

Patient Exposure to Blood and Body Fluids

Purpose:

To provide policy and procedure for patient exposure to blood/body fluids.

Note: For more details of employee exposure to blood and body fluid, see the Bloodborne Pathogens Control Plan located in the Infection Control B.I.T., IC1.1.

1. When a patient has been exposed to another person's blood or body fluids, the patient's physician, the supervisor of the unit, the Director of the unit, the House Manager, and the Infection Control Practitioner (ICP) shall be notified immediately if during working hours. If after hours, on weekends, or holidays, the House Manager will facilitate the process. The occurrence is documented on a variance report completed by the Charge Nurse of the unit/area. Testing of the exposed patient is the responsibility of the patient's attending physician at the time of the incident.
2. The CDC recommends that the first dose of prophylactic therapy for HIV should be administered within 2 hours from the time of exposure. Every effort will be made to afford the exposed patient timely evaluation and counseling by his/her physician in order to facilitate administration of prophylactic medicines in accordance with CDC guidelines. If physicians have any questions, the Infectious Disease physician on call is consulted.
3. It is not necessary to obtain consent for drawing the blood from the source person nor is a physician's order needed.
4. As outlined by the Louisiana Sanitary Code, R.S. 40:1299.40, "whenever it is determined by the hospital infection control committee that an agent or employee of an hospital, or a physician having privileges at the hospital, has been exposed to the blood or bodily fluids of a patient, in such a manner as to create any risk that the agent, employee, or physician may become infected with the human immunodeficiency virus or other infectious agent if the patient is infected with the human immunodeficiency virus or other infectious agent, in accordance with the infectious disease exposure guidelines of the Centers for Disease Control, then the hospital infection control committee may, without the consent of the patient, conduct such tests on blood previously drawn or body fluids previously collected as are necessary to determine whether the patient is, in fact, infected with the virus or other agent believed to cause acquired immune deficiency syndrome or other infectious disease. If no previously drawn blood or collected bodily fluids are available or are suitable, the hospital may order, without the consent of the patient, that blood, bodily fluids, or both are drawn and collected from the patient to conduct the necessary tests."

- If the source patient refuses to have blood or bodily fluids drawn, Hospital Administration is consulted.
5. The Charge Nurse will ensure that appropriate blood work is drawn (red top tubes) from both source person and the exposed patient.
 6. The Charge Nurse obtains a Patient Exposure Protocol Packet. The packet is available from the Infection Control Department and is obtained from the ICP or the House Manager. This packet consists of manual lab requests and labels for both the exposed patient and the source patient.
 7. When the packet is obtained, the House Manager or the ICP will record the following information in the Patient Exposure Log Book located in the Infection Control Department.
 - A. Exposed patient's name, address, phone number, medical record number, and physician.
 - B. Source's name, address, phone number, medical record number, and physician.
 - C. Date and time of exposure
 - D. Type of exposure
 8. The exposed patient's blood will be drawn by the charge nurse/designee.
 9. If the source person is a patient, the patient's blood will be drawn by the Charge Nurse/designee.
 10. Specimens are processed using the Exposure Protocol Packet.
 - A. Specimens are labeled with a source number.
 - B. Manual request is completed.
 - C. Patient's blood is sent to the clinical lab for processing immediately.
 11. If the source person is an employee, the blood will be drawn by Occupational Health during regular business hours or in the Emergency Room after hours and on holidays.
 12. The lab results are sent to the Infection Control Department, and to the House Manager on weekends, holidays, and when the Infection Control Department is closed (Infection Control Department hours are 8:00 a.m. – 4:30 p.m. Monday through Friday).
 13. Lab results will be given to the exposed person's physician as soon as possible by the House Manager when the Infection Control Department is closed, or by the Infection Control Department during business hours.

14. The lab report from the exposure source should be forwarded to Risk Management to be filed with the variance report. It is not part of the patient's chart.
15. The patient's primary physician is responsible for following the patient post-exposure and implementation of the appropriate medical therapy immediately, including ordering medication from the Pharmacy as soon as possible.
16. Should the source or exposed patient's blood test positive for any bloodborne disease, the Infection Control Practitioner will notify the source patient's physician, the exposed patient's physician, and Risk Management. If the source person is an employee, the Occupational Health physician will be notified
17. The physician shall document the appropriate follow-up in the physician progress notes. If there are questions, the Infectious Diseases Department is consulted.
18. The Infection Control Practitioner is available by telephone or pager to answer any questions .

References:

CDC. MMWR 2003 (Vol.52/No.12):241-248.

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