Employee Exposure to Blood and Body Fluids Checklist

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Information for Exposure to Blood and Body Fluids

Introduction:

The following information is provided to those individuals who have been exposed to blood and body fluids. It is meant to provide you with information about the risks of exposure and the steps that can be taken to prevent or minimize these risks. Please contact your healthcare provider with any questions you may have after reading this important information. There are three infectious agents that are of concern when a person has been exposed to blood or another potentially infectious body fluid. All three agents are viruses. They are: Human Immunodeficiency Virus (HIV), Hepatitis B virus and Hepatitis C virus.

Management of Exposures:

When an exposure to a blood borne pathogen has occurred, the exposed individual should report incident to immediate supervisor or nursing supervisor within one hour of incidence occurring. Any exposed area should be flushed with water and first aid treatment provided as required. Immediate assessment should include baseline laboratory testing of the exposed individual. Also, if the source is known, testing for blood borne pathogens can be requested.

The exposed individual should be evaluated for appropriate post exposure prophylaxis. Also, the status of Hepatitis B immunization can be determined and, if necessary, Hepatitis B Immune Globulin given. If appropriate, the exposed individual may need to start the Hepatitis B vaccine series, or receive a booster injection. If the exposure involved a puncture wound or laceration, immunity to tetanus should also be determined. A tetanus booster is given if needed. Once the initial evaluation is completed, the employee is responsible for follow-up treatment at Employee Health and Wellness.

Definitions:

Blood borne pathogen: An infectious agent that can cause disease when a susceptible individual receives an exposure to blood and other body fluids containing pathogen. Other potentially infectious body fluids can be potential sources for exposure to blood borne pathogens. These fluids include semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Also, certain body tissues may be sources for infection. Unless contaminated with blood or other potentially infectious fluids, urine, saliva, tears, sputum, vomitus, sweat, nasal secretions, and feces are not generally considered to be sources of blood borne pathogens.

Information for Exposure to Blood and Body Fluids

Exposure: Occurs when an individual comes into contact with blood or body fluids that contain blood borne pathogens. Exposures may occur through a break in the skin such as a needle stick or laceration, or when mucous membranes have come in contact with blood and other infectious materials.

Source Individual: The person from whom the blood or other body fluid originated.

Unknown source: Occurs when it is not known whose blood or body fluid caused the exposure.

Post Exposure Prophylaxis (PEP): The use of antiviral medications after a potential exposure to HIV has occurred in order to decrease the risk of HIV infection in the exposed person. PEP may also be provided for Hepatitis B exposure in the form of vaccination or use of Hepatitis B Immune Globulin.

Baseline Laboratory Testing: Testing done to determine if current infection or immunity to blood borne pathogens in the exposed individual exists.

Follow-up Laboratory Testing: Depending on the circumstances of the exposure and the immune status of the exposed person, certain follow-up laboratory tests are required.

BLOODBORNE PATHOGEN EXPOSURE, EVALUATION AND TREATMENT PROTOCOL

DEPARTMENT: INFECTION PREVENTION	EFFECTIVE DATE: 6/01/1996

Purpose:

To provide a system for prompt reporting, evaluation, counselling, treatment, and follow up of exposures that might place an individual at risk for acquiring a blood borne pathogen infection.

Policy Statement:

All incidents involving actual or potential exposures to blood and body fluids should be reported immediately.

Procedures:

1. When the exposure occurred to the eyes, flush immediately with normal saline or eyewash. If mucous membrane exposure, flush area with water.
2. If the exposure involves an employee, their immediate supervisor and shift coordinator should be notified. The Blood borne pathogen exposure packet should be printed and completed. Orders for testing of source patient as well as the exposed employee should be obtained sent to lab.
3. Employee will report to Employee Health and Wellness during regular business hours or to Laboratory Medicine at all other times with the completed exposure packet.
4. Laboratory Medicine will draw appropriate labs on employee and report results to Employee Health and Wellness during regular business hours and the In House Supervisor (Ascom #1012) after hours.
5. The employee should make a decision for prophylactic therapy based on review of material in exposure packet and education provided by the Employee Health and Wellness during regular business hours and the In House Supervisor (Ascom #1012) after hours.
6. If the exposure involves a non-employee (visitor, student, volunteer) an incident report should be completed and the individual sent to the Emergency Room. Note the patient account number for a known source of exposure.

PROCEDURE FOR EXPOSED INDIVIDUAL:

1. Order baseline HIV, HBAB, HCAB and CMP (after informed consent) on the exposed individual.

2. During regular business hours, Employee Health and Wellness reviews the Preferred Antiretroviral Medication 28-day Regimens for PEP (appendix A) with the individual. The exposed individual will read and sign consent forms indicating their desire to choose or deny post exposure medications. After hours, the Emergency Room Physician will educate and prescribe post exposure medication, if indicated.
3. Tetanus immunization is offered if the individual has not received an initial or booster immunization within ten (10) years. For contaminated wounds, a booster may be given if over five (5) years since last immunization or booster. Recommended booster dose is Td 0.5cc intramuscular.
4. Results of the exposed individuals' lab tests are forwarded to the Employee Health and Wellness Licensed Prescriber.
5. The exposed employee should take the completed Blood borne pathogen exposure packet to Employee Health and Wellness. If exposure occurs after hours, the exposed employee should take the completed Blood borne pathogen exposure packet to Employee Health and Wellness on next business day. For non-employees, the occurrence report should be completed and forwarded to the Quality Management Department.

PROCEDURE FOR THE SOURCE PATIENT:

1. Order Hepatitis B surface antigen, Hepatitis C antibody and HIV needle stick quick test of known sources. Information from the source patient or medical record may be helpful in the assessment to confirm or exclude blood borne virus infection.

Scope:

System-wide

References:

CDC, APIC

Southeast HEALTH

Exposed Employee Consent Form to Test for Antibodies to the Human Immunodeficiency Virus (HIV)

I, _____, have been advised to have a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), the organism that causes Acquired Immunodeficiency Syndrome (AIDS). The procedure involves the withdrawal by needle of a small amount of blood for laboratory testing.

This laboratory test detects antibodies to the virus that causes AIDS. These antibodies are substances produced by the body in response to the infection by the AIDS virus. It is possible to be infected with the AIDS virus and have a negative test. It is also possible to have a positive test, but not be infected by the AIDS virus. This test is important to my health care and to insure that the appropriate evaluation can be undertaken and adequate precautions taken to prevent transmission of the virus to others.

If my test results are positive, it will be necessary to take infectious disease precautions and more detailed information will be provided. If I refuse permission for this test, my health care, including diagnosis and treatment, may be adversely affected.

If I agree to have the test done, the results of the test will be recorded in my health record and persons involved in my health care will have access to that information.

The performance and results of the HIV antibody test are considered confidential. The test results in my health record shall not be released without my written permission, except to the individuals and organizations that have been given access by law who also are required to keep my health information confidential. These include: a) myself; b) my physician(s) and agents and employees thereof; c) health care facility staff who provide my health care or handle specimens of my body fluids or tissues; d) funeral director or other persons who would prepare my body or other disposition if I should die; e) health care facility staff members, agencies that license and accredit the health care facility, and health care services review organizations for the purpose of conducting program monitoring and evaluation of health care services; f) court of record under lawful order; g) authorized researcher(s) affiliated with the health care facility; and h) pre-hospital health care providers.

If I do not consent to the HIV antibody test, I agree to assume all risks that may result from my refusal to consent. I also agree not to hold any Southeast Health personnel responsible for any adverse results that may arise from my refusal to consent to the HIV antibody test.·

I do --do not (please circle one) consent to the performance of the HIV antibody test.

Signature:_____
Date:_____

Witness:_____
Date:_____

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Place bottom edge of patient label here

BLOODBORNE PATHOGEN EXPOSURE
ORDERS FOR SOURCE
(Ordering Licensed Prescriber should check requested items)

Licensed Prescriber Orders
Only the boxes checked apply.

Date:
Time:
Allergies: □ none □
other_____
Admission Type: □ Inpatient □ Outpatient □ Observation □ Outpatient in Bed

Diagnosis:

Labs ordered:
□ 1. Hepatitis B Surface Antigen
□ 2. Hepatitis C Antibody
□ 3. HIV STAT
□ 4. Results to Employee Health and Wellness

BLOODBORNE PATHOGEN EXPOSURE
ORDERS FOR EMPLOYEE

Employee Name: _____ ID# _____

Mlab Reference number assigned: _____

Completed by: _____ Date: _____

Labs Ordered:
□ 1. HIV
□ 2. HBAB
□ 3. HCAB
□ 4. CMP

Lab front office personnel order source and exposed employee test. Give specimens and form to technical staff. Technical staff perform test. Once completed, place form in Outpatient Box at Front Desk.

_____
Licensed Prescriber Signature

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Counseling for Post Exposure Management of Blood-Borne Pathogens

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BOTTOM OF FORM

Statistics show low risk of transmission of human immunodeficiency virus {HIV):

Average risk of HIV transmission from a percutaneous Injury from an HIV infected positive source is estimated to 0.3%. Put another way, there is a 99.7% chance the exposed person will not become HIV infected.

Risk of HIV Infection is 0.1% for skin or mucous membrane exposures.

Timely Post exposure Prophylaxis {PEP) administration further reduces the risk of HIV Infection by 79%.

HIV exposed Individuals should use the following measures to prevent secondary transmission during the follow-up period, especially during the first 6-12 weeks after the exposure when most HIV Infected persons are expected to seroconvert:

1. Use sexual abstinence or condoms to prevent sexual transmission and to avoid pregnancy.
2. Defer pregnancy for at least six months. If you are pregnant or think you may be pregnant, immediately notify the treating health care provider.
3. If you are breast-feeding, you should consider discontinuing breast feeding, especially following high-risk exposures. HIV transmission through breast milk is possible. If you choose to receive HIV Post exposure Prophylaxis {PEP), temporary discontinuation of breast-feeding while taking PEP should be considered to avoid exposing your infant to these agents.
4. Refrain from donating blood, plasma, organs, tissue or semen.
5. Following an exposure, you should seek medical evaluation for any acute Illness that occurs during the follow-up period.
6. If you choose to take PEP, It Is important that you complete the prescribed regimen. You must also follow-up for clinical monitoring as recommended by your health care provider.
7. If side effects develop, you should notify your physician before medication is discontinued.
8. You will need to follow-up with your health care provider during the six-month post-exposure period for repeat laboratory testing.

I have read the above Information and have been given the opportunity to discuss it or any other concerns I have regarding my blood-borne pathogen exposure with my health care provider.

Printed Name: _____ Date:_____

Signature: _____

Health Care Provider
Printed Name: _____ Data:._____

Signature:_____

Southeast HEALTH

Preferred Antiretroviral Medication 28-day Regimens for PEP

Age group	Medication
Adults and adolescents aged ≥13 years, including pregnant women, with normal renal function **(creatinine clearance ≥60 mL/min)**	A 3-drug regimen consisting of: • Viread (tenofovir DF) 300mg once daily • Emtriva (emtricitabine) 200mg once daily • Isentress (raltegravir) 400mg twice daily
Adults and adolescents aged ≥13 years, including pregnant women, with renal dysfunction **(creatinine clearance ≤59 mL/min)**	A 3-drug regimen consisting of: • Retrovir (zidovudine) and Epivir (lamivudine), with both doses adjusted to degree of renal function* • Isentress (raltegravir) 400mg twice daily
Renal Adjustment*	
Retrovir (zidovudine)	• Clcr ≥15 mL/min – 300mg twice daily • Clcr <15mL/min – 300mg once daily
Epivir (lamivudine)	Adults and adolescents weighing ≥25kg when treating HIV: • Clcr ≥50 mL/min – 300mg once daily • CrCl 30 to 49 mL/minute: 150 mg PO once daily. • CrCl 15 to 29 mL/minute: 150 mg PO first dose, then 100 mg PO once daily. • CrCl 5 to 14 mL/minute: 150 mg PO first dose, then 50 mg PO once daily. • CrCl less than 5 mL/minute: 50 mg PO first dose, then 25 mg PO once daily

PEP Education:

Viread (Tenofovir disoproxil fumarate) 300mg once daily

What is this medicine?

TENOFOVIR (te NOE fo veer) is an antiretroviral medicine. It is used with other medicines to treat hepatitis B virus and HIV. This medicine is not a cure for hepatitis B or HIV. This medicine can lower, but not fully prevent, the risk of spreading hepatitis B or HIV to others.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- bone problems
- drink alcohol-containing drinks
- kidney disease
- liver disease
- an unusual or allergic reaction to tenofovir, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. You may take this medicine with or without food. Take your medicine at regular intervals. Do not take your medicine more often than directed. For your treatment to work as well as possible, take each dose exactly as prescribed. Do not skip doses or stop your medicine even if you feel better. Skipping doses may make the HIV virus resistant to this medicine and other medicines. Do not stop taking except on your doctor's advice.

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be prescribed for children as young as 2 years for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.
NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?
If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?
Do not take this medicine with any of the following medications:

- adefovir
- certain antiviral medicines for HIV or AIDS like emtricitabine; tenofovir or emtricitabine; rilpivirine; tenofovir or efavirenz; emtricitabine; tenofovir or cobicistat; elvitegravir; emtricitabine; tenofovir

This medicine may also interact with the following medications:

- atazanavir
- didanosine, ddI
- ledipasvir; sofosbuvir
- lopinavir; ritonavir
- medicines for viral infections like cidofovir, acyclovir, valacyclovir, ganciclovir, valganciclovir
- saquinavir

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What side effects may I notice from receiving this medicine?
Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips or tongue
- bone pain
- breathing problems
- dizziness
- fast, irregular heartbeat
- muscle pain
- nausea, vomiting, unusual upset stomach or stomach pain
- signs and symptoms of kidney injury like trouble passing urine or change in the amount of urine
- signs and symptoms of liver injury like dark yellow or brown urine; general ill feeling or flu-like symptoms; light-colored stools; loss of appetite; nausea; right upper belly pain; unusually weak or tired; yellowing of the eyes or skin
- signs of infection - fever or chills, cough, sore throat, pain or trouble passing urine

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- cough
- headache
- tiredness

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I watch for while using this medicine?

Visit your doctor or health care professional for regular check ups. Discuss any new symptoms with your doctor. You will need to have important blood work done while on this medicine.

Hepatitis B and HIV are spread to others through sexual or blood contact. Talk to your doctor about how to stop the spread of hepatitis B and HIV.

If you have hepatitis B, talk to your doctor if you plan to stop this medicine. The symptoms of hepatitis B may get worse if you stop this medicine.

Using this medicine for a long time may increase your risk of low bone mass. Talk to your doctor about bone health.

Where should I keep my medicine?
Keep out of the reach of children.

Store at room temperature between 15 to 30 degrees C (59 to 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE:This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

[Last revised: 11/08/2018]

Emtriva (emtricitabine) – 200mg once daily

What is this medicine?
EMTRICITABINE (em tri SIT uh bean) is an antiretroviral medicine. It is used with other medicines to treat HIV. This medicine is not a cure for HIV. This medicine can lower, but not fully prevent, the risk of spreading HIV to others.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?
They need to know if you have any of these conditions:

- drink alcohol-containing drinks
- kidney disease
- liver disease

- an unusual or allergic reaction to emtricitabine, other medications, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. You can take it with or without food. If it upsets your stomach, take it with food. Take your medicine at regular intervals. Do not take your medicine more often than directed. For your anti-HIV therapy to work as well as possible, take each dose exactly as prescribed. Do not skip doses or stop your medicine even if you feel better. Skipping doses may make the HIV virus resistant to this medicine and other medicines. Do not stop taking except on your doctor's advice.

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be prescribed for children as young as 3 months old for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.
NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Do not take this medication with any of the following medications:

- any medicine that contains emtricitabine
- any medicine that contains lamivudine

This list may not describe all possible interactions. Give your health care provider a list of all

the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- breathing problems
- changes in vision
- dizziness
- fast, irregular heart beat
- muscle pain
- nausea, vomiting, unusual upset stomach or stomach pain
- signs and symptoms of liver injury like dark yellow or brown urine; general ill feeling or flu-like symptoms; light-colored stools; loss of appetite; nausea; right upper belly pain; unusually weak or tired; yellowing of the eyes or skin
- signs of infection - fever or chills, cough, sore throat, pain or trouble passing urine

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- abnormal dreams
- cough
- diarrhea
- headache
- skin discoloration
- weight gain around waist, back, or thinning of face, arms, legs

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I watch for while using this medicine?

Visit your doctor or health care professional for regular check ups. Discuss any new symptoms with your doctor. You will need to have important blood work done while on this medicine.

HIV is spread to others through sexual or blood contact. Talk to your doctor about how to stop the spread of HIV.

If you have hepatitis B, talk to your doctor if you plan to stop this medicine. The symptoms of hepatitis B may get worse if you stop this medicine.

Where should I keep my medicine?
Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE:This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

[Last revised: 11/08/2018]

Isentress (raltegravir) tablets – 400mg twice daily

What is this medicine?
RALTEGRAVIR (ral TEG ra veer) is an antiretroviral medicine. It is used with other medicines to treat HIV. This medicine is not a cure for HIV. This medicine can lower, but not fully prevent, the risk of spreading HIV to others.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- liver disease
- suicidal thoughts, plans, or attempt; a previous suicide attempt by you or a family member
- an unusual or allergic reaction to raltegravir, other medicines, lactose, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. You can take it with or without food. Do not cut, crush, or chew this medicine. Take your medicine at regular intervals. Do not take your medicine more often than directed. For your anti-HIV therapy to work as well as possible, take each dose exactly as prescribed. Do not skip doses or stop your medicine even if you feel better. Skipping doses may make the HIV virus resistant to this medicine and other medicines. Do not stop taking except on your doctor's advice.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.
NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

- carbamazepine
- certain antacids
- etravirine
- phenobarbital

- phenytoin
- rifampin
- tipranavir

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- breathing problems
- feeling anxious, depressed, or paranoid
- fever or chills, sore throat
- muscle pain or weakness
- redness, blistering, peeling or loosening of the skin, including inside the mouth
- suicidal thoughts or other mood changes
- trouble passing urine or change in the amount of urine
- unusual bleeding or bruising
- unusually weak or tired
- weight gain around waist, back, or thinning of face, arms, legs

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- diarrhea
- dizziness
- headache
- nausea, vomiting
- stomach pain
- trouble sleeping

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I watch for while using this medicine?

Visit your doctor or health care professional for regular check ups. Discuss any new symptoms with your doctor. You will need to have important blood work done while on this medicine.

HIV is spread to others through sexual or blood contact. Talk to your doctor about how to stop the spread of HIV.

Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Throw away any unused medicine after the expiration date.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

[Last revised: 11/08/2018]

Southeast HEALTH

FORWARD TO EMPLOYEE HEALTH UPON COMPLETION

Needlestick & Sharp Object Injury Report

bottom edge of patient label

Employee Name: _____ Employee Number: _____

1) Date of Injury: ____/____/____ 2) Time of Injury: _____

3) Dept where Incident Occurred: _____ 4) Home Dept: _____

5) What is the Job Category of the Injured Worker:

- o Doctor *(attending/staff)*; specify specialty _____
- o PCA
- o Nurse: specify
  - o RN
  - o LPN
  - o NP
  - o CRNA
  - o Midwife
- o Nursing student
- o Respiratory Therapist
- o Surgery Attendant
- o Other, describe: _____
- o Phlebotomist/Venipuncture/IV Team

Was the Injury?

- o Superficial *(little or no bleeding)*
- o Moderate *(skin punctured, some bleeding)*
- o Severe *(deep stick/cut, or profuse bleeding)*

If Injury was to the hand, did the Sharp item Penetrate?

- o Single pair of gloves
- o Double pair of gloves
- o No gloves

Dominant Hand of the Injured Worker:

- o Right-handed
- o Left-handed

6) Where Did the Injury Occur? (check one box only)

- o Patient Room
- o Outside Patient Room *(hallway, nurses station, etc.)*
- o Emergency Department
- o Intensive/Critical Care unit: specify type: _____
- o Operating Room/Recovery
- o Outpatient Clinic/Office
- o Other, describe: _____

Was the Source Patient Identifiable? (check one box only)

- o Yes o No o Unknown

Was the Injured Worker the Original User of the Sharp Item?

- o Yes o No o Unknown

What Type of Device Caused the Injury:

- o Needle-Hollow Bore o Surgical o Glass

Describe the Circumstances Leading to this Injury (please note if a device malfunction was involved):

_____

_____

7) The Sharp Item was: (check one box only)

- o Contaminated (known exposure to patient or contaminated equipment) was there blood on the device? o Yes o No
- o Uncontaminated (no known exposure to patient or contaminated equipment)
- o Unknown

8) For What Purpose was the Sharp Item Originally Used? (check one box only)

- o Unknown/Not Applicable
- o Injection, Intra-muscular/Subcutaneous, or Other Injection through the Skin *(syringe)*
- o Herapin or Saline Flush *(syringe)*
- o Other Injection into *(or aspiration from)* IV injection site or IV Port *(syringe)*
- o To Connect IV line *(intermittent IV/piggyback/IV infusion/other IV line connection)*
- o To Start IV or Set up Heparin Lock *(IV catheter or winged set-type needle)*
- o To Draw Venous Blood Sample
- o To Draw Arterial Blood Sample — If used to draw blood was it? o Direct stick? o Draw from a Line?
- o To Place an Arterial/Central Line
- o To Obtain a Body Fluid or Tissue Sample *(urine/CSF/amniotic fluid/other fluid, biopsy)*
- o Finger stick/Heel Stick
- o Suturing
- o Cutting
- o Electrocautery
- o To Contain a Specimen or Pharmaceutical (glass item)
- o Other, describe: _____

9) Did the Injury Occur (check one box):

- o Before Use of Item *(item broke/slipped, assembling device, etc.)*
- o During Use of Item *(item slipped, patient jarred item, etc.)*
- o Restraining patient
- o Between Steps of a Multi-step Procedure *(between incremental injections, passing instruments, etc.)*
- o Disassembling Device or Equipment
- o In Preparation for Reuse of Reusable Instrument *(sorting, disinfecting, sterilizing, etc.)*
- o While Recapping Used Needle
- o Withdrawing a Needle from Rubber or Other Resistant Material *(rubber stopper, IV port, etc.)*
- o Device Left on Floor, Table, Bed or Other Inappropriate Place
- o Other After Use-Before Disposal *(in transit to trash, cleaning, sorting, etc.)*
- o From Item Left On or Near Disposal Container
- o While putting Item into Disposal Container
- o After Disposal, Stuck by Item Protruding from Opening of Disposal Container
- o Item Pierced Side of Disposal Container
- o After Disposal; Item Protruded from Trash Bag or Inappropriate Waste Container
- o Other: Describe: _____

Needlestick & Sharp Object Injury Report

Employee Name: _____ Employee Number: _____

Brand/Manufacture of Product: (e.g. ABC Medical Company) _____

Model: _____ bottom edge of patient label _____

Please Specify: _____ o Unknown

Which Device Caused the Injury? (check one box from one of the three sections only)

Needles *(for suture needles see "surgical instruments)*

- o Disposable Syringe
  - o Insulin
  - o Tuberculin
  - o 24/25-gauge needle
  - o 23-gauge needle
  - o 22-gauge needle
  - o 21-gauge needle
  - o 20-gauge needle
  - o Other: _____
- o Pre-filled cartridge syringe *(includes Tubex™, Carpuject™ type syringe)*
- o Blood gas syringe (ABG)
- o Needle on IV line *(includes piggyback & IV line connectors)*
- o Winged steel needle *(includes winged-set type devices)*
- o IV catheter stylet
- o Vacuum tube blood collection holder/needle *(includes Vacutainer™ - type device)*
- o Spinal or Epidural Needle
- o Unattached hypodermic needle
- o Arterial catheter introducer needle
- o Central line catheter needle *(cardiac, etc.)*
- o Other vascular catheter needle *(cardiac, etc.)*
- o Other non-vascular catheter needle *(ophthalmology, etc.)*

Other needle, please describe: _____

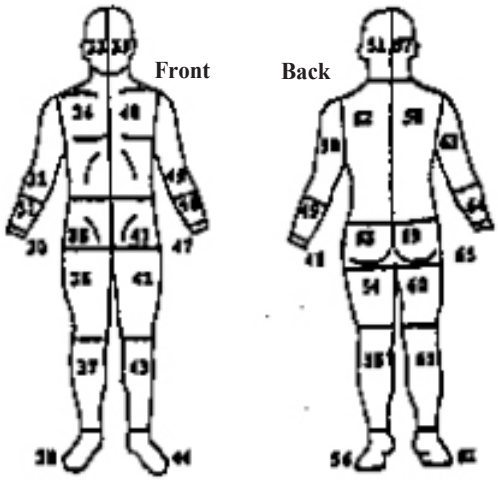
Surgical Instrument or Other Sharp Items

- o Lancet *(finger or heel stick)*
- o Suture needle
- o Scalpel, reusable
- o Razor
- o Pipette *(plastic)*
- o Scissors
- o Electro-cautery device
- o Staples/Steel sutures
- o Pickups/Forceps/Hemostas/Clamps
- o Other sharp item: Describe: _____
- o Microtome blade
- o Trocar
- o Vacuum tube *(plastic)*
- o Specimen/Test tube *(plastic)*
- o Fingernails/Teeth
- o Scalpel, disposable
- o Retractors, skin/bone hooks
- o Pin *(fixation, guide pin)*

Glass

- o Medication ampute/vial
- o Medication/IV bottle
- o Other glass item: Describe: _____
- o Pipette *(glass)*
- o Specimen/Test Tube

Mark the Location of the Injury

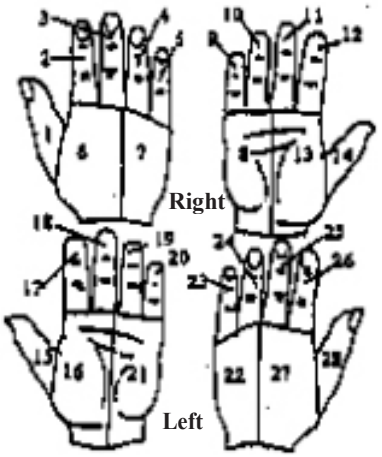


If the Item Causing the Injury was a Needle or Sharp Medical Device, Was it a "Safety Design" with a Shielded, Recessed, Retractable, or Blunted Needle or Blade?
o Yes o No o Unknown

Was the Protective Mechanism Activated?
o Yes, fully o No
o Yes, partially o Unknown

Did Exposure Incident Happen?
o Before activation o After activation
o During activation o Unknown

Mark the Location of the Injury



For Injured Healthcare Worker: If the Sharp had no Integral Safety Feature, Do you have an Opinion that such a Feature could have prevented the Injury? o Yes o No o Unknown
Describe: _____

For Injured Healthcare Worker: Do you have an Opinion that any other Engineering Control, Administrative or Work Practice could have prevented the Injury? o Yes o No o Unknown
Describe: _____

Treatment Given: _____

Testing Performed: _____

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Cost:

_____ Lab charges *(Hb, HCV, HIV, other)* Healthcare Worker
_____ Source
_____ Treatment Prophylaxis *(HBIG, Hb vaccine, tetanus, other)* Healthcare Worker
_____ Source
_____ Service Charges *(Emergency Dept, Employee Health, other)*
_____ Other Costs *(Worker's Comp., surgery, other)*
_____ **TOTAL** *(round to nearest dollar)*

Is this Incident OSHA reportable?
o Yes o No
If Yes, Days Away from Work?
Days of Restricted Work Activity?
_____
o Unknown

Does this incident meet the FDA medical device reporting criteria?
(Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 working days of incident.)
o Yes *(If Yes, follow FDA reporting protocol)* o No

Southeast HEALTH

EMPLOYEE'S REPORT OF INJURY

TO BE COMPLETED BY **EMPLOYEE**

- Please **complete entire form** and send all copies **with the injured employee** to the **Employee Health Department.**
- Employees **requiring emergency treatment** after hours should **report to the Emergency Department.**
- All copies of this form shall be collected in the Emergency Department, if treated there, and forwarded to Employee Health.
- Employees who receive treatment in the Emergency Department shall follow up with the Employee Health Department the next business day.

EMPLOYEE NAME	EMP. HOME ADDRESS			
DATE OF BIRTH	SOCIAL SECURITY NO.	SEX ☐ M ☐ F	MARITAL STATUS ☐ Single ☐ Married ☐ Widowed ☐ Divorced	NO. OF DEPENDENTS
EMPLOYEE'S DEPARTMENT	JOB TITLE	HIRE DATE	HOME PHONE NO.	
INCIDENT DATE	INCIDENT TIME ☐ AM ☐ PM	LOCATION OF INCIDENT		
DATE REPORTED	TIME REPORTED	DATE AND HOUR LAST WORKED		

TYPE OF INCIDENT ☐ MUSCLE STRAIN ☐ BLOOD & BODY FLUID EXPOSURE ☐ BRUISE ☐ FALL ☐ OTHER_____
☐ LACERATION ☐ NEEDLESTICK

Where you on the Southeast Health premises at the time of the injury? ☐ YES ☐ NO
Have you ever had any other condition or injury involving this part of your body? ☐ YES ☐ NO
Have you claimed or received settlement for this injury before? ☐ YES ☐ NO

DESCRIBE FULLY WHAT YOU WERE DOING AND HOW THE INJURY OCCURRED. GIVE NATURE AND LOCATION OF INJURY.
Example: Give part of body, right or left, etc. (Use attachments if necessary)

WITNESSES	PHONE	PERSON/PERSONS TO WHOM INJURY WAS REPORTED

I HEREBY STATE THIS INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand that a drug/alcohol screen/test will be performed following all work-related injuries. If I refuse to be tested, I understand that Workers Compensation benefits may be denied, and that I may receive disciplinary action (including dismissal) for such refusal.

EMPLOYEE SIGNATURE: DATE:

ACCIDENT INVESTIGATION SECTION (To be completed by Manager or Supervisor)

From your investigation, what caused the accident? Describe in detail what happened. Example: Object/Equipment/Substance (Use attachments, if necessary)

Corrective Action: What action has or will be taken to prevent recurrence? (Use attachments if necessary.)

MANAGER/SUPERVISOR SIGNATURE: DATE:

After Hours/Holiday Employee Exposure Plan

Employee is exposed

↓

Employee notifies house supervisor/nursing supervisor/ shift coordinator
Ascom #1012

↓

Exposed employee prints exposure packet located on Inside Southeast Health

↓

Exposed employee completely fills out packet.

↓

Physician should document the necessity for testing source patient in source patient's record. Source patient should be tested for (HIV) Human Immunodeficiency Virus, Hepatitis B and Hepatitis C virus.

↓

Exposed employee presents to Lab.

↓

See "After Hours Laboratory Medicine Instructions" – for lab personnel

↓

The laboratory performs drug screen on exposed employee.

↓

Lab technical personnel will notify the in House Supervisor (Ascom #1012) of source patient HIV results and the House Supervisor will notify the exposed employee.

↓

If source HIV test is positive, the house supervisor will discuss medication options and education with exposed employee.

↓

Employee will go to Southeast Medicine Shop, if open, or central pharmacy if Southeast Medicine Shop is closed, for prescription to be filled. Initial prescription quantity will be enough until the Employee Health and Wellness next business day or receive two (2) prescriptions from Emergency Department Physician.

↓

Exposed employee reports to Employee Health and Wellness the business day.