



Texas Liver Institute

Employee Needlestick/Blood or Body Fluid Exposure Policy and Procedures

1. **GENERAL PROCEDURE STATEMENT:** This procedure is intended to guide the management of an employee injury from needle sticks or any contact of broken skin, subcutaneous tissue or mucous membranes with blood, body fluids or tissue. Following these procedures will minimize the risk of infection, ensure appropriate documentation, and minimize the likelihood of future exposure incidents.
2. **AFFECTED DEPARTMENT(S):** All staff
3. **PROCEDURE:**
 - A. **The steps of the plan include:**
 - I. Immediate wound treatment and supervisor notification.
 - II. Exposure evaluation and follow up
 - III. Counseling and retraining
 - B. **Immediate Wound Treatment and Notification.** When a staff member is exposed to a patient's blood, bodily fluids, tissue, or other potentially infectious material, or stuck with a contaminated sharp instrument used on a clinic patient:
 - I. As soon as it is safe to do so, the staff member will wash exposed skin thoroughly with soapy water and exposed mucous membranes (eye or mouth) will be flushed with copious amounts of water.
 - II. The staff member will immediately inform his/her supervisor or designated person.
 - III. The supervisor and affected staff member will fill out Needle Stick Injury/Body Fluid Exposure Report Form within 7 days of incident (**Appendix A**)
 - C. **Exposure Action Plan**
 - I. The supervisor or staff member will notify the QA/Compliance Director of the exposure incident.
 - II. Staff member will be offered testing for infectious diseases. Affected staff members are not required to undergo testing for infectious diseases but may forfeit a future workman's compensation claim if baseline testing was not obtained. Employee Consent Form attached as **Appendix B.**
 - III. If the source (patient) is known, the supervisor will:
 1. Inform the patient of the staff members' injury
 2. Review the patient's health history and will ask the patient to consent to infectious disease testing
 3. Advise the patient that testing is voluntary and free of charge



4. Advise the patient that they may be informed of test results if they would like to know
 5. Obtain informed consent and patient signature (**Appendix C**)
 6. Send the patient to the appropriate lab so that a blood sample can be drawn
 7. Action plan documented on the Needle Stick Injury/Body Fluid Exposure Report Form (**Appendix A**)
- IV. Supervisor and staff member will complete the Needlestick and Sharp Object Injury Checklist (**Appendix D**) or Blood and Body Fluid Exposure Checklist (**Appendix E**).
- D. Counseling and Retraining**
- I. Counseling and retraining of the staff member and/or any coworker whose actions or omissions may have contributed to the exposure will be performed.
 - II. Retraining will be completed within 10 days of the incident.



ATTACHMENT A

Needle Stick Injury/ Body Fluid Exposure Report Form

I. Employee Information:

Full Name _____ Male Female Date of Birth ____ / ____ / ____
Address: Street _____ City _____ State ____ Zip _____
Date Hired: ____ / ____ / ____ Job Title: _____
Status: Employee, Contract Employee, Volunteer, Student, Other: _____
Phone No: (____) _____ - _____
Hepatitis B vaccine: 1st ____ / ____ / ____ 2nd ____ / ____ / ____ 3rd ____ / ____ / ____
Date of completion ____ / ____ / ____
Last Tetanus vaccine: ____ / ____ / ____

II. Exposure

Work area of Exposure: _____
Date of Injury: _____ Time of Injury: _____ (am/pm)
Needle stick ____ Eye/mucous membrane splash ____ Sharp object ____
Other _____

III. Patient (source) Information:

Identification No. _____ Date of Birth _____
Social Security No. ____ - ____ - ____
Department or place where injury/exposure happened: _____
Diagnosis _____ Provider _____
Does the patient now have or has she/he ever had any of the following diseases:
If yes, give Date: Syphilis ____ Hepatitis A ____ Hepatitis B ____
HIV/AIDS ____ Hepatitis C ____

IV. Description of Incident (Complete Needle Stick and Sharp Object Injury Checklist, Attachment D or Blood & Body Fluid Exposure Checklist, Attachment E)

V. Treatment at Time of Incident _____

VI. Lab: HIV-1&2(*run stat if source is positive) HBsAg HBsAb HBcAb HCVAbs HCV RNA
PCR

Baseline labs to monitor for adverse reaction:

BHcg CBC, Diff, Plts UA BUN/Cr ALT/AST/AlkPhos/T.Bili
(HIV status immediately after exposure...then 1 month, 2 months, 3 months, and 6 months)



Other: _____

VII. Follow-up Service Chosen (circle one):

- a. Evaluation by TLI Medical Staff
- b. See own private physician.
- c. Go to Emergency Room.
- d. Obtain appropriate testing at County Health Agency
- e. Decline Further Evaluation
- f. Name of health care professional: _____
- g. If treated away from worksite, where was it given?
 - Facility: _____
 - Street: _____
 - City: _____ State: _____ Zip: _____

Employee Signature: _____ Date _____

Provider Signature: _____ Date: _____

Follow-up dates:

- 1 Month: _____
- 2 Month: _____
- 3 Month: _____
- 6 Month: _____



ATTACHMENT B

HIV, HBV, and HCV Testing Employee Consent Form

As an employee/volunteer of Texas Liver Institute (TLI), I have been exposed to blood or other potentially infectious blood/body fluid. I agree to a blood draw for detection of antibodies to the Human Immunodeficiency Virus (HIV), Hepatitis B antigens and antibodies, and Hepatitis C performed by an outside laboratory. I understand that these tests may not be conclusive because a positive result means additional tests may be needed and a negative result does not necessarily eliminate consideration of AIDS. I have also been informed that the results of this blood test will only be released to those health care personnel and insurance companies providing medical care and coverage to me as allowed by federal and state law. I understand that these test results will be part of my medical record and will not be released unless I have signed an authorization for release of medical information.

I consent to the release of all medical records, information, results for evaluation to the following persons or organizations:

- a. TLI is required by law to keep the above information for the length of my employment plus thirty years.
- b. Supervisors and managers who may also need to be informed of any work or duty restrictions.
- c. Any hospital, clinic, physician, nurse, or other health care professional to whom the results of any medical treatment may be needed to provide care or treatment to me, including any physician or health care provider to whom I may be referred.

I voluntarily agree to these tests and understand that I will not be charged for any of the costs incurred by TLI for these lab tests.

I agree not to hold TLI authorized personnel or referral physicians and their authorized representatives responsible for any action that may be taken because of this release of information.

This consent may be revoked by me when received in writing to TLI authorized representative.

- 1. I hereby **give my consent** for the performance of the HIV, HEP B, and HEP C blood tests and to the release of results as outlined above.

(Print Name of TLI Employee/Volunteer) _____

(Signature) _____

(Date) _____

(Print Name of Witness) _____

(Witness Signature) _____

(Date) _____

- 2. I **decline** the opportunity for the HIV, HEP B, and HEP C blood tests at this time.

(Print Name of TLI Employee/Volunteer) _____

(Signature) _____

(Date) _____

(Print Name of Witness) _____

(Witness Signature) _____

(Date) _____



ATTACHMENT C

SOURCE CONSENT

Initials: _____ 1. I understand that an employee of this facility has been contaminated with my blood or other potentially infectious blood product or body fluid. I authorize a representative for this facility to draw blood for the following tests: Hepatitis B surface antigen, Hepatitis B surface antibody, Hepatitis C antibody, HIV.

Initials: _____ 2. I consent to the release of all medical records, information, results for evaluation to the following persons or organizations:

- a. This facility's officials that are required by law to keep the above information for the length of the exposed employee's employment plus thirty years.
- b. Supervisors and managers of this facility who may also need to be informed of any work or duty restrictions for the employee.
- c. Any hospital, clinic, physician, nurse, or other health care professional to whom the results of any medical treatment may be needed in order to provide care or treatment to me, including any physician or health care provider to whom the employee or myself may be referred

Initials: _____ 3. I voluntarily agree to these tests and understand that I will not be charged for any of the costs incurred by this facility for these lab tests.

Initials: _____ 4. I agree not to hold this facility's authorized personnel or referral physicians and their authorized representatives responsible for any action that may be taken as a result of this release of information.

Initials: _____ 5. This consent may be revoked by me when received in writing by the TLI authorized representative.

Patient Signature

Date

Witness Signature

Date



12. Was the injury? (✓ one) Superficial (little or no bleeding) Moderate (skin punctured, some bleeding) Severe (deep stick/cut or profuse bleeding)
13. What body part was involved? Finger Hand Arm Leg/foot Face/head/neck Torso
14. Where was the work area of the exposure incident? Patient Rm Procedure Rm Lab Other: _____
15. What is the job classification of the injured person? MD PA/FNP MA Lab Tech Other: _____
16. What is the employment status of the injured person? Employee Volunteer Other: _____

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____



ATTACHMENT E

BLOOD AND BODY FLUID EXPOSURE CHECKLIST

1. Where was the work area of the exposure incident? Patient Rm Procedure Rm Lab Other: _____
2. What is the job classification of the exposed person? MD PA/FNP MA Lab Tech Other: _____
3. Employment status of the injured person? Employee Volunteer Other: _____
4. Was the identity of the fluid source (patient) known? (one) Yes No Unknown N/A
5. Which body fluids were involved in the exposure? (all that apply)
 Blood Gastric contents Sputum Mucous Saliva Urine Other: _____
Was the body fluid visibly contaminated with blood? (one) Yes No Unknown
6. What body part was involved? Finger Hand Arm Leg/foot Face/head/neck Torso
7. Was the body part? (all that apply) Intact skin, Non-intact skin, Eyes (conjunctiva),
 Nose (mucosa), Mouth (mucosa), Other: _____
8. Did the blood or body fluid? (all that apply) Touch unprotected skin, Touch skin in gap between barrier garments,
 Touch skin through tear in glove, Soak through barrier garment, Soak through clothing
9. Which barrier garments were worn at time of exposure? (all that apply)
 Single pair latex/vinyl gloves Double pair latex/vinyl gloves
 Goggles Eyeglasses (not protective equipment)
 Eyeglasses with side shields Face Shield
 Surgical Mask Surgical Gown
10. Was the exposure the result of
 Direct patient contact Needle stick
 Touched contaminated equipment/surface Touched contaminated drape/sheet/gown, etc
 Specimen container leaked/spilled/broke Tubing leaked/disconnected/broke
 Bag/pump leaked/spilled/broke Equipment/operator failure Other: _____
If equipment failure: Type/Manufacturer: _____
11. How long was the blood/body fluid in contact with the skin/mucous membrane? (one)
 < 5 minutes 5-14 minutes 15 minutes > 1 hour
12. How much blood/body fluid came in contact with skin/mucous membrane? (one)
 Small amount (up to 5cc, or 1 tsp) Moderate amount (up to 50cc, or 1/4th cup) Large amount (> 50cc)
13. Describe the circumstances leading to this exposure? (Note if a device malfunction was involved)

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____