

NORTHLAKE ORAL AND FACIAL SURGERY EXPOSURE INCIDENT PROTOCOL

*Last updated January 2016 by Alexandra Leigh MD
Presented to Health Care Employees January 13 at NDA 2016*

What is An Exposure Incident?

Needlestick (bored or nonbored – holed- needle) **or** contact of eyes, mouth, or other mucous membrane (or nonintact skin) to another person's blood or bodily fluid.

What to do First?

The exposed employee should immediately clean the area exposed.

- Wash needlesticks and cuts with soap and water (do not use bleach or disinfectants).
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigants.

When to Report/Who to Report To?

Immediately after you have cleaned the area exposed, notify the nurse or doctor on duty of the incidence. Excuse yourself from the situation and ask the doctor on duty to assure that the source patient stays on site.

If the OSHA Compliance Officer, Alex, is on site, get her assistance too; if she is not on site please alert the Office Manager, Kim. If neither is on site, the nurse will procure the Exposure Incident Protocol Binder and follow the instructions in the protocol using the doctor on duty for any questions.

What to do now?

Follow the steps below:

DOCUMENTATION Required (all in binder)

- 1. Consent for HIV, HCV, and HBV blood tests - employee to fill out**
- 2. Consent for HIV, HCV, and HBV blood tests – source patient to fill out**
- 3. OSHA Form 300 – document occurrence of needlestick – office manager**
- 4. OSHA Form 301 – describe incidence in this form – office manager**
- 5. Employee Exposure Incident Report - employee to fill out**
- 6. Person in Charge Exposure Incident: To be completed by person in charge – doctor on duty (nurse if doctor not on site/not available)**

Report #4 and #5 report must be placed in the employee's confidential record. A copy of both also must be provided to the evaluating health care professional (personal physician of the employee).

Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on Access to Employee Exposure and Medical Records, 29 CFR 1910.20.

The Exposed Employee

A. Clean and Report

Once an exposure incident is suspected, the affected employee must leave the area where the incident occurred and do the following steps (see bullets below). This event should not be discussed throughout the office to maintain confidentiality of the exposed employee.

From CDC.gov (accessed January 2016):

- **Wash needlesticks and cuts with soap and water (do not use caustics such as bleach).**
- **Flush splashes to the nose, mouth, or skin with water.**
- **Irrigate eyes with clean water, saline, or sterile irrigants.**

**IF YOU HAVE FURTHER QUESTIONS CALL THE CDC
Post Exposure HOTLINE 1-888-448-4911**

B. Collect Blood

If the employee consents (fill out Consent form), the exposed employee's blood is collected within 24 hours onsite or at a local lab and baseline testing is conducted to establish the following:

HIV antibody (rapid test preferred)

Hep C Antibody

Hepatitis B Surface Ag

Anti HebBs (Hep B surface antibody titer)– to determine immunity to Hep B

The employee has the right to decline testing or to delay testing of the collected blood for up to 90 days. If the employee consents to baseline blood collection, but does not give consent for HIV testing at that time, the sample must be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done by a designated health care professional as soon as possible.

Results are CONFIDENTIAL and will be reported directly to the doctor or the OSHA compliance officer.

C. Post exposure prophylaxis

The doctor on duty will review the medical record and/or query the source patient. If the patient has known Hepatitis B or C or HIV, an immediate phone call to an infectious disease specialist must be placed to initiate the appropriate prophylaxis. (See also

<http://www.cdc.gov/niosh/topics/bbp/emergnedl.html> for guidelines for post exposure prophylaxis medicines). If the patient does not have known Hepatitis B, C or HIV, the doctor or nurse will perform a risk assessment of the patient asking about high risk behaviors. If there is an index of suspicion for:

Hep B – vaccine offered (or booster no immunity) and HBIG if determined appropriate

Hep C – no current prophylaxis recommended, but treatment does exist if seroconversion occurs.

HIV prophylaxis – if source patient known HIV + or high risk, see CDC protocol (attached or refer to <http://www.cdc.gov/niosh/topics/bbp/guidelines.html>) and refer to an infectious disease specialist immediately! Medication should be given within hours.

For employees who have not received the HBV vaccine series, the HBV vaccine is to be offered as soon as possible after the exposure incident, but no more than 7 days after the incident. With regard to HIV disease, current CDC guidelines must be followed. The exposed employee should receive immediate post-exposure evaluation *preferably within 1-2 hours*, but no longer than 24 hours after the exposure incident. This may require coordination with an infectious disease doctor and a local emergency room to be timely.

D. FollowUp

A free of charge medical evaluation will be offered (and encouraged) to all employees by a physician not affiliated with the practice. If the source patient is known to be hepatitis B, C or HIV positive, or high risk, post exposure prophylaxis will be offered free of charge.

Repeat HIV testing for the employee can be done free of charge at 6 weeks, 3 months, and 6 months. This timing can be varied depending on the serologic status of the source patient.

The Source Patient

A. Consent and Testing

The doctor (or nurse on duty) will immediately make the source patient aware of the event and ask his or her consent to be tested for HBV, HBV, and HIV testing (consent forms in binder). Testing will be done within 24 hours, preferably the same day, either on site or at a local lab. If the patient is sedated, permission and consent will be obtained the next morning. If the patient is a minor, the legal guardian will be consented.

Perform the same blood tests as above.

If consent is not obtained, check current local laws to see if consent is necessary and document that fact in writing as part of the report of the exposure incident. (Unfortunately in Louisiana permission is necessary as of the time of the writing for the obtaining of blood).

B. Assessment of Risk Factors for Post Exposure Prophylaxis

Immediately, if the patient is awake a risk assessment needs to be done by the doctor to gather the source patient's risk for carrying HIV, HBV, and HCV. If the patient is sedated this should be done that same evening or the next am, early. Post exposure prophylaxis depends on this assessment.

C. Documentation of Source Patient

The doctor and the office manager must identify and document in writing the source patient's name, age, and address (identifying information). The results of the testing will be shared with the exposed employee and he or she must be informed of applicable laws and regulations concerning further disclosure of the identity and infectious status of the source patient.

Results

If the results of all employee and source patient blood work is normal (negative), the employee may have repeat HIV testing at 6 weeks, 12 weeks and 6 months after the incidence. The dates of these tests will be on the incidence report and the employee is responsible for alerting the office manager that testing is requested.

If the results are abnormal, this may indicate the employee is at risk or that they had been infected prior to the incident and they will be referred to an outside physician with no affiliation to the practice (see below).

The Employer

OSHA's *Occupational Exposure to Bloodborne Pathogens* requires the employer to make immediately available a confidential medical evaluation and follow-up at no cost to the exposed employee. OSHA's standard requires that medical records be kept confidential and not disclosed without the employee's consent, except as required by the standard or by law.

The standard requires the employer to make available testing, post-exposure prophylaxis (when medically indicated), counseling and evaluation of reported illnesses. The employer must refer the exposed employee to a licensed health care professional who will perform all medical evaluations and procedures in accordance with the most current recommendations of the U.S. Public Health Service at the time the post-exposure testing and prophylaxis take place. The employer must ensure that the health care professional understands the requirements of the standard and agrees to comply.

The employer must also provide the health care professional with the following information: a copy of the bloodborne pathogens standard; a description of the employee's job duties as they relate to the incident; a report of the specific exposure incident, including routes of exposure and the circumstances under which exposure occurred; the results of the source patient's blood testing, if available; and relevant employee medical records, including vaccination status. Once the exposure incident evaluation is complete, the health care professional must provide a written opinion to the employer.

It is the employer's obligation to ensure that he or she obtains and provides the exposed employee with a copy of the health care professional's written opinion within 15 days of the completion of the evaluation. The original document should be placed in the employee's confidential medical record.

Office Manager DUTIES

__Assure Employee has cleaned exposure site, documented, consented, gotten lab tests.

__Assure doctor (nurse) has documented incident and consented source patient for lab.

__Call lab(s) to arrange lab draws for __ Employee __Source Patient.

__Get labs back from employee __Get labs back from source patient.

__Assure OSHA compliance officer or doctor in charge has reviewed labs with employee

__Assure OSHA compliance officer or doctor has reviewed source patient labs with source patient (do not share employee data as not pertinent to source patient).

__Assure employee has been offered medical visit free of charge with outside doctor.

__Assure follow-up between doctor and Employee with review of results.

__Assure doctor or OSHA compliance officer has called source patient to share their results.

__Assure all OSHA forms documented.

__Assure employee has ability to have repeat HIV testing done at 6 weeks, 3 months and 6 months, or as deemed necessary given source patients results.

Please Note: *an exposure incident may meet the criteria for OSHA's Recordkeeping Requirements as a "recordable occupational injury." These requirements apply to dental employers with eleven or more employees and require the completion of OSHA forms 300, 300-A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The OSHA 300 form is called the Log of Work-Related Injuries and Illnesses, the 300-A is the Summary of Work-Related Injuries and Illnesses, and the OSHA 301 form is called the Injury and Illness Incident Report. The criteria for recording under such circumstances include: (1) The incident results in a loss of consciousness, transfer to another job, or a work restriction, or (2) The incident results in the administration or recommendation of medical treatment beyond first aid (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, zidovudine or other prescription medications), or (3) The incident results in a diagnosis of seroconversion. Dental employers with fewer than eleven employees must prepare a report of the exposure incident, but they may not be required to complete the OSHA forms 300,300-A and 301.*

EXPOSURE INCIDENT REPORT

Employees Name _____ DOB _____

Date of Incident _____ Time _____

Place (location, room) _____

Witnesses to exposure _____

Name of source patient _____ DOB _____

- Awake
- Sedated
- Other

- Adult
- Under 18
- Adult but has a legal gaurdian

How did exposure occur/circumstance?

Describe the type of exposure (bloodborne, needle, eye, open skin, mucousal)

Describe the extent of injury (size, depth, did it draw blood?, if needle type of needle [bored?], or instrument

Treatment suggested (check if performed):

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

Remember to immediately leave site, clean exposure, document event, and report to lab.

Plan of action:

- Leaving to have labs drawn
- Refused to have labs drawn
- Go to doctor, name of doctor _____
- Go to ER

Signature of Employee _____ Date /Time _____

Please return this form to Office Manager ASAP

TO BE COMPLETED BY PERSON IN CHARGE ON DAY OF INCIDENT

Name person in charge _____ Date _____

Employee _____ DOB _____

Source Patient _____ DOB _____

Is source patient known to be infected with Hep B, Hep C, and/or HIV? _____

Source patient risk factors for above? _____

Describe Incident (location, type of exposure, details including brand of needle/instrument)

Were any unsafe acts a contributory factor to this injury?

What actions would have helped prevent this accident?

Any comments? _____

Actions taken: _____

- Employee exposure cleaned
- Employee sent to lab (if source patient known + or hi-risk, consult ID M.D. immediately)
- Source patient consented (if not, detail plan for f/u: _____)
- Source patient sent to lab

Recommended follow-up (Office manager please schedule):

- Please arrange follow up with employee in 3 days on _____ (date/time)
- Please arrange follow-up call with source patient in 3 days
_____ (date/time)

Signature _____ Date/Time _____

Please return this form to Office Manager ASAP

CONSENT Employee with Risk of Blood Borne Pathogen

Laboratory Evaluation

I understand that I have received an exposure to an another person's blood, saliva or other potentially infectious material (OPIM).

I have been informed that my blood will be tested in order to detect whether or not I have antibodies and or antigens to the Human Immunodeficiency Virus (HIV) which is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I also consent to be tested for Hepatitis B and Hepatitis C at this time. I also consent to a determination if I have received a vaccine to Hepatitis B in the past.

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

I understand that the results of the blood tests are confidential and will only be released to those health care practitioners directly responsible for my care and treatment and others as required by law.

This testing will be free of charge to me. This testing will be shared with me as soon as available.

This testing will be reported to the physician or OSHA compliance officer, confidentially.

Signed _____ Date/Time _____

CONSENT of Source Patient for Laboratory Evaluation

Blood Borne Pathogen Exposure

I understand that an employee at Northlake Oral and Facial Surgery has been exposed to my blood or body fluids.

I have been informed that my blood will be tested in order to detect whether or not I have antibodies and or antigens to the Human Immunodeficiency Virus (HIV) which is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I also consent to be tested for Hepatitis B and Hepatitis C at this time.

I have been informed that if I have any questions regarding the nature of the blood tests, it's expected benefits, its risk and alternative risks, that I may ask those questions before I decide to consent to the blood tests.

I understand that the results of the blood tests are confidential and will only be released to those health care practitioners directly responsible for my care and treatment and others as required by law.

This testing will be free of charge to me.

This testing will be reported to the physician or OSHA Compliance Officer at Northlake Oral and Facial Surgery, confidentially. This testing will be shared with me as soon as available.

Please share the results only with me

Please share the results with my doctor (name)_____

Signed _____ Date _____