

# Written Protocol for the Management of Injuries

Exposure Incidents, as defined by Cal/OSHA, are specific incidents involving occupational contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, mucous membranes, non-intact skin, or parenteral under the skin (such as a needlestick or cut) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action in the form of a post-exposure follow-up must be taken to assure compliance with the Cal/OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee for health and safety. Post Exposure treatment protocol should be established before exposure incidents happen and all employees should be trained at least annually.

1. Provide immediate care to the employee's exposure site.

Wash affected area with anti-microbial soap and water

Flush mucous membranes with water

If exposure incident involves chemicals or chemical waste, consult MSDS for medical procedures

Employee must report incident immediately to supervisor/employer

Do not continue to use contaminated instrument on patient.

2. Determine employee's risk associated with exposure □ Type of fluid or chemical (e.g., blood, visible body fluid, OPIM such as infectious fluid or tissue

Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposures, or human bites resulting in exposure)

3. Evaluate exposure source

Assess the risk of infection using information available (health history of patient)

Ask source patient infectious status, if known

Ask source patient to consent to testing

4. The exposed employee is referred to within hours to a health care provider for follow-up evaluation. Physician shall follow recommendation of U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.

Note "within hours" because certain interventions that may be indicated must be initiated promptly to be effective.

The exposed employee may refuse any medical evaluation, testing, or follow-up recommendations. Refusal of treatment should be documented and saved in employee's medical file for 30 years plus length of employment.

5. Employee should bring all of the following documentation to the health provider:

A copy of the Bloodborne Pathogen Standard – Title 8, Section 5193

Confidential Medical Evaluation Form which describes the duties and exposure when exposure occurred.

Documentation of the route(s) of exposure and circumstances under which exposure occurred

All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source patient status for HBV, HCV, HIV, if known

Name, address and policy number of employer's workman's compensation insurance

6. Post Exposure Treatment performed by Healthcare Provider (HCP)

Healthcare Provider evaluates exposure incident

Arranges for blood testing of employee and source individual is known

Notifies employees of results of all testing

Provides counseling and post-exposure prophylaxis

Evaluates and reports illnesses

HCP submits written opinion to employer: o Documentation that employee was informed of evaluation results and the need for follow-up testing. Whether HBV vaccine is indicated and if vaccine was received.

7. Employer responsibilities

Receives HCP's written opinion and report

Provides a copy of HCP written report to employee (within 15 days of completed evaluation). Documents exposure incident:

Employee Accident/Body Fluid Exposure and Follow-Up Form and Employee Medical Report Form Sharps Injury Log – if exposure incident involved a contaminated sharp, within 14 days of exposure. Sharps Injury Log maintained for 5 years. All results of blood tests of employee and source individual are treated as *confidential!!*