



El Paso - Ambulatory Clinic Policy and Procedure

Title: NEEDLESTICK INJURIES/EXPOSURES TO BODY FLUIDS, CARE & FOLLOW UP	Policy Number: EP 7.3
Regulation Reference:	Effective Date: 6/2010

Policy Statement:

A system is established and maintained to assure timely and appropriate treatment, reporting and follow-up of needlesticks/exposures to blood or body fluids for TTUHSC-EP medical staff, residents, students, and employees.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC- EP personnel.

Definitions:

- A. Hazardous body fluids include blood and bloody fluids which are known or assumed to be associated with transmission of bloodborne pathogens. (Other Potentially Infectious Materials – OPIM) The following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain blood.
- B. VERY HIGH RISK Exposure
 1. Transfusion of blood.
 2. Injection of large volume of blood/HBF (>1ml).
 3. Parenteral exposure to laboratory or research specimens containing high titer of virus.
- C. HIGH RISK Exposure
 1. Injection of blood (<1ml).
 2. Intramuscular (IM/"deep">3mm) injury produced by a blood/or OPIM contaminated needle, instrument or other sharp object.
 3. Laceration or similar wound produced by visible blood/or OPIM contaminated instrument or other sharp object, which causes spontaneous bleeding in the Health Care Worker.
 4. Visible laceration or similar new wound inoculated with blood/or OPIM.



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- D. MODERATE RISK Exposure
1. Laceration or similar wound produced by a blood/or OPIM contaminated instrument which does not cause spontaneous bleeding.
 2. Prior wound or skin lesion visibly contaminated with blood/or OPIM.
 3. Mucosal membrane inoculation with blood/or OPIM.
- E. LOW RISK Exposure
1. Subcutaneous (SQ/" superficial") injury produced by a blood contaminated needle or instrument especially if not "hollow bore" ie: Lancet, etc.
 2. Laceration or similar wound produced by a non-contaminated instrument.
- F. VERY LOW RISK Exposure
1. Intact skin visibly contaminated with any bloody fluid.

PROCEDURE

- A. IMMEDIATE Treatment at work site
1. Wound Care/First Aid
 - a. Clean wound with soap and water.
 - b. Flush mucous membranes with water/saline.
 - c. Cover wound with dry dressing if necessary.
 - d. Collect source patient information if available (See Section E this policy).
 - e. Report to the UMC EP Health Department M-F, 8:00 a.m. - 3:00 p.m. or TGH Emergency Department after regular business hours, immediately, within one hour, but at least within 2hrs.
- B. Reporting
1. Needlesticks and exposures to body fluids will be reported on the First Report of Injury form. All personnel will complete this form. The Human Resources office makes the Workman's Compensation forms available to the employee's supervisor and USO. Human Resources will file Workman's Compensation reports for eligible employees.
 2. The First Report of Injury form: may be obtained from the TTUHSC EP HR Department or in the Emergency Department of UMC EP. TTUHSC OP# 70.13 is the WC Policy and all needed forms are attachments to this policy.



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3. Report to UMC Occupational Health Department or Emergency Department and identify yourself to registration as a TTUHSC-EP staff member with a **blood/or OPIM exposure**
 4. Begin filling out **forms** provided.
 5. Provide source patient and exposure information to the attending provider.
 6. The provider will follow the protocols established by UMC Infection Control, based on CDC recommendations.
 7. Follow the discharge instructions. If care was received in the ED follow up with UMC Occupational Health next business day will necessary.
- C. Follow-Up:
1. After receiving initial assessment and treatment for an exposure and having baseline labs drawn, TTUHSC-EP employees and student's, will be **monitored** by UMC Occupational and Family Health. Lab requisitions will be provided to exposed individuals by Occupational Health at first contact for 6 week, 12 week and 6 month follow ups. It is the responsibility of the individual to have labs drawn at the appropriate intervals as noted on the requisitions.
 2. Employees, who fail to comply with follow-up instructions, will have documentation placed in their health record.
 3. Positive HIV, HBV or HCV Screens.
 - a. The UMC Occupational Health Nurse and the TTUHSC-EP Director of Occupational Health, will follow-up on all employees who have exposures who subsequently have a positive HIV, HBV or HCV screen.
 - b. The employee will be notified and referred to the appropriate clinic or facility for follow-up.
 - c. Monitoring of referral follow-up will be done by the TTUHSC-EP Occupational Health Nurse.
 - d. Health Care Workers may request referral to clinics outside of TTUHSC-EP for evaluation and treatment.
- D. Source Investigation
1. If the source patient at a TTUHSC-EP clinic site can be identified, the following steps will be taken:
 - a. Review the patient chart for previous documentation of HIV, HBV, RPR and HCV status, if present, report status to the **Occupational Health Department or Emergency Department provider** treating the exposed employee.
 - b. If HIV, HBV, HCV and RPR status is not present: get verbal permission from source patient to draw blood for testing.
 - i. Document source patient's consent to have blood drawn in their record.



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- ii. Have provider at the clinic site where exposure occurred, order lab screenings for HIV, HBsAg, HBsAB, HCV and RPR.
 - iii. On lab requisition put patients name and “source” and the name of the exposed employee/staff. Indicate on lab requisition “TTUHSC-EP Occupational Health Department” and note “Needlestick” or “Exposure”. This is important to prevent billing to the patient. Under no circumstances should the patient be billed. If there are any questions call the Occupational Department at 545-6541.
 - iv. Copies of the lab results will be sent to the clinic for inclusion in the patient’s medical record (copy in employee’s file also, but without patient I.D).
 - c. If the source patient does not consent to testing TTUHSC-EP will follow the applicable law: Texas Health and Safety Code Article 4419b-1 Chapter 81.102. Tests; Criminal Penalty.
 - i. Blood will be obtained for HIV testing only.
 - ii. The lab requisition will have source patient’s name and the exposed individual’s name. No copies of this requisition will be kept on the patient’s chart or in the clinic.
 - iii. The Occupational Health Department will notify the exposed individual of the HIV status and document “source patient” status in Occupational Health records with no identifiers. The lab report will be destroyed once the employee/staff has been notified.
 - d. If the source patient is positive or negative, the employee/staff will be offered testing at 6 weeks, 12 weeks and 6 months. Counseling will be offered especially if the source patient is positive.
 2. If the source individual is a patient at UMC EP or its clinics, the provider treating the exposed employee recommends the appropriate testing for the source patient.
 - a. The source patient orders are given to the employee, who is to deliver them directly to the unit where the source patient is located. They should be given to the nurse in charge or the unit clerk.



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- b. These orders will be processed according to the UMC Infection Control Policy # IC-023.
- 3. If the source patient is unknown the employee will be offered testing as “unknown source”.

REFERENCES

- 1. Updated US Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV and HIV etc. June 29,2001/Vol. 50/No. RR-11.
American Journal of Infection Control (1998;26:289-354) and Infection Control and Hospital Epidemiology (1998; 19:407-63).
- 2. Thomason Hospital Infection Control Policy # IC-023, Management of Occupational Exposures.
- 3. Vernon’s Texas Statutes and Codes Annotated Health and Safety Code. Article 4419b-1 Chapter 81.107.

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