

## **BLOOD BORNE PATHOGEN EXPOSURE CHECKLIST**

## For Blood and Body Fluid Exposures at MUSC

- □ Immediate First Aid of Injury
- Report Exposure to Supervisor
- □ Report Exposure to Student Health Services (792 3664)
- Ensure that Source Patient's blood is drawn for labs ASAP (<1 hour from exposure). Transport Source Patient to Rutledge Tower Phlebotomy Lab on 1st Floor (Room #122, 843-792-7064, FAX 8443-876-0123). Contact lab ahead of time to inform them you are bringing a patient for blood borne pathogen exposure protocol labs.</p>
- 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 serology results (HIV, Hepatitis C, Hepatitis B surface Antigen) the same day.

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



# MUSC DENTAL 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 (splash to eyes, mouth, etc.): Flush extensively with water or saline for 15 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 the Source is Known HIV (+) – have hospital 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 MUSC Student Health website: MUSC Dental Students-BBPE Protocol: https://education.musc.edu/students/student-health/blood-borne-pathogen-exposures 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 take patient (along with the completed lab request) to Rutledge Tower Lab (1<sup>st</sup> floor, Register at Room 122) open Monday Friday, 6:00 AM 5:00 PM. Alert lab that you are bringing a patient (Lab: 843-792-7064, FAX: 876 0123) for blood borne pathogen protocol labs <u>OR</u>
- If there is the capability of 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 MUSC Extension Building (former MUSC Children's Hospital), SPECIMEN RECEIVING (843-792-0707) 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 ACORD Form: <a href="https://education.musc.edu/students/student-health/blood-borne-pathogen-exposures">https://education.musc.edu/students/student-health/blood-borne-pathogen-exposures</a>
- Click on the link: "Online ACORD Form", Enter your MUSC ID and password, For "Employer" use the drop down menu and click "MUSC Student", Complete the ACORD Form

#### 5. FOLLOW UP

• Student Health will notify the student with the results on the Source Patient. Serologic results (HIV, HCV, HBsAg) on the Source Patient are generally available within 1 - 2 hours of the specimen being received by the lab. Student Health will provide any necessary treatment or lab follow up per MUSC protocol for exposures to source patients with + serology.

#### Follow up on source lab results:

Source Patient With Negative Serology: When source patient's tests are negative for blood borne pathogens (HIV, Hepatitis B, Hepatitis C), then immediate baseline lab testing on the student is not necessary in most cases. If the student wishes to document their baseline serologic status (HIV, HCV) after an exposure, these labs can be drawn at Student Health Services within 2 days of the exposure. A negative test (HIV or HCV) at the time of the exposure will only demonstrate that the exposed student was not previously infected. It will not determine whether or not viral transmission occurred from the exposure. It is mandatory for all MUSC students to have received the hepatitis B vaccine series prior to clinical coursework and have a post-vaccine Hepatitis B Surface Antibody titer (HBsAb) to determine if they developed the desired immunity from the vaccine series. If this HBsAb is positive/immune, then this test does not need to be repeated in the event of a subsequent exposure (and doing so may incur unnecessary expense to the student and/or institution). MUSC students can view their immunizations and antibody titers @ https:lifenet.musc.edu using their MUSC Net ID and password.

**Exposure to HIV (+) Source Patient**: The risk of HIV transmission from a percutaneous exposure (needle stick, puncture wound, etc.) is estimated to be 3 in 1,000; transmission risk of a blood splash to the mucus membranes (eye, nose, mouth) is lower (~ 1 in 1,000). Early studies in the 1990's showed reduced maternal-infant transmission of HIV from 25% to 8% with a single antiviral agent (ZDV). Combinations of multiple newer antiviral agents have reduced perinatal HIV transmission to < 2%, and it is inferred that similar efficacy can be achieved with immediate initiation of post-exposure prophylaxis. When indicated, anti-viral medication should ideally be started on the exposed student within 2 hours of the exposure, and continued for 28 days.

**Exposure to Source with active Hepatitis C Infection** – When the source patient is infected with hepatitis C, then the risk of Hepatitis C transmission from a percutaneous injury is estimated to be close to 0.2%, though may be higher from a hollow-bore needle. There is 0 % chance of hepatitis C transmission from a mucocutaneous splash. Post-exposure prophylaxis is not currently recommended for persons sustaining a BBP exposure from a source infected with hepatitis C. The exposed student should have a baseline hepatitis C antibody and ALT drawn within a few days of the exposure (which can be drawn at Student Health for students in Charleston). Protocol labs will be monitored at regular intervals over the following 4-6 months to detect whether or not hepatitis C transmission occurred. If viral transmission does occur during follow up monitoring, there are anti-viral medications that can be initiated that are highly effective at eradicating the infection.

Exposure to Source with active Hepatitis B Infection (HBsAg +) – for students who have completed the hepatitis B vaccine series and have an immune hepatitis B surface antibody on file, then no further testing or treatment is necessary. Students who are potentially susceptible to hepatitis B infection should have their blood tested for hepatitis B surface antibody. This includes those who: (1) completed the primary Hepatitis B vaccine series but did not check a post-vaccine titer for immunity. (2) Never received the primary hepatitis B vaccine series or have not completed the series. (3) Students who received two hepatitis B surface antigen (HBsAg) tested. Students who are non-immune to hepatitis B should be offered Hepatitis B immune globulin.



### **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: DYes ONO Potentially Primary User of Instrument: DSelf OResident Other Protective Equipment: None Office Gloves (1 pr) Office 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: C drop Corp 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				
D Other:				
Mechanism of Injury (Describe how exposure occurred):				
Source Patient Name:         DOB:         MRN/SSN:				
Source Pt Status: DUnknown with no Risk Factors DUnknown 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: DNo DYes (Date) Student Hepatitis B surface Antibody Status: DUnknown DNon-Immune DImmune (Date): (MUSC students can view their immunizations and antibody titers @ https://ifenet.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

## DENTAL STUDENT BLOOD EXPOSURE **PROTOCOL LABS FOR SOURCE PATIENT**

#### **BLOOD/BODY FLUID EXPOSURE PROTOCOL**

- **Report Exposure** ASAP to Supervisor. During week (M-F) 8:00 4:30 PM call Student Health (843-792-3664), Option # 1.
- If **SOURCE PATIENT** known **HIV (+)**, have hospital operator (843-792-2123) page Dr. Blumenthal immediately.
- Transport: Take SOURCE PATIENT to Rutledge Tower Lab 1st Floor (Register at Room 122), Monday Friday, 6:00 AM 5:00 PM. Alert phlebotomy lab that you are bringing a patient (LAB: 843-792-7064, FAX: 876-0123).
- LABS: Take this completed order along with the patient to Rutledge Tower lab for protocol labs on the Source Patient. Specimen is to be collected in a Gold Top SST Tube (5 mL volume).
- Label blood specimens with SOURCE PATIENT'S: Name, DOB, Medical Record Number (MRN)- if MRN not available use SSN.

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

\_\_\_\_\_ TIME: \_\_\_\_\_ PHLEBOTOMIST NAME: \_\_\_\_\_

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MRN # or SS# (circle one): \_\_\_\_\_

DOB: \_\_\_\_\_ Ordering Provider: Laurence 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** TESTS SPECIMEN TUBES DC (DLOOD CONTANAINATION ON THE COURCE DATIENT)

IM 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

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CODES