

# HSC Health Employee Clinical Exposure Protocol

In the event an HSC Health employee experiences clinical exposure, please follow the process outlined below. Exposures may include needlesticks/bloodborne pathogens (BBP), infectious disease, fluid exposures (body fluids/chemicals), and radiation.

## **TIME OF INCIDENT PROCESS:**

1. HSC Health Employee has clinical exposure during patient encounter or while handling materials
2. Depending on the type of exposure employee should immediately:
  - a. Wash needlesticks and cuts with soap and water.
  - b. Flush splashes to nose, mouth or skin with water for 15 minutes.
  - c. Irrigate eyes with clean water, saline or sterile wash for 15 minutes.
3. HSC Health Employee notifies clinic ops/nurse manager and rendering provider of exposure.
4. If source patient is still in clinic, encourage them to remain in the room until the rendering provider can speak with them.

## **POST-EXPOSURE PROCESS – EMPLOYEE**

1. Exposed HSC Health employee will contact the Priority Care Clinic within 1 business day to schedule an appointment.
2. Employee’s clinic ops/nurse manager will contact the Priority Care Manager to provide patient information and source labs or diagnoses, if any.
3. Employee will complete the “Employee Event” in Riskconnect.

## **POST-EXPOSURE PROCESS – SOURCE PATIENT**

1. Rendering provider reviews source patient chart to verify HIV, HepB, HepC status.
2. If unknown, rendering provider will discuss the need for source blood to rule out blood borne pathogen exposure.
3. Rendering provider will place an order in EMR for labs to verify HIV, HepB, HepC status (see detailed steps below).

## **PRIORITY CARE VISIT PROCESS:**

1. Priority Care Provider will review source patient and employee charts to prepare for visit.
2. During the appointment, the provider will assess risk, order labs and treat employee as necessary. More about Priority Care can be found [HERE](#)

## **POST-VISIT PROCESS:**

1. Source (if drawn) and employee labs are received and reviewed by Priority Care provider.
2. Priority Care provider contacts the employee to review results and discuss next steps/treatment plan if necessary.

- a. If source blood is received, rendering provider from incident should contact the patient with results to close the loop.
- 3. Employee to contact Human Resources **within business 3 days** of incident to ensure incident is reported within the required timeframe. More information can be found [HERE](#)

**INSURANCE/BILLING DETAILS:**

- 1. The clinic in which the exposure occurred is responsible for the cost of labs drawn for source patient and employee.
- 2. Employee will not be charged for a copay or office visit. Insurance on file will be billed, and any remaining charges will be covered by the clinic in which the exposure occurred.
- 3. For employees without health insurance, costs will be covered by the clinic in which the exposure occurred. If medication is required, employee should purchase medications and submit a receipt for reimbursement. If employee is not able to purchase medication, they should discuss with their direct supervisor.

**ADDITIONAL PROCESSES BASED ON EXPOSURE TYPE:**

Needlestick/Bloodborne Pathogen Exposure

- 1. Provider consults with patient involved in the incident and will request source blood be drawn immediately following exposure.
  - a. **If source has consented and is willing to go to Quest Lab**, rendering provider will:
    - i. Order standard lab set (located in NextGen > Lab Categories > Needlestick/Exposure). See below for details.
    - ii. Select 'bill to client' (clinic of incident) within order.
    - iii. Add Priority Care Provider as an additional physician to the order so they receive the results as well.
    - iv. Clinic ops/nurse manager or rendering provider notate in patient's chart that exposure occurred and consent was received to obtain source blood from patient.
  - b. **If source has consented, but is unwilling to go to Quest Lab**, provider will:
    - i. Notify Clinic Operations Manager or Clinical Nurse Manager to obtain a Needlestick Source Blood collection kit.
    - ii. LVN or RN, or other phlebotomy trained clinical person will access the kit and obtain source blood while patient is still in the clinic. Lab slip is included in the collection kit if needed. Instructions are provided in the kit and as a separate attachment.
    - iii. Clinic ops/nurse manager or rendering provider notate in patient's chart that exposure occurred and consent was received to obtain source blood from patient.
  - c. **If declined or if the patient has NOT been successfully contacted within 72 hours**, provider will notate in patient's chart that exposure occurred and consent was not received to obtain source blood from patient. Clinical nurse manager should attempt to contact the patient once a day for 72 hours (where practical) before documenting patient was not able to be contacted.
  - d. Clinician may seek consultation from [Clinician Consultation | National Clinician Consultation Center \(ucsf.edu\)](#) to help direct their plan of care for the exposed employee.
- 2. Standard lab order for bloodborne exposures (**source**):
  - HIV 1/2 Antigen/Antibody, Quest Code 91431
  - Hep B surface antigen w/ refl confirm, Quest Code 498

- Hep C AB w/reflex RNA PCR, Quest Code 94345
- Bill to client (clinic of incident)
- 3. Standard lab order for bloodborne exposures (**employee**):
  - HIV 1/2 Antigen/Antibody, Quest Code 91431
  - Hep B
    - Proof of prior immunity provided
      - No testing needed
    - If vaccinated but If HBsAb <10 mIU/mL<sup>2</sup>, (known non-responder)
      - Hep B surface antigen w/refl confirm, Quest Code 498
    - If employee has never been vaccinated against HepB, then
      - Hep B surface antigen w/refl confirm, Quest Code 498
      - Hepatitis B Core Antibody, Total, Quest Code 501
    - If prior immunity status is unknown:
      - Hep B surface antigen w/refl confirm, Quest Code 498
      - Hepatitis B Core Antibody, Total, Quest Code 501
      - Hepatitis B Surface Antibody Immunity, Quantitative Quest Code 8475
  - Hep C AB w/reflex RNA PCR, Quest Code 94345
  - Bill to client (clinic of incident)

If source blood **was not successfully obtained** the following retesting schedule should be followed:

- a. HIV: repeat at: 6 weeks, 3 months, 6 months
- b. Hep B: no repeat testing required, if immunity is confirmed or employee is treated
- c. Hep C:
  - i. @ 6 weeks: Hep C RNA, Quantitative, Real Time PCR, Quest Code 35645
  - ii. @ 6 months: Hep C AB w/reflex RNA PCR, Quest Code 94345
- 1. Recommended post exposure treatment for potential **HIV** exposure
  - Emtricitabine (FTC) 200 mg plus Tenofovir (TDF) 300 mg (co-formulated Truvada) 1 tab PO once daily X 28 days
  - Raltegravir (RAL, Isentress) 400 mg 2 tabs PO twice daily x 28 days
  - See Occupational Exposure PEP Therapy SBAR for more details or alternative therapies. This is a recommendation for PEP, however the final therapy is up to the prescribing physician.
- 2. Recommended post exposure treatment for potential **HepB** exposure
  - a. Treatment depends on vaccine / immunity status of the employee
    - i. Immunity demonstrated – no treatment action needed
    - ii. Immunity is not demonstrated (HBsAB < <10 mIU/mL<sup>2</sup>) (re)vaccinate full series and assess for need for treatment with HBIG once.
    - iii. Patient is a non-responder (has been vaccinated but does not hold immunity) consider treatment with HBIG twice at least 1 month apart, do not revaccinate.
- 3. Recommended post exposure treatment for potential **HepC** exposure
  - b. No prophylactic treatment available

#### Contact Exposure to Other Infectious Agent

- 1. If contact with an infectious agent is confirmed or suspected, employee should consult with rendering provider for proper treatment recommendation.

2. Employee and clinic ops/nurse manager will follow the procedure as outlined above.
3. Priority Care provider will determine work up and / or treatment as needed based on exposure and risk for contracting infectious agent.

Contact Exposure to Hazardous Chemicals (including Radiation)

1. If contact with a hazardous chemical occurs, information about proper care and treatment should be obtained from the material data safety sheet (MDSS) on or near the source container.
2. Employee and clinic ops/nurse manager should contact UNTHSC Environmental Health and Safety Office for further instructions. More information can be found [HERE](#)