases.

The nurse manager will:
- Contact Personnel Health for immediate phone assessment and counseling of the employee regarding prophylaxis
- Contact Infection Prevention & Control to discuss options for HIV testing of source patient. These may include sending patient to the nearest VA facility for POC testing, sending a designated HIV tester to the patient’s home for consent and blood draw, or obtaining telephone consent by a designated tester for processing on blood already available in the lab.
- Ensure that the employee’s supervisor initiates an injury report in ASISTS for the exposed employee (desktop → CLE Apps → ASISTS).

The Personnel Health designee will:
- Assess risk level of injury (sharp vs splash, no gloves, hollow-bore needle, deep puncture, visible blood, risk factors of source patient, previous labs)
- Order labs for employee
- Provide prophylaxis for hepatitis B or HIV if indicated (see MCP 011-039)
- Complete Personnel Health Occupational Exposure template and add Florencio Marquinez and Beatrice Tabor for co-signature. Documentation must be completed within 72 hours.

The designated HIV tester will:
- Obtain consent, perform POC HIV test and share result with patient and Personnel Health provider.
- Document result in the “HIV Post Test Counseling” note as PRELIMINARY NEGATIVE or PRELIMINARY POSITIVE. Add Florencio Marquinez, Beatrice Tabor, Julian Capito, Christine Robbins and Rochelle Thorpe for additional signature.
- Enter order for Needlestick Panel in Quick Orders

Labs for source patient:
- Needlestick panel and HIV-ab, verbal consent required (1 pearl, 1 light green and 4 gold tops)

Labs for exposed employee:
- HIV-ab (coded consent required), Needlestick panel (1 pearl, 1 light green and 4 gold tops)
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- For anonymous HIV testing, use hard copy HIV Consent Form, assign an anonymous code (provider + employee initials + date) to the patient signature block, and do not allow employee to sign the lab copy. Send to lab along with coded sample (same code). Retrieve lab result by calling ext 820/3557.
  - Note: if taking Post-Exposure Prophylaxis (PEP): add pregnancy test, CBC, basic metabolic panel and urinalysis

HIV Prophylaxis
- PEP regimen: Tenofovir 300 mg/emtricitabine (FTC) 200 mg daily (supplied as the combination product Truvada®) and raltegravir 400 mg tablet, one tablet every 12 hours (supplied as Isentress). Treatment should start ASAP.
- If patient is found to be low risk and/or HIV-negative, discontinue meds.
- If PEP is to continue, see Personnel Health at 2 weeks, 4 weeks, 12 weeks, and 6 months for blood work.

Hepatitis B Prophylaxis
- If source is known-positive and employee is not immune, give 0.06 ml/kg Hep B immune globulin (HBIG), and begin vaccine series.
- If status of source is unknown and employee has not been vaccinated, then start the vaccine series. HBIG may be given later if source is positive.
- If employee has been vaccinated and HbsAb is unknown, draw titer. Vaccine booster and HBIG may be given later if indicated.
- If employee has been vaccinated but is HbsAb negative, give booster dose of vaccine. HBIG may also be indicated based on source results.
- If employee is HbsAb positive, no action is required.

Hepatitis C follow-up
- No PEP needed. If source is HCV-ab positive, follow-up testing for antibody and liver enzymes recommended at 6 weeks, 12 weeks, 6 months and 1 year by Personnel Health.
- NOTE: It is the responsibility of the employee to follow up with Personnel Health.