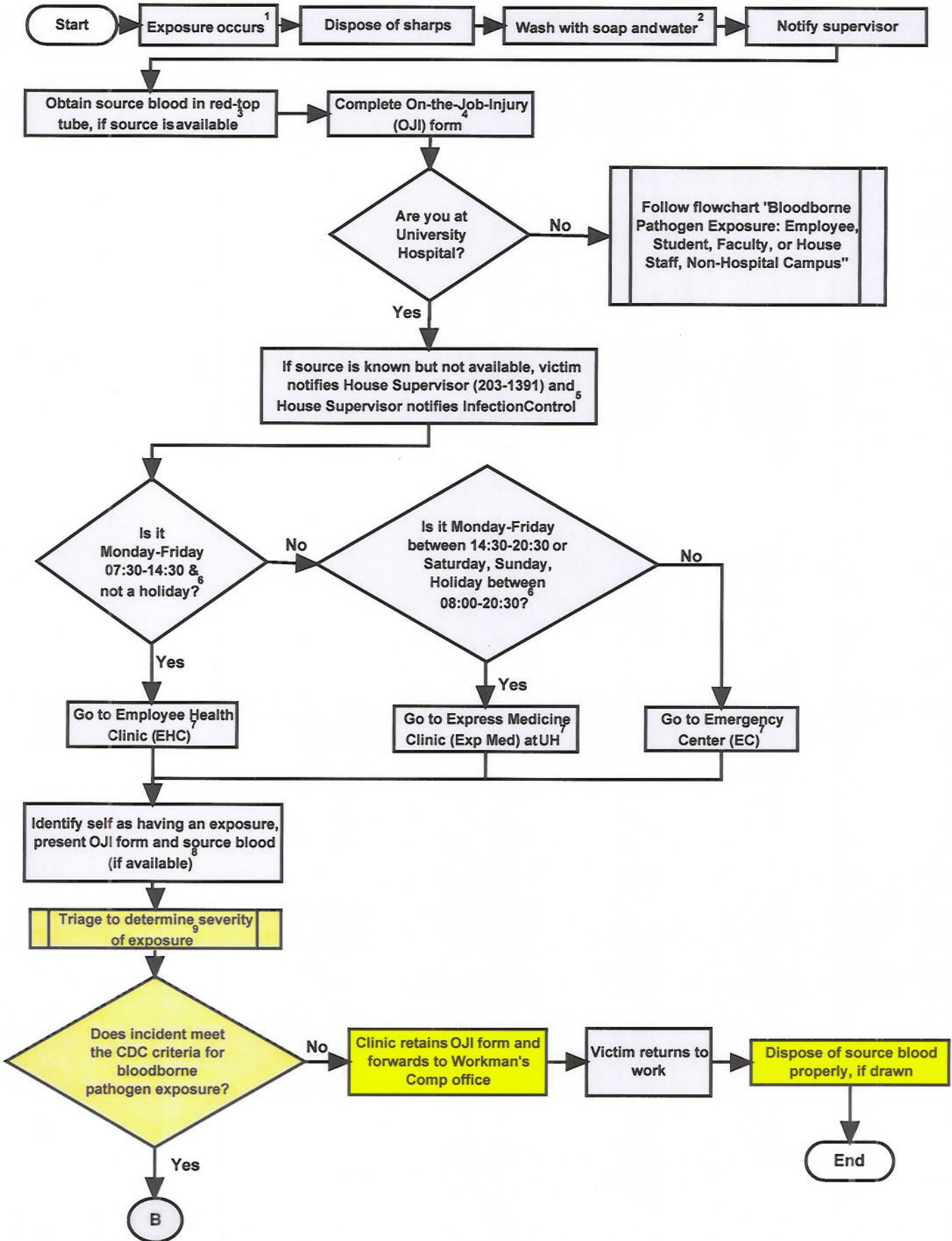
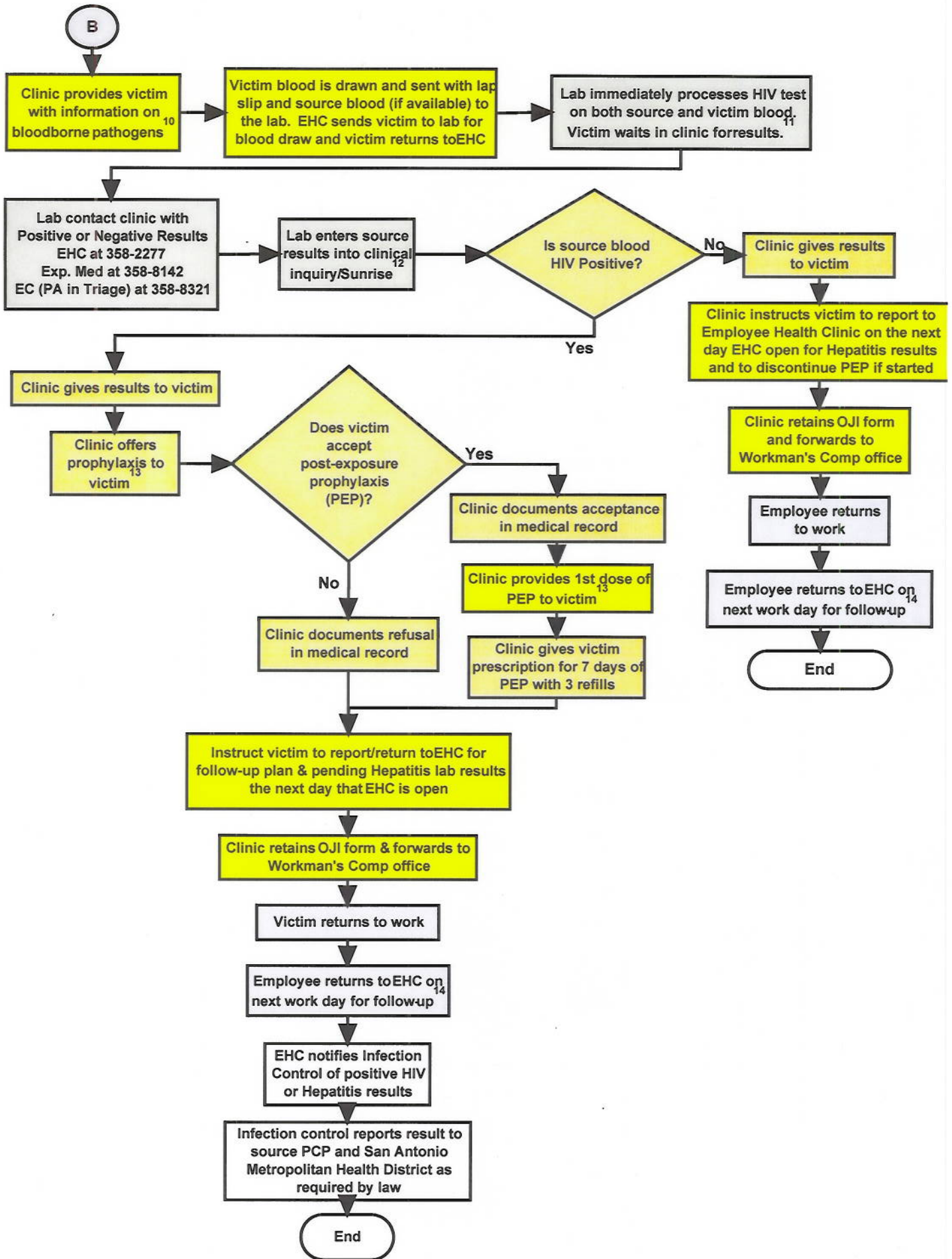


Appendix 2
Hospital Campus: Employee, Faculty, Housestaff, Volunteers, Students





Hospital Campus: Employee, Faculty, House Staff, Volunteers, Students

Legend for Algorithm

1. Exposure: A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
2. Soap and water must be used in this instance; hand sanitizer is not adequate. When an eye or mucous membrane is exposed, pre-prepared eye wash, a liter of normal saline, or a liter of sterile water should be used to cleanse the eye/mucous membrane. Contact lenses should not be removed prior to rinsing the eye.
3.
 - a. Special consent is NOT required to draw blood for or to perform testing on source or victim blood if testing is done in accordance with this policy. A physician order is not required however the source's physician should be notified that the blood is being drawn and the reason.
 - b. **The source and victim blood specimens are submitted together using the SAME form: BCHD #908 NS Rev. 8/08.** Source blood should NOT be submitted via electronic means due to billing considerations. The form must be completed in its entirety to ensure timely follow up of results.
 - c. The source blood can be sent to the lab without the victim's blood if the victim will be delayed in reporting for treatment (e.g. in the middle of an operative procedure) or the victim refuses to have his/her blood tested. In these circumstances, a note should be made on the BHCD #908 regarding the reason the victim's blood is not with the packet. The victim's blood should be forwarded as soon as possible with a different BCHD #908.
4. Employee Accident/Injury/Exposure Form, BHCD#502 NS Rev. 7/01. This form must be completed in its entirety. If the supervisor is not available to sign, the employee should PRINT the full name of the supervisor in the appropriate block and must ensure that the supervisor receives a copy of the form. Obtaining a signature on the form should not delay treatment for the victim. The form must be carried by the employee to the appropriate treatment area (Employee Health, Express Med or Emergency Center).
5. House supervisor will send infection control an email (PHI, high priority, confidential) regarding the exposure so that infection control can contact the source as soon as practicable on the next duty day. The email note will give the victim name (last and first), SSN and MRN (if available) and a short synopsis of the situation. If the source is known, the full name of the source, MRN AND the birth date (if known) should be provided. Since there are many duplicate names in San Antonio, if the birth date is not known, the day the source was at the University Health System and the place(s) he/she were seen should be included. Care should be given to accurately spelling the full names of sources. Infection Control personnel will contact the source and coordinate having blood drawn from the source if he/she agrees to the blood draw.

The email should be sent to the Director, Infection Control. If it is a duty day, a telephone call should precede the email notice so that the source can be contacted as quickly as possible.

6. Because of the recommendation to provide post-exposure prophylaxis (PEP) as soon as possible after an exposure, the target for reporting to the appropriate clinic for post-exposure care is one hour. However, if the employee cannot get to a clinic within an hour, he/she should report as soon as possible.
7. Employee Health Clinic is the designated location for care of and follow up for a bloodborne pathogen exposure. When Employee Health is not open, the employee will proceed to Express Med. The Emergency Center will be used when both Employee Health Clinic and Express Med are closed.
8. The victim should identify himself/herself as having a sharps injury to ensure immediate care.
9. See appendices 7 and 8.
10. The Department of Health and Human Services (Centers for Disease Control and Prevention) "Exposure to Blood: What Healthcare Personnel Need to Know" is the recommended source for information on bloodborne pathogen exposures. This pamphlet is available through University Health System publications.
11. Initial positive screen will be followed by a confirmatory test within 7 days. If the source is not available for a blood draw and the patient's serum is still retained in the laboratory, the lab can run the tests if there is adequate quantities of serum.
12. Due to employee health regulations, University Health System employee victim blood results will not be posted on clinical inquiry.
13. Consent is NOT required for administration of PEP. If the employee refuses PEP, appropriate documentation should be made in the medical record.
14. Employee Health Clinic is responsible for follow up testing, etc. of victim's whose source blood is positive for any bloodborne pathogen. See Appendix 10, Management of Occupational Blood Exposures.