

## POST EXPOSURE PROTOCOL

### Post Exposure Follow-up:

Procedure to follow if an exposure incident occurs, including method of reporting the incident and the post-exposure follow-up procedure:

1. Immediate and meticulous wound care to site exposure, i.e. Betadine scrub. Eye splash or mucous membrane exposures should be reported to the physician for the physician's evaluation as instructed/required.
2. Notify your supervisor immediately.
3. Complete an Occurrence Report in full, identifying source, patient, etc.
4. A confidential post-exposure evaluation shall be provided by another physician on all needlesticks, lacerations and mucous membrane splashes.
5. Employees will be counseled regarding the potential exposure risk for HIV and/or HBV, and baseline testings will be performed. If the exposed employee does not consent to HIV/HBV testing, the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have baseline sample testing performed, such testing shall be done as soon as feasible.
6. Employees sustaining a significant exposure as determined by OSHA criteria to positive HIV shall be considered for AZT prophylactic therapy, if appropriate.
7. Source individual's blood shall be tested as soon as feasible in order to determine HIV/HBV infectivity, and results will be documented.
8. When the source individual is known to be HIV/HBV positive, testing need not be repeated.
9. The exposed employee shall be provided with personal test results along with results of the source individual's test results. The employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
10. The employee shall be provided with information regarding additional post-exposure follow-up recommendations via written notification. The employee should be counseled on any medical conditions which could result from exposure to blood or potentially infectious materials. Employees will be requested to report any acute febrile illness that occur within twelve to twenty-four (12-24) weeks post-exposure.

After you have received first-aid and have had a medical evaluation, complete the forms in this packet as applicable.

## HOW TO COMPLETE THE FORMS FOR AN EXPOSURE INCIDENT

All Completed forms are to stay in a confidential personnel file

1. OSHA Standard CFR 1910.1030- give a copy of this standard to the employee
2. Employer to Employee's Healthcare Provider Record- Have the employee initial each of numbers 1 through 5 as the items are completed. Place in the employee's confidential personnel file.
3. Employee Medical Record Checklist- Fill out with the appropriate information and attach a copy of the lab results when returned. Place in the confidential file. Remember- labs are drawn at 6 weeks, 3 months, 6 months, and one year unless positive.
4. Complete Incident Report. Only record the actual events of the incident. The physician is to complete the part of the form after the employee information.
5. Pre-counsel before drawing blood for HIV testing, follow guidelines of the checklist and have the employee initial each page following their counseling. Place in the employee's file.
6. Have the employee sign the Informed HIV Consent prior to their blood being drawn.
7. If the employee refused to have diagnostic treatment, have him/her sign the refusal form. Counsel the employee on their poor decision. The process now stops here.
8. When lab results return, please post-counsel the employee with the nest form. Have them initial each page.
9. If lab results are positive, have the employee sign the Authorization Letter for release of their medical records.
10. Exposure Referral form- Complete and make a copy for the confidential file. Send original with the employee to infectious disease specialist for further treatment.

***After using this employee packet, recopy Section 10 of your Exposure Control Plan and place back into the envelope in front cover of the manual for nest use.***

## BLOOD & BODY FLUID POST-EXPOSURE FOLLOW-UP WORKSHEET

Source: Medical Record Number: \_\_\_\_\_

HIV: \_\_\_\_\_

HBSAg: \_\_\_\_\_

Exposed: Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Department: \_\_\_\_\_

	Date	Results
HIV:		
Baseline:	_____	_____
6 weeks (if applicable)	_____	_____
3 months	_____	_____
6 months	_____	_____
1 year	_____	_____
Hepatitis B:		
Anti HBS	_____	_____
HBV:		
1 <sup>st</sup> dose:	_____	_____
2 <sup>nd</sup> dose:	_____	_____
3 <sup>rd</sup> dose:	_____	_____
booster (if applicable)	_____	_____
Anti HBS after vaccinations:	_____	_____

## POST-EXPOSURE EVALUATION & FOLLOW-UP CHECKLIST

The following steps must be taken and information transmitted in the case of an employee's exposure to Bloodborne Pathogens:

Activity	Completion Date
Employee furnished with documentation regarding exposure incident	_____
Source individual identified ( _____ ) Source individual	_____
Source individual's blood tested and results given to exposed Employee.	_____
Exposed employee's blood collected and tested.	_____
Appt arranged for employee with healthcare professional. ( _____ ) Professional's name	_____
Documentation forwarded to healthcare professional: <ul style="list-style-type: none"><li>• Bloodborne Pathogen Standard</li><li>• Description of exposed employee's duties</li><li>• Description of exposure incident</li><li>• Result of source individuals blood testing</li><li>• Employee's medical records.</li></ul>	_____

## EMPLOYER TO EMPLOYEE'S HEALTHCARE PROVIDER RECORD

Check the items which have been provided as supporting documents to the employee:

1. Copy of OSHA Standard (CFR 1910.1030) \_\_\_\_\_
  
2. Confidential exposure incident report: \_\_\_\_\_
  - A description of the exposed employee's Duties as they relate to the exposure incident
  - Documentation of the route of exposure and Circumstances under which it occurred.
  
3. Source individual HIV/HBV status (if known). \_\_\_\_\_
  
4. All medical records relevant to the appropriate Treatment of the employee including vaccination status \_\_\_\_\_
  
5. Source individual identification (if known) \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date of Exposure

**EMPLOYEE MEDICAL RECORD CHECKLIST**

Employee's name: \_\_\_\_\_

Employee's Social Security #: \_\_\_\_\_ Employment termination \_\_\_\_\_  
Date- if applicable

Name of Employer: \_\_\_\_\_

Copy of OSHA regulations given to employee (date): \_\_\_\_\_

Healthcare professional employee was referred to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date employee was seen: \_\_\_\_\_ Written report received from provider: \_\_\_\_\_  
(date)

HBV Vaccination:           yes \_\_\_\_\_                   no \_\_\_\_\_  
If yes, dates of vaccines:   \_\_\_\_\_                   \_\_\_\_\_

Date titers drawn:                               \_\_\_\_\_  
Did employee have coverage yes \_\_\_\_\_                   no \_\_\_\_\_

Attach copy of lab results:

Booster given:                   yes \_\_\_\_\_                   no \_\_\_\_\_  
If no, date declined:                   \_\_\_\_\_

Post-exposure Evaluation and Follow-up:

Name of Provider: \_\_\_\_\_

Information given to Provider (date): \_\_\_\_\_

Copy of OSHA regs given   yes \_\_\_\_\_                   no \_\_\_\_\_

Copy of post exposure  
Report to provider:                   yes \_\_\_\_\_                   no \_\_\_\_\_

Written report received from provider (date): \_\_\_\_\_

Copy to employee (date): \_\_\_\_\_

## PRE-TEST COUNSELING CHECK-LIST

### Counseling Content

Introduce yourself and explain the reason for the session. \_\_\_\_\_

Assess person's understanding of the test. \_\_\_\_\_

Assess the risk status/behaviors. \_\_\_\_\_

Explain the test  
It does not diagnose AIDS  
Positive test:  
Indicates infection with HIV for indefinite length of time  
Indicates transmissibility  
Indicates the potential for later development of ARC/AIDS \_\_\_\_\_

Explain possible adverse consequences  
Legal-medical  
Socio-psychological \_\_\_\_\_

Ask if he/she wants to be tested. \_\_\_\_\_

Preventative counseling (high risk)  
Advise not to donate blood products, sperm or body organs  
Specific preventive counseling  
Sexual transmission  
Rectal  
Vaginal  
Oral  
Discuss choice of sex partners  
Discuss number of sex partners  
Discuss prevention  
Abstinence  
Mutual monogamous relationships  
Condoms  
IV Drug Use Transmission  
Discuss how HIV is transmitted by IV drug use  
Refer to drug tx center \_\_\_\_\_

Referral for medical exam if symptomatic \_\_\_\_\_

**EMPLOYEE REFUSAL OF HIV/HBV TEST**

I was exposed to blood/body fluids at \_\_\_\_\_(place of employment) on \_\_\_\_\_(date) while performing my job duties. I have been informed of the possible consequences of this exposure and have been requested to consent to the HIV and HBV test.

I do NOT wish to have these blood tests performed at this time. I have been advised that I have the option of being tested and counseled anonymously at any HRS center.

I have been given formal training in my office on the epidemic of these diseases, and I understand that I may be at risk with an exposure incident.

I realize that by refusing testing, I may be relinquishing any future medical compensation arising from this incident from my employer.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_



**CONSENT FOR HIV ANTIBODY BLOOD TEST**

I, (patient) \_\_\_\_\_, hereby give permission to test my blood for the presence of the ANTIBODY to the Human Immunodeficiency Virus (HIV) which is associated with Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I have been informed that the test is new and its accuracy and reliability are still uncertain and that the test results may, in some cases, indicate that a person has antibodies to the virus when the person does not (false positive). The test may fail to detect that a person has antibodies to the virus when the person has the virus (false negative). I also have been informed that a positive blood test result does not mean that I have AIDS, and that in order to diagnose AIDS, other means must be used in conjunction with the blood test.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks and alternative tests, I may ask those questions before consenting to the blood test.

After the test results are obtained, my physician will discuss these matters with me and, if necessary, refer me for appropriate medical, psychological and social counseling.

I understand that the results of this blood test will only be released to those health care practitioners directly responsible for my care and treatment. However, if a health care worker involved in my care comes in contact with my blood or body fluids, test results will be released to their physician for purposes of follow-up and treatment only. I further understand that no additional release of the results will be made without my written authorization.

I understand, however, that the results of this test will be recorded in my medical record and that the results will be released to persons or entities to whom I specifically authorize the release of this record.

I specifically agree to release test results to applicable third party payors in order to obtain reimbursement for my medical expenses.

I have been given the opportunity to ask questions which have been answered to my satisfaction. I acknowledge that I have received the information I desire concerning the blood test and the release of results.

My signature below indicates that I give my informed consent to have the HIV blood test to detect antibodies of the HIV virus.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## POST HIV TEST COUNSELING CHECK-LIST

### Counseling Content

Introduce yourself and explain the reason for the session \_\_\_\_\_

Re-assess client's understanding of the test \_\_\_\_\_

Interpretation of the test:

Tell the person the test results

Explain that the test is not a test for AIDS

Explain that the person is infected with HIV and will probably remain so

Explain that the person is potentially infectious through sexual contact

Blood or perinatally

Discuss possibility of developing AIDS/ARC in the future

Explain that prognosis is partially dependent on the presence

Or absence of continued exposure \_\_\_\_\_

Refer the client for a medical evaluation \_\_\_\_\_

Refer the client for continued counseling \_\_\_\_\_

## EXPOSURE REFERRAL FORM

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Dear Employee Healthcare Professional/Colleague:

\_\_\_\_\_ has been referred to your office because of an occupational exposure incident. Compliance with the OSHA standard CFR 1910.1030 (Bloodborne Pathogen Standard effective March 6, 1992) requires that he/she be seen by a healthcare professional for immediate and confidential post-exposure evaluation. A copy of the standard accompanies this letter.

In compliance with the OSHA guidelines, we are requesting that you provide our employee with the following:

1. evaluation of the exposure incident
2. arrange for testing for HBV/HIV of the employee and the source individual, if not already done
3. notify employee of results of all testing
4. post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
5. provide employee counseling
6. evaluation of reported illness
7. complete HCP written opinion and return to employer

The OSHA guidelines mandate that I receive from you the following documentation:

1. a written opinion which is limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such a vaccination
2. a statement that the employee has been told about any other potentially infectious materials which require further evaluation and treatment

Because of the confidentiality issue, please refer to CFR 1910.1030 section (2)(f)(5)(i)-(iii) for limitation on the written report which you are required to provide.

Please send communication directly to my attention and indicate "CONFIDENTIAL" on the cover. Please note that I am mandated to provide a copy of your written opinion to my employee within 15 working days of your evaluation.

Thank you in advance for your help and support of our valued employee.

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Employer's printed name