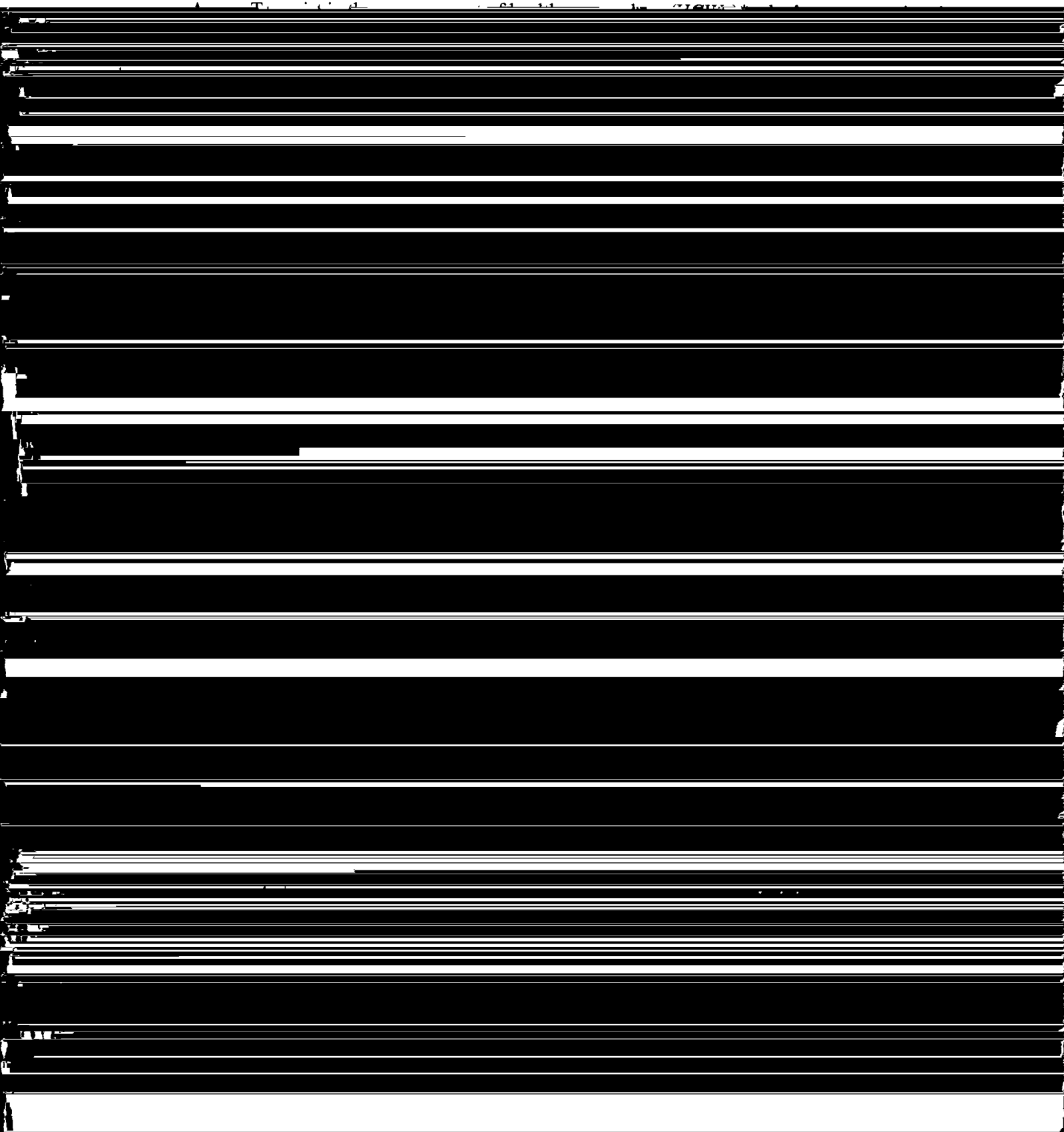




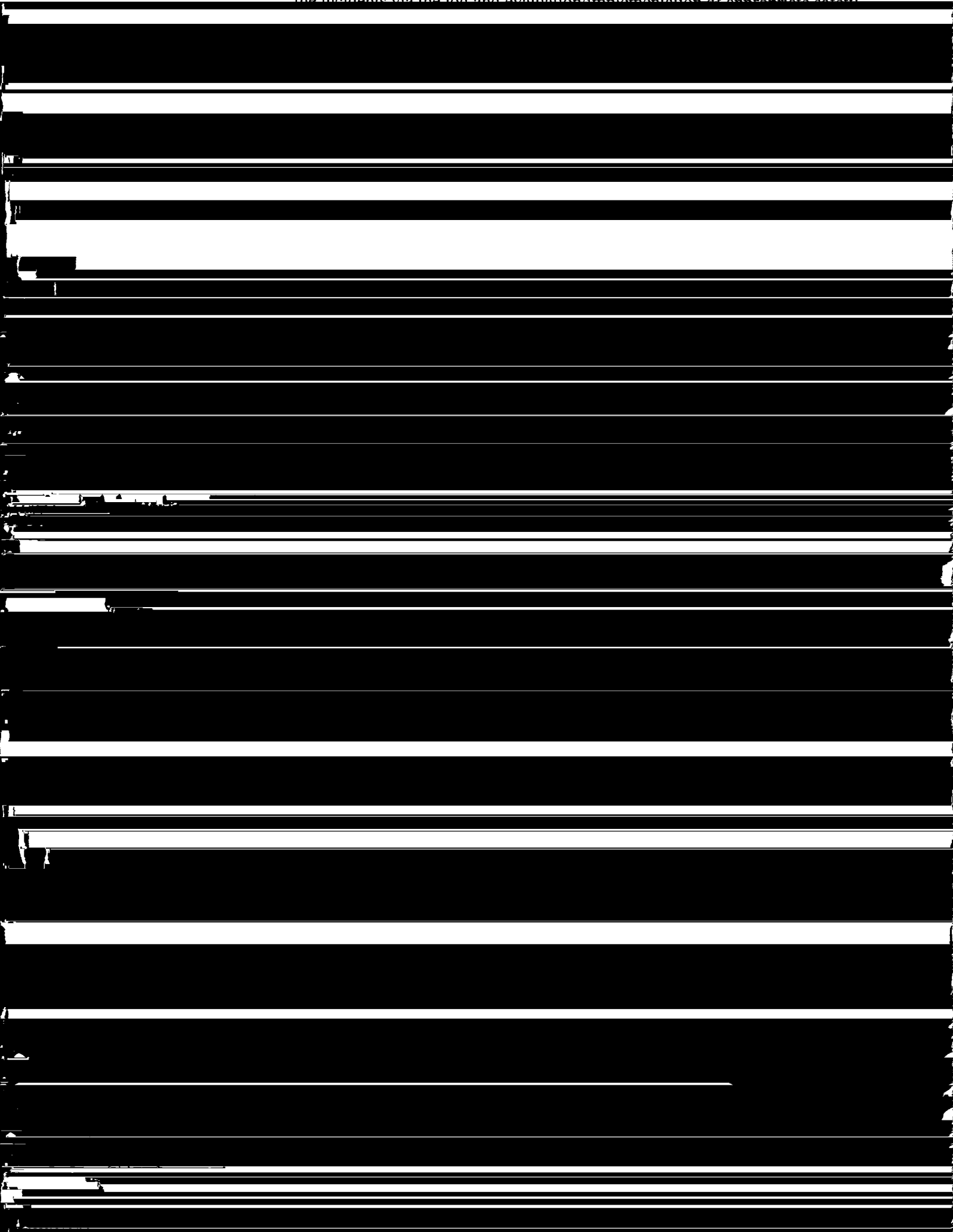
BAPTIST

**I. PURPOSE**

The purpose of this protocol is:



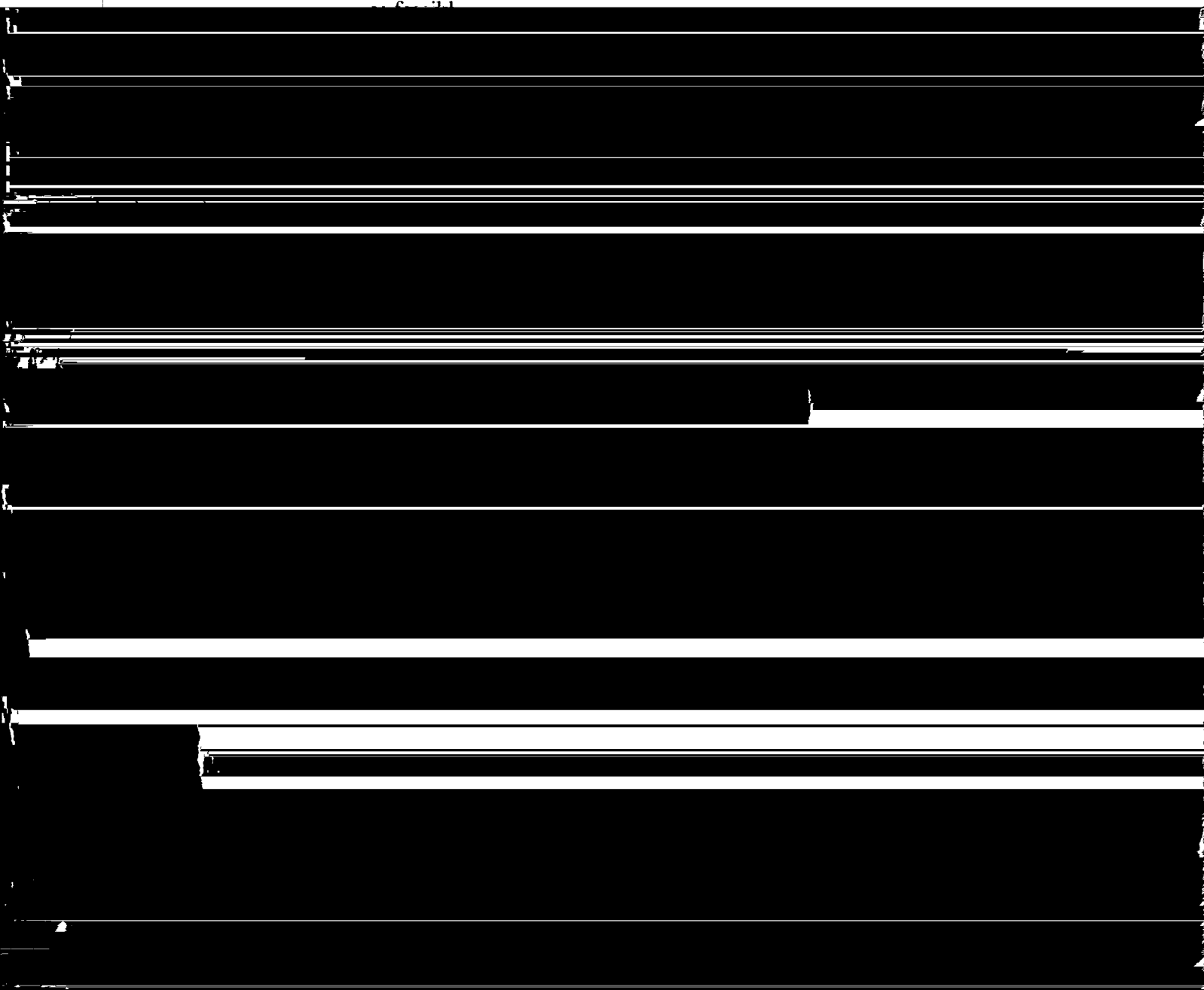
the incidents via the log and evaluation/implementation of appropriate safety



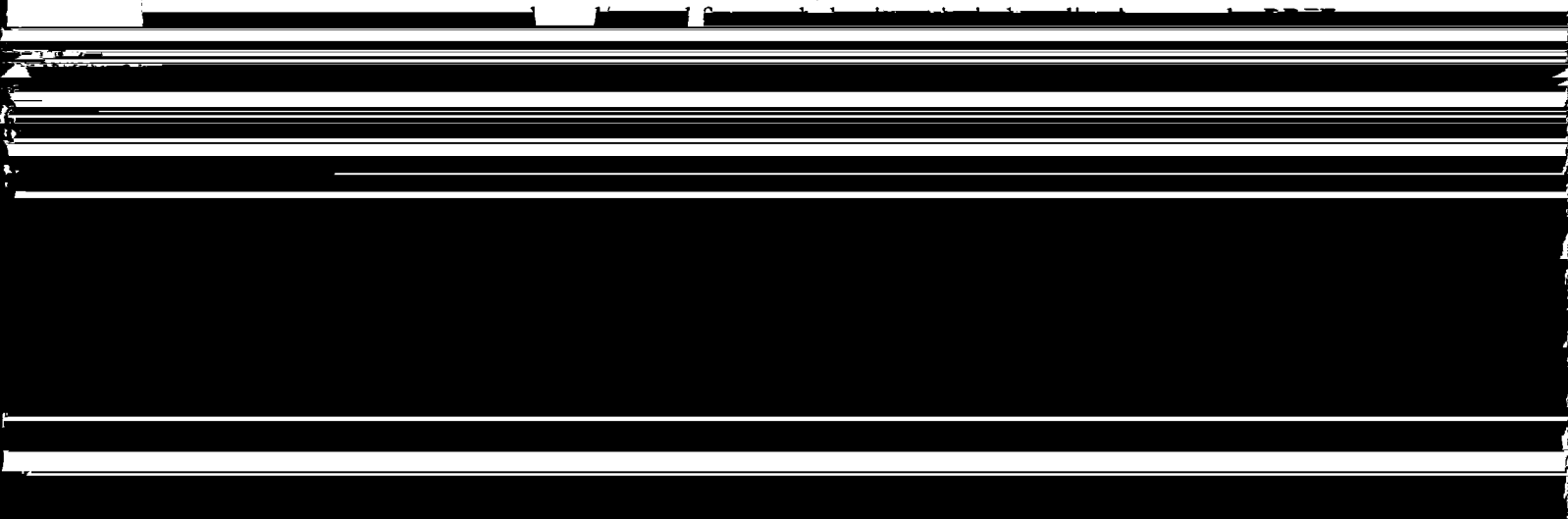
4. The BBFE Facilitator interviews HCW to get more information and help determine if BBFE/patient source is significant risk for bloodborne pathogen transmission. (See Bloodborne Pathogens Risk Assessment criteria attached).
5. The BBFE Facilitator completes BBFE Lab Order (BHS 90325849 attached), faxes to lab and calls to confirm lab dept. received order. For confidentiality purposes, the lab for the source is ordered under the occurrence event # + SRC for patient source and the injured worker lab is ordered under the event #/Focus ID # + HCW for the exposed healthcare worker. If the event # is not available, use the date of event and last 4 numbers of the injured worker's social security #.

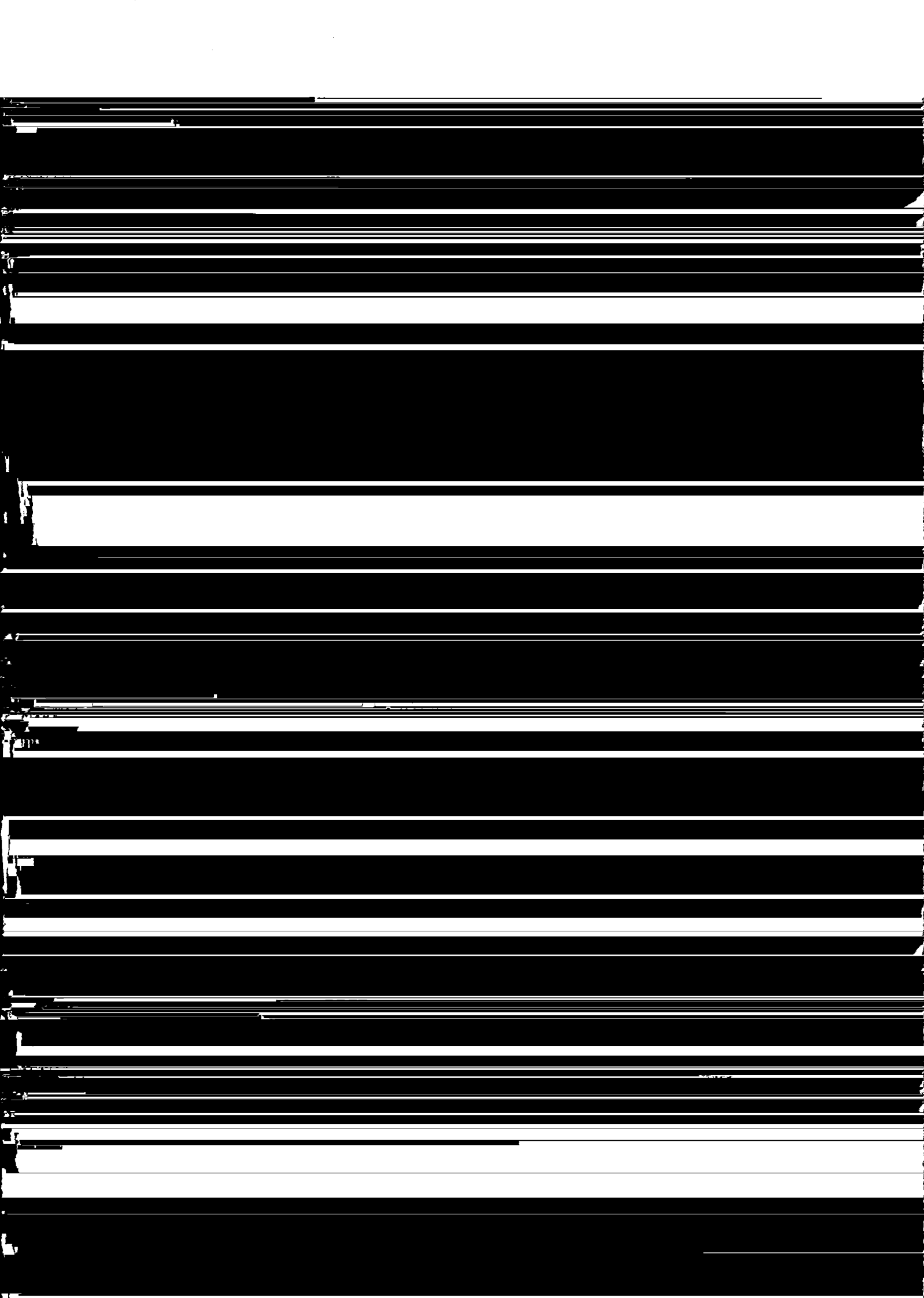
Example Event #12345

Per OSHA Bloodborne Pathogens Standard, if the HCW consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall 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 as soon as possible.



reactive/negative and/or exposed HCW does not want to be





3. The Infection Control Practitioner will notify the source patient's physician and the Health Dept. (if warranted) of any positive patient lab results (HIV, HBV, or HCV).
4. BBFE lab results are not to be placed on the patient's chart.
5. The Employee Health personnel will explain to the HCW all test results.

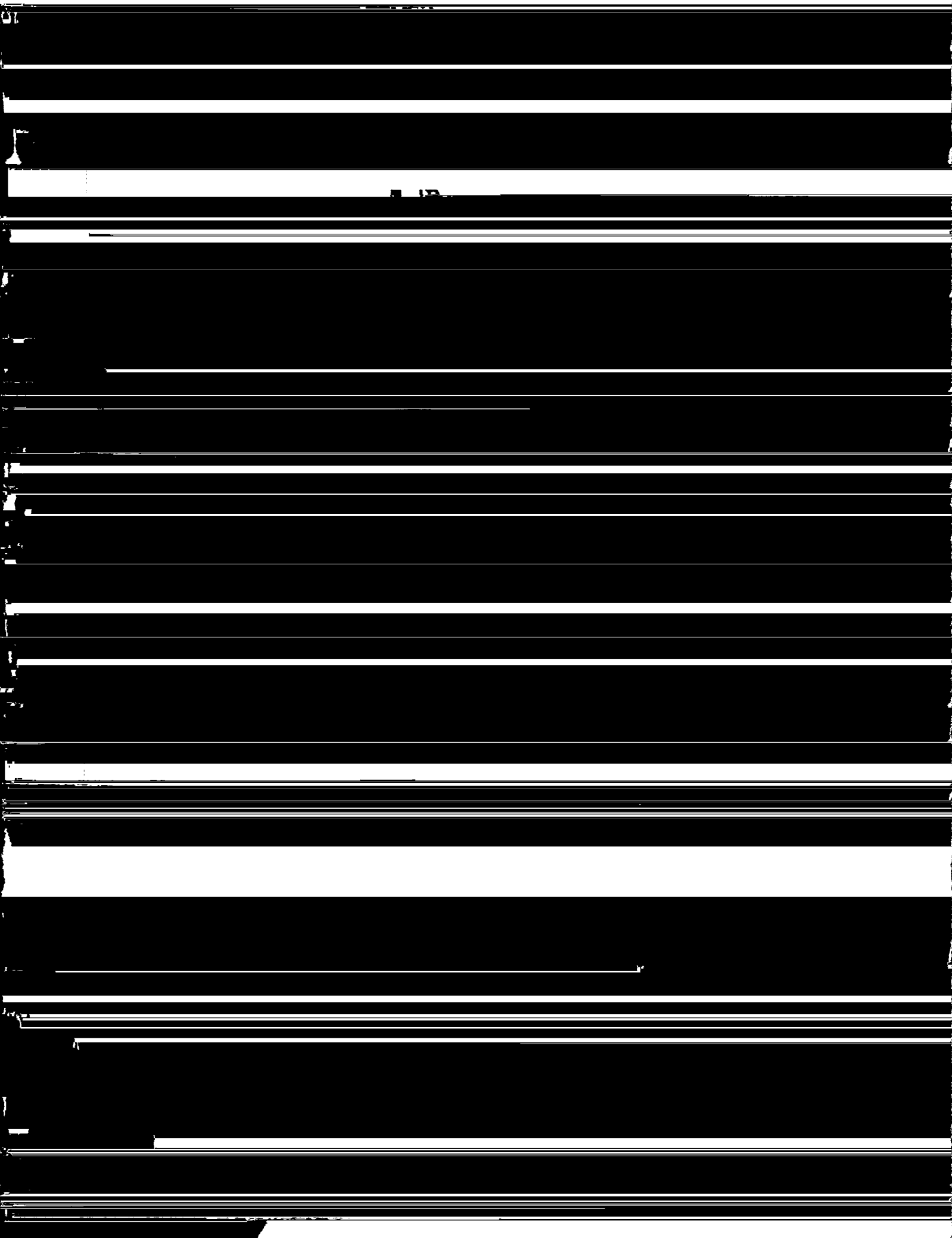
**V. REFERENCES**

CDC. Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV) Recommended Testing and Follow-up, November 2016

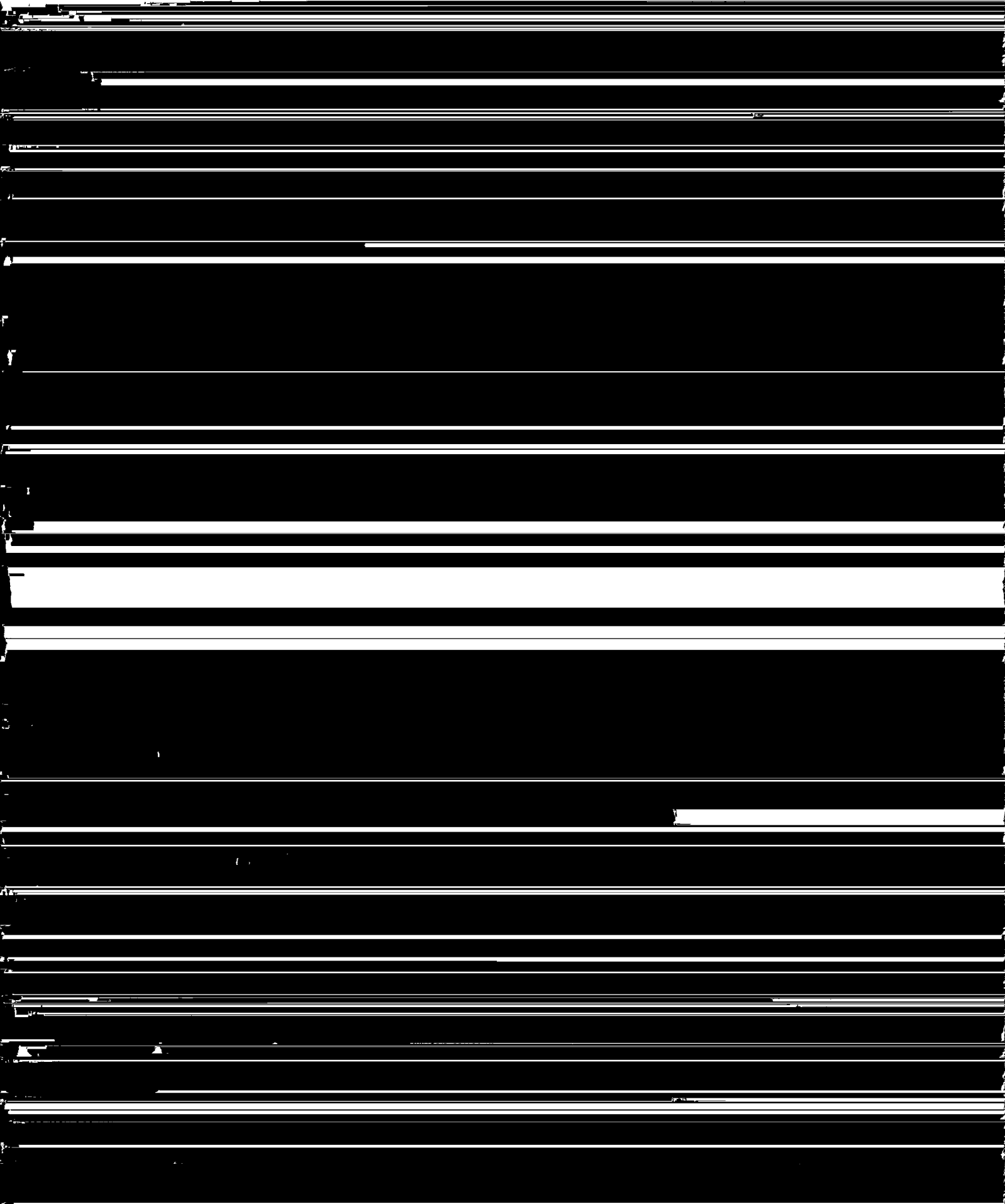
Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for

Postexposure Prophylaxis Source Infection Control and Hospital Epidemiology



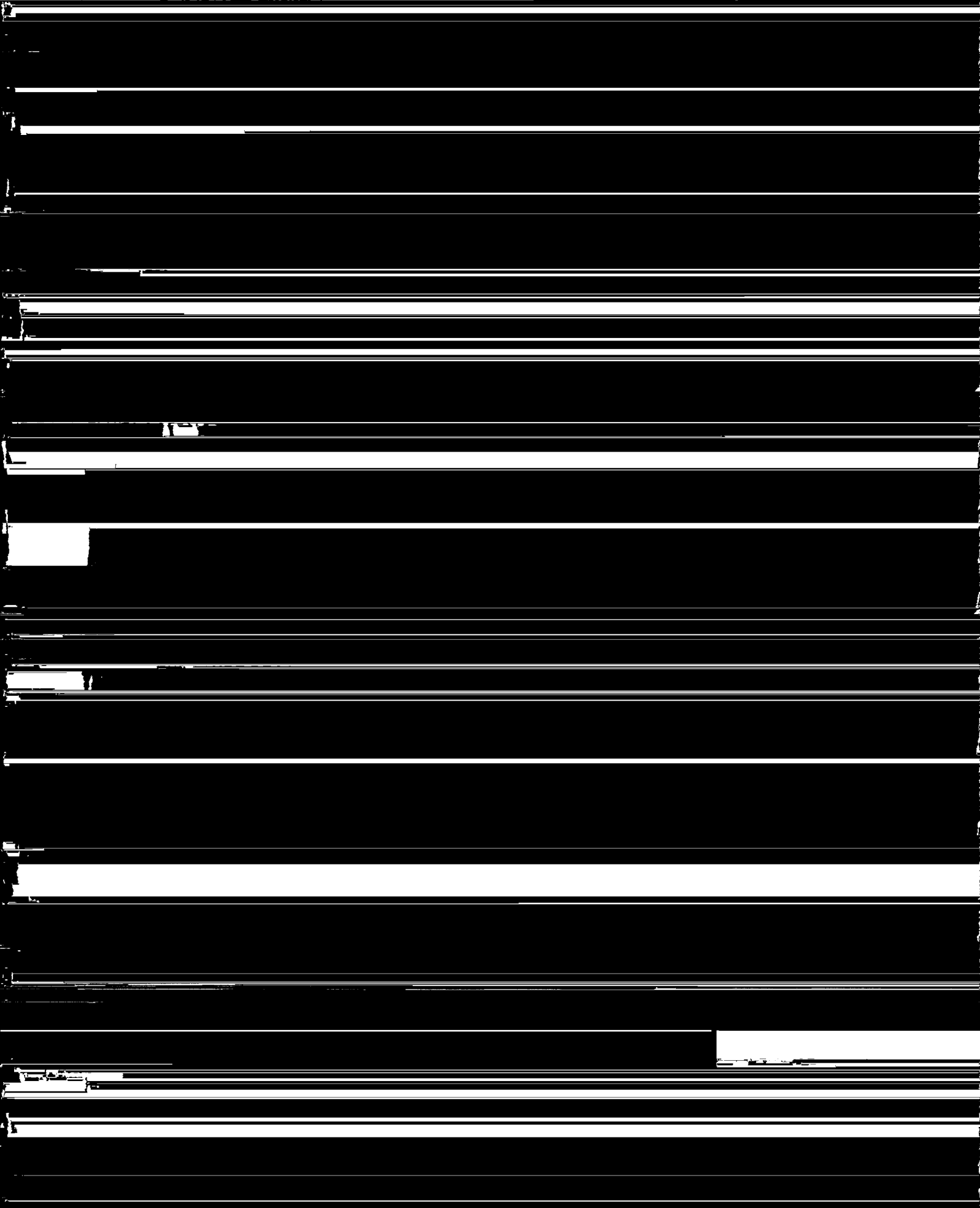


OCCUPATIONAL EXPOSURE TO BLOOD AND BODY FLUIDS  
HCW INFORMATION SHEET



ATTACHMENT B

 BAPTIST  
UNIVERSITY





**BLOOD AND BODY FLUID  
EXPOSURE RECORD**

MM / DD / YY

PATIENT LABEL

Summary of CDC Recommendations for HIV Postexposure Prophylaxis (PEP)

**ATTACHMENT C**  
**BLOOD/BODY FLUID EXPOSURE PROTOCOL**  
**Management of Occupational Blood Exposures**

- 1. Provide immediate care to the exposure site.**
  - Wash wounds and skin with soap and water.
  - Flush mucous membranes with water.
  
- 2. Determine risk associated with exposure by**
  - Type of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus) and
  - Type of exposure (i.e., percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure)

- If initial anti-HCV testing is negative, perform HCV RNA at 3 weeks after exposure. If positive, refer for HCV treatment. If negative, no further testing is necessary.

**9. HIV exposures**

- Perform HIV-antibody testing for at least 6 months post exposure (e.g., at baseline, 6 weeks, 3 months, and 6 months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.

ATTACHMENT D

