

Ambulatory Clinic Policy and Procedure

Title: NEEDLESTICK INJURIES/EXPOSURES TO BODY FLUIDS, CARE & FOLLOW UP	Policy Number: EP 7.3
Regulation Reference:	Effective Date: 11/2020

Policy Statement:

A system is established and maintained to assure timely and appropriate treatment, reporting and follow-up of needle sticks injuries/exposures to blood or body fluids for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) medical staff, residents, students, and employees.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Definitions:

- A. Hazardous body fluids include blood and bloody fluids which are known or assumed to be associated with transmission of blood borne 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 vomit 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.
- 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.

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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 D this policy).
 - e. Report to the University Medical Center El Paso (UMCEP) Emergency Department within one hour, but at least within two hours.
- B. Reporting
1. Needle stick injuries/exposures to body fluids will be reported on the Employee's Report of Injury form. All personnel will complete this form. The Department of Human Resources (HR) makes the workers' compensation forms available to the employee's supervisor and Unit Safety Officer (USO). HR will file workers' compensation reports for eligible employees.
 2. A blank Employee's Report of Injury form may be obtained from HR or from the Emergency Department at UMCEP. HSCEP OP 70.13 is the Workers' Compensation Insurance policy and all needed forms are attachments to that policy.
 3. Report to the UMCEP Emergency Department and identify yourself to registration as a TTUHSC El Paso 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 UMCEP Infection Control, based on CDC recommendations.
 7. Follow the discharge instructions: Follow up with the TTUHSC El Paso Office of Occupational Health/Infection Control Nurse on the next business day will be necessary.

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C. Follow-Up:

1. After receiving initial assessment and treatment for an exposure and having baseline labs drawn, TTUHSC El Paso employees and students will be evaluated / counseled and monitored for seroconversion by TTUHSC El Paso's Infection Control Nurse / Office of Occupational Health. Lab requisitions will be provided/offered to exposed individuals by the Infection Control Nurse / Occupational Health department at first contact for 6 week, 12 week, 6 month follow ups if applicable. It is the responsibility of the individual to have labs drawn at the appropriate intervals as noted on the requisitions.
 - a. When assessing the need for seroconversion follow up of occupational exposures the following factors should be consider see Table 1.

Table1.

Factors to consider in assessing the need for follow-up
<ul style="list-style-type: none"> • <u>Type of exposure</u> <ul style="list-style-type: none"> -Percutaneous injury -Mucous membrane exposure -Nonintact skin exposure -Bites resulting in blood exposure to either person involved • <u>Type and amount of fluid/tissue</u> <ul style="list-style-type: none"> -Blood -Fluid containing blood -Potentially infectious fluid or tissue (semen,vaginal secretions,CSF,synovial,pleural,pericardial,and amniotic fluids) • <u>Infectious status od source</u> <ul style="list-style-type: none"> -Presence of HBsAg -Presence of HCV antibody -Presence of HIV antibody • <u>Susceptibility of exposed person</u> <ul style="list-style-type: none"> -Hepatitis B vaccine and vaccine response status -HBV,HCV, and HIV immune status

Available Resources:

- National Clinicians' Postexposure Hotline (PEpline) 888-448-4911
 - www.nccc.ucsf.edu (Clinician Consultation Center)
2. Positive HIV, HBV or HCV Screens.
 - a. The Infection Control Nurse 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 / counseling.



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- c. Monitoring of referral follow-up will be done by the TTUHSC El Paso's Office of Occupational Health.
- d. Health Care Workers may request referral to clinics outside of TTUHSC El Paso for evaluation and treatment.

D. Source Investigation

- 1. If the source patient at a TTUHSC El Paso 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 **UMC 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.
 - 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 patient's name and "source" and the name of the exposed employee/staff. Indicate on lab requisition "TTUHSC El Paso Office of Occupational Health" and note "Needle stick" 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 Office of Occupational Health at 915-215-4429.
 - 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).
 - b. If the source patient does not consent to testing TTUHSC El Paso 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 TTUHSC El Paso Office of Occupational Health will notify the exposed individual of the HIV status and document "source patient" status in occupational health

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records with no identifiers. The lab report will be destroyed once the employee/staff has been notified.

2. If the source individual is a patient at UMCEP 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.
 - 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. University Medical Center El Paso's Occupational Bloodborne Exposure Control Plan w/ Management of HBV, HCB, HIV, and PEP
3. Vernon's Texas Statutes and Codes Annotated Health and Safety Code. Article 4419b-1 Chapter 81.107.

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