

BLOOD BORNE PATHOGEN EXPOSURE CHECKLIST

Off-Campus MUSC Clinical Site - Occupational Exposure

- Immediate First Aid of Injury
- Report Exposure to Supervisor
- Report Exposure to Student Health Services (792 – 3664)
- Ensure that **Source Patient's** blood is received by lab < 1 hour from exposure. Transport source patient's blood to MUSC Lab #319 or transport source patient to Rutledge Tower to have blood drawn.
- Documentation of Exposure
 - Complete the MUSC Blood Borne Pathogen Assessment Form
 - Complete the online MUSC ACORD Form
- Follow Up of Exposure
 - Student Health will contact you with the results of the source patient's HIV results the same day.
 - Student Health will contact you with the remainder of the source patient's baseline labs (Hepatitis B surface Ag and Hepatitis C Antibody) within 1 – 2 days from the exposure.
 - For exposures to patients with (+) serology for blood borne pathogens, Student Health can initiate any necessary post-exposure antiviral prophylaxis and/or perform any necessary follow up lab testing per MUSC protocol.

See following pages for details on the steps to follow

Off-Campus MUSC Clinical Sites

STUDENT BLOOD/BODY FLUID EXPOSURE PROTOCOL

1. TREATMENT OF EXPOSURE – IMMEDIATE:

- Percutaneous Injuries (punctures, lacerations) – Wash with Soap and Water for 5 minutes.
- Mucous membranes: Flush extensively with water X 5 minutes

AVOID chemical cleansers that irritate the skin (Alcohol, hydrogen peroxide, Betadine or other chemical cleansers). Avoid "milking" or squeezing out needlestick injuries or wounds. Squeezing the wound merely increases blood flow to the exposure site and potentially increasing the risk of systemic exposure if viral pathogens are present in the source fluid.

2. REPORT THE EXPOSURE ASAP TO YOUR SUPERVISOR

- **Week Day Exposures:** Monday – Friday, 8:00 AM – 4:30 PM – Call Student Health (792-3664), Option # 1. A Student Health provider will review the nature of the exposure and will assist in the appropriate management of the exposure.
- **Exposures when Source is Known HIV (+)** – have hosp operator (792-2123) page Dr. Blumenthal to your extension ASAP.
- **Afterhours exposures** and holidays: follow the protocol outlined below and call the MUSC operator (792-2123) and have the Hospital Supervisor paged to your extension. If a Hospital Supervisor is not available, have the operator page Dr. Blumenthal to your extension.

3. LAB TESTING ON SOURCE: Blood on the source patient needs to be received by the lab within 1 hr of the exposure.

- Complete **Source Patient Lab Request** Form for protocol labs – lab request form can be downloaded and printed from this site: http://academicdepartments.musc.edu/esl/studenthealth/student_resources/pathogen.html - select MUSC Off-Campus Clinical Sites. If no printer is available at your site, notify Student Health of your FAX number and we will FAX the forms to your location. Complete the lab request form including: **SOURCE PATIENT'S Name**, DOB, Medical Record Number (MRN)- if MRN not available use SSN.
- If there is no ability to draw blood on the source patient at your clinical site, then immediately escort patient (along with the completed lab request) to Rutledge Tower Lab (1st floor, Room 113) open Monday - Friday, 7:00 AM – 5:15 PM. Alert lab that you are bringing a patient (Lab: 792- 7016, FAX: 876 – 0123) for blood borne pathogen protocol labs **OR**
- If there is the capability on drawing the **Source Patient's** blood at your site, then draw: (1) Gold Top SST Tube (5 mL min volume) on the patient, label the blood specimen tubes with: Source Patient Name, DOB, and MRN; Place labeled specimen and lab request in a Biohazard Bag and immediately transport to MUSC Lab located on the 3rd floor of the Children's Hospital, SPECIMEN RECEIVING (792-0707) Room # 319 or TUBE to #99.

4. DOCUMENTATION OF EXPOSURE after steps 1-3 completed

- Complete the MUSC Blood Borne Pathogen Assessment Form
- Complete the online MUSC ACORD form: <https://www.carc.musc.edu/acord/>
- Click on the link: "Online ACORD Form"
- Use your MUSC ID and password.
- For "Employer" there is a drop down menu -> Click "MUSC Student"
- Complete the ACORD Form

5. FOLLOW UP

- Student Health will notify the student with the results on the Source Patient. HIV results on the Source Patient are generally available within one hour of the specimen being received by the lab. Hepatitis B surface Antigen and Hepatitis C Antibody results are usually available by the next working day. Student Health will provide any necessary treatment or lab follow up per MUSC protocol for exposures to source patients with + serology.



BLOODBORNE PATHOGEN EXPOSURE ASSESSMENT

MUSC STUDENT HEALTH SERVICES
Medical University of South Carolina
30 Bee Street – Suite 102, MSC 980
Charleston, South Carolina 29425
Office: (843) 792-3664 Fax: (843) 792-2318

Today's Date: _____

Date/Time of Exposure: _____:____AM/PM Date/Time Reported: _____:____AM/PM

Student's Name: _____

College: Med Dental Nursing CHP _____ Other _____ Clinical Year: _____

Student Contact #:(_____) _____

Clinical Location: _____ Rotation: _____

Supervising Faculty Member: _____

Type of Exposure (Specify Below):

Percutaneous:

Hollow Needle (Gauge) _____ Solid Sharp Instrument _____ Other _____

Safety Device on Instrument: Yes No Safety Device Utilized: Yes No

Instrument Used For: _____

Injury Location: _____ Injury Depth: _____ mm

Body Fluid Involved: Blood Other _____ Amount of Fluid: _____ (ml)

Visible Blood Present on Instrument: Yes No Potentially

Primary User of Instrument: Self Resident Attending Other _____

Protective Equipment: None Gloves (1 pr) Gloves (2 pr)

Mucous Membrane Exposure:

Body Site Exposed: _____

Body Fluid Involved:

Blood Other Fluid (specify) _____ Visible Blood Present in Fluid? Yes No Potentially

Amount of Fluid: < drop drop 0.5 ml 1 ml > 1 ml

Primary User of Instrument: Self Intern/Resident Attending Other _____

Protective Equipment Used: None Protective Eyewear: Goggles/Shield Face Mask Gown

Other: _____

Mechanism of Injury (Describe how exposure occurred):

Source Patient Name: _____ DOB: _____ MRN/SSN: _____

Source Pt Status: Unknown with no Risk Factors Unknown w/ (+) Risk Factors: _____ HIV+ Hepatitis C+ Hepatitis B surface Ag+

For Known HIV (+) Source:

Antiviral Medications: _____

Last HIV Viral Load Test (Result/Date): _____ Healthcare Provider Managing Condition: _____

Student Information:

Student Hepatitis B Vaccine Series Completion/Year: No Yes (Date) _____

Student Hepatitis B surface Antibody Status: Unknown Non-Immune Immune (Date): _____

(MUSC students can view their immunizations and antibody titers @ <https://lifenet.musc.edu> using their MUSC Net ID and password)



STUDENT HEALTH SERVICES
 Medical University of South Carolina
 30 Bee Street – Suite 102, MSC 980
 Charleston, SC 29425
 Office: (843) 792- 3664 Fax: (843) 792 – 2318

CERNER Registration
HNAM Client/Facility
SHIV/SHIV
CERNER CODE SHIV

Laboratory Services
 165 Ashley Ave, Room 318
 Charleston, SC 29425
 Phone: (843) 792-0707, FAX: (843) 792-4896

**OFF-CAMPUS MUSC CLINICS
 STUDENT BLOOD EXPOSURE
 PROTOCOL LABS FOR SOURCE PATIENT**

BLOOD/BODY FLUID EXPOSURE PROTOCOL

- **Exposure Site:** Percutaneous Wounds – wash with soap/water x 5 minutes. MUCOUS Membranes: Flush with water x 5 minutes
- **Report Exposure** ASAP to Supervisor. During week (M-F) 8:00 – 4:30 PM call Student Health (792-3664), Option # 1. Afterhours, Weekends, or Holidays page Hospital Supervisor (HS) on call (792-2123).
- If **SOURCE PATIENT** known **HIV (+)**, have hospital operator (792-2123) page Dr. Blumenthal immediately.
- **LABS On Source:** Draw (1) Gold Top SST (5 mL min volume) on **SOURCE PATIENT**.
- **Label** blood specimen with **SOURCE PATIENT'S**: Name, DOB, MRN (or Social Security # if no MRN).
- **Transport:** IMMEDIATELY transport **SOURCE PATIENT** blood samples with this completed **STAT** lab request to MUSC Laboratory # 319 Children's Hospital (3rd Floor).
- **Exposures occurring Mon – Friday (7:00 AM – 5:00 PM)** - If there is no phlebotomist to draw Source Patient's labs at your clinical site, then immediately escort the **Source Patient** to the 1st floor Rutledge Tower Lab (Room 113) for STAT labs within one hour of the exposure. **Lab Hours:** Monday - Friday, 7:00 AM – 5:15 PM. Alert lab that you are bringing a patient (792-7016, FAX: 876-0123).

Lab Result Reporting: Monday – Friday 8:00 AM – 4:30 PM call Student Health Services (792-3664) or Page Dr. Larry Blumenthal @ Pager # 14032. Afterhours, Weekends, or Holidays page House Supervisor (HS) on call (792-2123)

SHIV - Source Patient Sample

DATE: _____ **TIME:** _____ **PHLEBOTOMIST NAME:** _____

SOURCE PATIENT NAME: _____

MRN # : _____

DOB: _____

Ordering Provider: L. Blumenthal, MD MUSC Student Health Services

ATTN: FFL Accessioning: Use Social Security Number if MRN is not available.

Enter using Patient Name

Use MRN (or SS# when MRN Not Available). Use format of ordering staff initials with date/time of service for Fin #.

BLOODBORNE EXPOSURE LABS

CODES

TESTS

SPECIMEN TUBES

<input type="checkbox"/> BC	BC (BLOOD CONTAMINATION ON THE SOURCE PATIENT)	ONE (1) Gold Top SST TUBE
Attn LSS	TESTS INCLUDE: HIV, HCV AB, Hep B Surface Antigen	(5 mL minimum volume)
Order As STAT	All suspect/reactive HIV ½ Ab will be reflexed to the HIV Multispot Differentiation for confirmation. All Equivocal or Reactive HCV results will be reflexed to the Hepatitis C Viral Load by Quant PCR	

OTHER _____