BCM Policies and Procedures

Table of Contents | Return to Section

26.3.10 - Clinical Policies: Infection Prevention and Control

Date: 01/01/2015

Management of Accidental Blood or Body Fluid Exposure/Contamination

Last Update: 01/01/2015

Applies to: Faculty, Staff, Residents & Clinical Postdoctoral Fellows, Students

POLICY

All staff members and trainees shall take precautions to prevent needle punctures and accidental blood or body fluid exposure. If exposure should occur, the following procedure will be strictly adhered to.

PROCEDURE

- If a staff member or trainee has a parenteral (needle stick or cut) or mucous membrane (splash to eye or mouth) exposure to blood or other body fluids, or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the skin is chapped, abraded or afflicted with dermatitis):
    - ☐ The staff member will wash and clean the affected area with copious amounts of water immediately.
    - ☐ If a glove is torn or a needlestick or other injury occurs during a surgical procedure, the following shall be done:
        - ■ Remove the glove and put on a new glove as promptly as patient and safety permits.
        - ■ When the procedure is finished, remove gloves and wash hands thoroughly with soap and water.
    - ☐ The staff member/trainee will report the incident at once to the Clinic Manager who will proceed with filling out all necessary reports. The Clinic Manager shall notify Risk Management and the Office of Occupational Health.
    - ☐ The staff member/trainee will then present to Office of Occupational Health Program to be evaluated by the Occupational Health Program healthcare professional.
    - ☐ The Office of Occupational Health Program shall complete report of exposure to bloodborne pathogens as required by the Texas Department of State Health Services.
    - ☐ If the staff member refuses evaluation by Occupational Health, have the staff member sign Refusal of Treatment form.
    - ☐ The source patient should be assessed clinically and epidemiologically by the facility in which the exposure occurred to determine the likelihood of the presence of HIV infection.
    - ☐ If assessment suggests the infection may exist, the source patient should be informed of the incident and requested to consent to serologic testing for the

evidence of HIV antibody formation. However, testing of the source patient for HIV after an accentual exposure to blood or other bodily fluids may be performed without consent from the source patient for the test (Texas Health and Safety Code Sec 81.107). The Occupational Health healthcare professional will contact the patient's attending physician to elicit as much patient history as possible and to inform the attending physician of the incident.

- ☐ If the source patient has AIDS or other evidence of HIV infection or has reasonable suspicion for HIV infection, the affected staff member should have an HIV antibody test. He/she should be evaluated clinically for the possibility of receiving the postexposure prophylaxis protocol. Written informed consent from the staff member is required to receive this regime.
- ☐ Seronegative staff members should be retested six (6) weeks postexposure and periodically thereafter (12 weeks and six [6] months) to determine if transmission has occurred. During this follow-up period (especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert to positive), exposed staff members should be counseled to follow US Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV and HIV.
- ☐ If the source patient has tested negative, no further follow-up of the exposed staff member is necessary.
- ☐ If the source patient cannot be identified, decisions regarding appropriate follow-up should be individualized, based on the type of exposure and the likelihood that the source patient was infected with HIV.

- If a patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a staff member, the patient should be informed of the incident and the same procedure outlined above for management of exposures should be followed for both the source staff member and the exposed patient.
- Acute Exposure to Blood that Contains (or Might Contain) Hepatitis B Surface Antigen (HBsAg):
  - ☐ The decision to provide hepatitis B virus (HBV) prophylaxis must take into account several factors:
    - ■ The hepatitis B vaccination status of the exposed person
    - ■ Whether the source of blood is known or unknown
    - ■ Whether the HBsAg status of the source is known or unknown
  - ☐ Such exposures usually occur in persons who are candidates for hepatitis B vaccine. For any exposure in a person not previously vaccinated, the first dose of hepatitis B vaccination should be given as soon as possible following the exposure.
  - ☐ For greatest effectiveness, the postexposure prophylaxis with HBIG (or IG) should be given as soon as possible after exposure.
  - ☐ The Occupational Health healthcare professional will decide if a tetanus booster is appropriate at this time.

EDUCATIONAL RESPONSIBILITIES

- It is the responsibility of each employee to seek assistance and advice about matters of concern regarding facility safety. Any unsafe or possibly hazardous condition must be promptly reported to the supervisor or department manager.
- It is the responsibility of the supervisor and department manager to advise and assist their employees in matters of concern regarding safety. Prompt attention to unsafe conditions, education of employees in regards to proper use of equipment and safety devices provided by the facility are considered to be ongoing responsibilities of facility supervisory and managerial staff.

NOTE

- See specific state rules and regulations.

REFERENCES

Centers for Disease Control and Prevention (CDC), HIV/AIDS, Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis, http://www.cdc.gov/hiv/guidelines/index.html