Patient Exposure to Blood and Body Fluids

Purpose:

To provide policy and procedure for a 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 employee who discovers the exposure shall immediately notify their supervisor, who shall ensure immediate notification of the patient’s physician, the unit manager or charge nurse, the Director of the unit, the House Manager, and the Infection Control Practitioner (ICP). If after hours, on weekends, or holidays, the House Manager will ensure that the unit manager or director is notified and page the Infection Control Practitioner on call. 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 and should include a rapid HIV, Hepatitis B & C panel, and syphilis.

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. Once the exposed patient’s physician concludes that an exposure was likely, and feels that it would be beneficial to the treatment of the exposed patient, and source of the blood or body fluids is known, the following procedure should be implemented:

a. The source is a patient: The charge nurse will inform the source patient’s physician of the exposure, and request the physician to explain the situation to the patient and request permission to draw blood for HIV, Hepatitis B & C, and syphilis testing. Call the Infection Control Department or ICP on call to alert them to the situation.

b. The source is an employee: The employee will be contacted (Occupational Health may be requested participate), the situation explained, and permission requested to draw blood for HIV, Hepatitis B & C, and syphilis testing. If the employee agrees, then Occupational Health will draw the blood, provide
anonymous testing, and results will be provided to the exposed patient’s physician.

c. If the source person refuses to have their blood drawn or is unknown, then the exposed person’s physician should proceed as if the source is unknown and may request a consult from the Infectious Diseases Department physician on call for guidance. The charge nurse should notify Hospital Administration if a source person refuses to have blood drawn.

4. The Charge Nurse will ensure that appropriate blood work is drawn (red top tubes) from both source person and the exposed patient.

5. 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.

6. 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

7. The exposed patient’s blood will be drawn by the charge nurse/designee.

8. If the source person is a patient, the patient’s blood will be drawn by the Charge Nurse/designee.

9. 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.

10. 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.

11. 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).
12. 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.

13. 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.

14. 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.

15. 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 Department will notify Infection Control, the exposed patient’s physician, Risk Management, and the Occupational Health physician.

16. The physician shall document the appropriate follow-up in the Electronic Health Record. If there are questions, the Infectious Diseases Department is consulted.

17. The Infection Control Practitioner is available by telephone or pager to answer any questions.

References:

Written: July 1994
Revised: 1/97, 4/99, 4/04, 10/05, 10/07, 10/09, 10/12
Reviewed: 2/01, 10/12