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Accidental Needle Stick, Laceration or other Body Fluid Exposure

Olean Medical Group LLP is committed to providing a safe and healthful work environment for our entire staff. Healthcare workers will follow universal and standard precautions when handling blood and body fluids. If an exposure occurs, it will be immediately reported and acted upon promptly by the safety officer or Director of Nursing.

Types of Exposures:

- Percutaneous injuries – punctures by needle, scalpel or another contaminated sharp object
- Splash – body fluids that splash into a mucous membrane, mouth, nose, eye or an open wound

Prevention of an exposure:

- Do not recap needles, remove, bend or break disposable syringes
- Discard syringes, needles and other sharps immediately into designated sharps container
- Do not overfill sharp containers
- Do not catch a sharp that has fallen from a counter, table or other surface
- Utilize safety needles and other safety devices
- Utilize universal and standard precautions appropriate for the situation.

Immediate intervention for a body fluid exposure:

- Wash puncture or open wound with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irritants

Infectious body fluids that can transmit HIV, HBV and HCV:

- Blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid.
 - Saliva, vomitus, urine, feces, sweat and respiratory secretions do not transmit HIV unless visibly bloody.
- A portal of entry for the body fluid has to be present for a possible exposure.
 - There is no risk of transmission if splash is on intact skin

Medical Examination:

- Exposed employee will need to seek out post prophylaxis evaluation immediately after exposure either with their routine PCP or one from Olean Medical Group LLP.
- Exposed employee should be offered HIV PEP if the provider feels it is necessary or the employee desires prophylactic treatment within the first 72 hours (see appendix C).
- It is recommended that an exposed employee with unknown Hep B vaccine status or a non-reactive Hep B titer receive HBIG (Hepatitis B Immune globulin) and receive Hep B vaccine series or booster (see appendix B)
- HCV recommendations (see appendix A)
- Blood work should be ordered as below.

Post exposure baseline testing:

- Source patient testing
 - If possible, testing the source patient for infectious disease is recommended.
 - Obtain consent to perform laboratory testing and to disclose the results to the exposed employee (see appendix D & E)
 - HIV Ag/Ab or HIV Ab
 - HCV Ab or HCV RNA
 - HBsAg (HBV surface antigen) or hepatitis panel
- Exposed person (EP)
 - HIV Ag/Ab or HIV Ab (Baseline, 6 wks, 12 wks & 6 months)
 - HCV Ab (if positive, perform HCV RNA testing)
 - HBV testing depends on vaccination status

Reporting incident:

- Employee completes an incident report and returns it to the Director of Nursing
- Employee exposure report & Employee medical record will be completed will be completed by employee and Director of Nursing (See appendix F & G).
- Healthcare Professional's written opinion for Hep B vaccination will be completed by the employee and Director of Nursing (See appendix H).
- Hep B vaccine declination will be signed by the employee if they decline to receive a recommended Hepatitis B vaccination (see appendix I).

Appendix:

A – HCV Exposure

B – HCB Exposure

C – HIV Exposure

D – Source Individual Consent Form

E – Consent for HBV and HIV Testing

F – Employee Exposure Report

G – Employee Medical Record

H – Health Care Professional's Written Opinion for Hepatitis B

I – Hepatitis B Vaccine Declination (Mandatory)

Resources:

(CDC) Centers for Disease Control and Prevention (n.d.). Postexposure Prophylaxis. Retrieved April 23, 2021 <https://www.cdc.gov/hepatitis/hbv/pep.htm>

(NCCC) National Clinician Consultation Center (2021). *PEP Quick Guide for Occupational Exposures*. Retrieved April 23, 2021

(OSHA) Occupational Safety and Health Administration (2020). *OSHA Documentation Kit*.

OSHAmanual.com <https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide-for-occupational-exposures/>

(OSHA) Occupational Safety and Health Administration (2020). *OSHA Manual for Medical Offices*.

***OSHA defines a “licensed healthcare professional” as a person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up. In some states, the State Board of Nursing allows licensed healthcare professionals other than physicians to carry out the procedures and evaluations required by OSHA for post-exposure follow-up.*

For HCV Exposures

- Immune globulin (IG) and antiviral agents are not recommended for PEP after exposure to HCV-positive blood. When HCV infection is identified early, refer the infected worker for medical management to a specialist knowledgeable in this area.
- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) at 4 to 6 months after exposure or per the direction of your state/local health department.
- Perform HCV RNA at 4 to 6 weeks if earlier diagnosis of HCV infection is desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.
- If the source patient is unknown or cannot be tested, perform baseline testing for anti HCV and ALT, then repeat at 4 to 6 months after exposure and again at 12 months after exposure.
- No recommendations exist regarding restricting the professional activities of healthcare workers with HCV infection.

Table 1: Types of Hepatitis C Tests	
Assay	Characteristics & Use
Anti-HCV (EIA)	- Indicates infection with HCV - Does not indicate immunity
Anti-HCV (RIBA, Immunoblot)	- Used to confirm anti-HCV EIA screen (above)
HCV RNA, qualitative	- Correlates with active virus; used to detect HCV in cases where anti-HCV is negative
HCV RNA quantitative	- Correlates with active virus; used to monitor viral load during treatment

For HBV Exposures

- Refer to Table 2: Recommended Post Exposure Prophylaxis for Exposure to Hepatitis B Virus, on next page.

Table 2: Recommended Post-exposure Prophylaxis for Exposure to Hepatitis B Virus

Vaccination and antibody response status of exposed workers ¹	Treatment when source is found to be:		
	HBsAg ² positive	HBsAg ² negative	Unknown or not available for testing
Unvaccinated	HBIG ³ x 1 and initiate HB vaccine series	Initiate HBV vaccine series	Initiate HBV vaccine series
Previously vaccinated known responder ⁴	No treatment	No treatment	No treatment
Previously vaccinated known non-responder ⁵	HBIG x 1 and initiate revaccination or HBIG x 2 ⁶	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ⁷ 1. If adequate, ⁴ no treatment is necessary 2. If inadequate ⁵ administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs ⁷ 1. If adequate, ⁴ no treatment is necessary 2. If inadequate, ⁵ administer vaccine recheck titer in 1 to 2 months

¹ Persons who have previously been infected with HBV are immune to reinfection and do not require post-exposure prophylaxis.
² Hepatitis B surface antigen.
³ Hepatitis B immune globulin; dose is 0.06 mL/kg, Intramuscularly.
⁴ A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs \geq 10 mIU/mL).
⁵ A non-responder is a person with inadequate response to vaccination (i.e., serum anti-HBs, <10mIU/mL).
⁶ The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for non-responders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.
⁷ Antibody to HBsAg.

For HIV Exposures

- Refer to Tables 3 and 4: Recommended HIV Post-exposure Prophylaxis for Percutaneous Injuries, Mucous Membrane Exposures and Nonintact Skin Exposure
- Perform HIV-antibody testing for at least 6 months post-exposure (e.g., at baseline, 6 weeks, 3 months, and 6 months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Extended HIV follow-up (e.g., for 12 months) is recommended for employees who become infected with HCV following exposure to a source co-infected with HIV and HCV.
- Additional expert consultation may be warranted

Table 3: Recommended HIV Post-exposure Prophylaxis For Percutaneous Injuries

Exposure type	Infection status of source				
	HIV-Positive Class 1 ¹	HIV-Positive Class 2 ¹	Source of unknown HIV status ²	Unknown source ³	HIV-negative
Less severe (e.g., solid needle and superficial injury)	Recommend basic 2-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ⁴ for source with HIV risk factors ⁵	Generally, no PEP warranted; however, consider basic 2-drug PEP ⁴ in settings where exposure to HIV infected persons is likely	No PEP warranted
More severe (e.g., large bore hollow needle, deep puncture, visible blood on device or needle used in patient's artery or vein)	Recommend expanded 3-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ⁴ for source with HIV risk factors ⁵	Generally, no PEP warranted; however, consider basic 2-drug PEP ⁴ in settings where exposure to HIV infected persons is likely	No PEP warranted

¹ HIV-Positive, Class 1 - asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 - symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of post-exposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

² Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

³ Unknown source (e.g., a needle from a sharps disposal container).

⁴ The designation, "consider PEP" indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

⁵ If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

Table 4: Recommended HIV Postexposure Prophylaxis (PEP) for Mucous Membrane Exposures and Nonintact Skin* Exposures

Exposure Type	Infection status of source				
	HIV-Positive, Class 1*	HIV-Positive, Class 2*	Source of Unknown HIV Status ¹	Unknown Source ¹	HIV-Negative
Small Volume**	Consider basic 2-drug PEP**	Recommend basic 2-drug PEP	Generally, no PEP warranted ^{§§}	Generally, no PEP warranted	No PEP warranted
Large Volume ^{¶¶}	Recommend basic 2-drug PEP	Recommend expanded ≥ 3 -drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ^{**} for source with HIV risk factors ^{§§}	Generally, no PEP warranted; however, consider basic 2-drug PEP ^{**} in settings in which exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

* HIV-positive, Class 1 – asymptomatic HIV infection or know low viral load (e.g., <1,500 ribonucleic acid copies/mL). HIV-positive, Class 2 – symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of PEP should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

§ For example, deceased source person with no samples available for HIV testing.

¶ For example, splash from inappropriately disposed blood.

** For example, a few drops.

** The recommendation "consider PEP" indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the treating clinician regarding the risks versus benefits of PEP.

§§ If PEP is offered and administered and the source is later determined to be HIV-negative, PEP should be discontinued.

¶¶ For example, a major blood splash.

SOURCE INDIVIDUAL CONSENT FORM

Date: _____

An employee of the clinic/facility has had an accidental exposure to your blood or body fluid. To assist in medical management of the employee, and to comply with recommendations of the Center for Disease Control (CDC), you are being asked to consent to the testing of your blood for antibodies to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). If you consent, a medical practitioner will be contacting you to arrange for the drawing of the blood samples through your personal physician. To ensure confidentiality, a code number will be used instead of your name on the blood specimen before it is sent to a laboratory.

This consent form will be kept in the facility/office with the employee's confidential medical file. The coded test results will be released only to you, your physician, the exposed employee and employee's physician.

Signed:

(Name, Title, Address and Telephone number of the Facility Representative)

CONSENT FOR HBV AND HIV TESTING

I have been given an explanation of what HBV and HIV tests mean, including the following:

1. The tests are to determine the presence or absence of HBV or HIV infection.
2. A false positive test (positive test for an individual who is negative) may occur due to limitation of the screening procedure. A second test may be necessary to confirm a positive test.

I agree to have my blood tested for the presence of HBV and HIV infections. I have been able to ask questions about the tests. Those questions were answered to my satisfaction. I understand the benefits and risks of the tests.

I agree to have the blood test results released to myself, my physician, the exposed employee, and employee's physician.

SOURCE PERSON OR LEGAL GUARDIAN SIGNATURE

DATE & TIME

SOURCE PERSON OR LEGAL GUARDIAN NAME (PRINT)

ADDRESS

PHONE NO.

WITNESS SIGNATURE

DATE & TIME

WITNESS NAME (PRINT)

EMPLOYEE EXPOSURE REPORT

Name of the facility _____

Address _____

Employee Name _____

Soc Sec # _____

Date of Exposure _____

Location at which Exposure _____

Occurred _____

Methods of Exposure

- Needle Stick
- Cut
- Splash
- Other

Route of Exposure

- Skin
- Mucous Membrane
- Ingestion
- Inhalation
- Other

Body part Exposed _____

Source of Exposure

- Blood
- Saliva
- Semen
- Other

Brief Description of circumstances that led to exposure:

Hepatitis B Immunization status of the employee (check appropriate)

- Immunized
- Not Immunized

Employee's Blood drawn for testing Yes No

Employee's blood test for HIV HBV HCV

Other

Employee given post-exposure HBV Immunization Immune Globulin

Other

Prophylaxis

Employee referred to Licensed Health Yes No

Care Professional

Source Person's identify known Yes No

Source person test for HIV HBV HCV

If not tested, reason for not testing:

The evaluating LHCP has been given the following documents:

- Copy of Bloodborne Pathogen Standard
- Description of employee's task
- Information regarding route and circumstances of exposure
- Test results of source person, if available
- Employee's relevant medical records

Employee's Printed Name

Employee's Signature

This document, along with the post exposure test results and the written reports from the evaluating LHCP must be made part of employee's confidential medical record.

EMPLOYEE MEDICAL RECORD

Facility Name _____

Address _____

Employee Name _____

Address _____

SS# _____

Hepatitis B Immunization Status: Immunized Not Immunized

Dates of Immunization

First series _____

Second _____

Third _____

If not immunized, the reason for that:

- Blood test shows immunity (include copy of test results)
- Immunizations contraindicated medically (include documentation)
- Had been immunized previously (include documentation)
- Employee refuses immunization (include signed HBV declination form)

Have you been exposed to bloodborne pathogens in the past? Yes No

Have you been exposed to hazardous chemicals in the past? Yes No

Have you been exposed to Tuberculosis in the past? Yes No

Past or present medical problems: Yes No

Do you have any allergies? Yes No

Describe:

Following items should be included in the medical record if applicable

- Results of post exposure evaluation
- Copy of evaluating healthcare professional's report
- Copy of information provided to the evaluating healthcare professional

This confidential medical record will be kept separate from all the other records pertaining to the employee and will not be revealed to anybody without the written consent of the employee. The medical record will be retained for 30 years after the employee's separation from his/her employment.

Employee's Name

Employee's Signature

Date

HEALTH CARE PROFESSIONAL'S WRITTEN OPINION FOR HEPATITIS B VACCINATION

1. Employee Name: _____
2. Date of Office Visit: _____
3. Health Care Facility Address: _____
4. Health Care Facility Phone: _____

As required under the bloodborne pathogen standard:

- Hepatitis B vaccination is / is not recommended for the employee named above.

The employee named above is scheduled to receive the hepatitis B vaccination on the following dates:

- First of three _____
- Second of three _____
- Third of three _____

Signature of health care provider: _____

Printed or typed name of health care provider: _____

This form is to be returned to the employer, and a copy provided to the employee within 15 days.

Employee Name: _____

Title: _____

Address: _____

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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

Signed: _____

Employee Name: _____

Date: _____