

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: OSHA-300.01 Bloodborne Pathogen Post-Exposure Evaluation

EFFECTIVE DATE: September 2014

SECTION: Risk Management

REFERENCE POLICY: OSHA-300 Bloodborne Pathogen Exposure Control Plan

RESPONSIBLE CHIEF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Committee

REVIEWED: 04/16, 04/18, 07/30/2019, 05/10/2021, 03/11/2024, 02/09/2026

I. PURPOSE

The purpose of this procedure is to establish a process at Carolina Family Health Centers, Inc. (CFHC, Inc.) for the evaluation and provision of post-exposure prophylaxis (PEP) for individuals who experience an exposure to blood or body fluids putting them at risk for infection from bloodborne pathogens.

II. PROCEDURE

Employees and contract providers exposed to bloodborne pathogens are required to be evaluated post-exposure. Failure to comply with this procedure can lead to disciplinary action up to and including termination. The Director of Human Resources is notified by the OSHA Safety Coordinator or supervisor as soon as possible, but no later than 12 hours after the exposure.

Step 1: Provide first aid.

Individuals who experience a bloodborne pathogen exposure should first clean the area thoroughly with soap and water. If the exposure is to the face or eyes, the area is splashed with copious amounts of clean water. Eyewash stations are available in each facility.

Step 2: Notify the supervisor and human resources.

The exposed individual reports the exposure to an Occupational Safety and Health Administration (OSHA) Safety Coordinator and/or his or her supervisor. *CFHC, Inc. is NOT responsible for the post-exposure assessment, treatment, and follow-up of a student during his/her clinical rotation.* The student contacts his/her instructor and refers to the school's policy regarding bloodborne exposures. If the instructor cannot be reached or the school does not have a protocol in place, the student is referred to his/her primary care provider or local urgent care.

Step 3: Complete an Incident Report.

CFHC, Inc. requires all individuals to complete an Incident Report to document any injuries, including needle sticks or sharps injuries sustained on its premises. It is the responsibility of the OSHA Safety Coordinator or supervisor to ensure this is completed and that the Director of Human Resources is notified. Refer to *RM-101.01 Incident Reporting*.

Step 4: Contact and evaluate the source individual

When the exposure source's human immunodeficiency virus (HIV) and hepatitis status are unknown, that person's availability for HIV and hepatitis testing is determined. When the source person is available and verbally consents to HIV and hepatitis testing, testing is conducted by one of CFHC, Inc.'s providers at no cost to the patient.

If the exposure source is known to have HIV infection, the patient's health care provider is interviewed to determine the history of antiretroviral use and most recent viral load. That information can help guide the choice of post-exposure medications to avoid prescribing antiretroviral medications to which the source virus is likely to be resistant. Information concerning the source individual's HIV and hepatitis status must be treated as confidential. This obligation extends to any employee, volunteer, contractor, or student to whom the information is disclosed.

Step 5: Complete the *Bloodborne Pathogen Post-Exposure Form*

Exposed Individuals complete the *Bloodborne Pathogen Post-Exposure Form and the Wilson Immediate Care Treatment Authorization form* (see attachment). Included on this form are the exposed individual's name, date of birth; job title; department; date, time, and location of incident; routes of exposure; procedure being performed; instrument being used (including brand and type); type and amount of body fluid involved; a description of the incident; whether or not a safety device was used; other personal protective equipment being used at the time of incidents; and information about the source individual. Once completed, the exposed individual signs the form. This form is then given to the OSHA Safety Coordinator or supervisor for review and signature. A copy of this form is attached to the Incident Report and forwarded to the Director of Human Resources. The original accompanies the employee to urgent care.

Step 6: Evaluation and treatment of the exposed individual

Employees, contractors providers have two hours after the incident to arrive at Wilson Immediate Care for evaluation and treatment. The employee must **clock out**. The employee notifies the urgent care that this is a worker's compensation claim and provides a copy of the *Bloodborne Pathogen Post-Exposure Form and the Wilson Immediate Care Treatment Authorization form*. All information regarding the evaluation, testing, counseling, and treatment of the employee is confidential and remains with urgent care.

WILSON IMMEDIATE CARE
1725 S. Tarboro St.
Wilson, NC
Tele # 252-237-2891
Fax # 252-237-0115

Hours of Operation
Monday-Friday: 7:30 am-8:00 pm
Saturday: 8:00 am-4:00 pm
Sunday: 10:00 am-4:00 pm

For more information on post-exposure prophylaxis, the treating clinician can call the National Clinician's Post-Exposure Prophylaxis Hotline (PEPline) at 1- 888-448-4911 or access www.ucsf.edu/hivcntr or the Hepatitis Hotline at 1-888-443-7232 or website at www.cdc.gov/hepatitis.

III. DEFINITION

An **exposure incident** is defined as a specific occupational incident involving the eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials, including saliva. The most common example of an exposure incident is a needle stick.

Source Individual is any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

IV. ATTACHMENTS

- *Bloodborne Pathogen Post-Exposure Form*
- *Wilson Immediate Care Treatment Authorization Form*