

# Bloodborne Pathogen Exposures Protocol

## First Aid Care of Exposures

- Skin and/or Parenteral Contact – Wash area thoroughly with soap and water
- Eye and/or mucous membranes – Flush thoroughly with water

## Hazardous Body Fluid Exposure (HBFE) “bloodborne pathogen”

- Contact of the eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties.

All **bloodborne pathogen exposures** will need to be reported to the PEP line at the following 24 hour number: **(602) 747-8364**.

- Early reporting is essential and should be done as soon as possible (immediately) after exposure!! Be prepared to report:
  1. **Source information**; name, DOB, MR#, location, diagnosis, risk factors and
  2. **Device information**; type, size, brand, whether safety deployed.
- The triage nurse will talk to you on the phone and determine what needs to happen next. Your information may be forwarded to a provider who will call you to get more information and explain next steps. The triage nurse uses guidelines put in place by the Occupational Health Medical Director and OSHA. You can feel confident that your case will be handled correctly.
- Someone at the hospital will complete a checklist to make sure that everything that needs to get done is completed. When known they will obtain information that allows the source to be tested and the information to be released to you.
- Call and schedule your initial exposure follow-up appointment with the Occupational Health Clinic or Employee Health Services office at your facility.

Thank you,

Banner Occupational Health Services



**Exposure and Source Testing Checklist – to be completed by  
Clinical Manager in charge**

<b>Exposed Employee</b>
Employee has: <ul style="list-style-type: none"><li><input type="checkbox"/> Performed First Aid to exposure site. (Wash with soap and water. If exposed area is the eye or mucous membrane, rinse with water).</li><li><input type="checkbox"/> Employee has contacted the PEP line at <b>(602)747-8364</b>.</li><li><input type="checkbox"/> Employee completed Employee Injury report form.</li></ul>
<b>Source Patient</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Appropriate care set or standing orders for Source Patient Testing (Rapid HIV, HBsAG, &amp; Hepatitis C antibody) initiated.</li></ul>
<ul style="list-style-type: none"><li><input type="checkbox"/> Explain reason for test to patient/MPOA without providing specific details:</li><li><input type="checkbox"/> Provide HIV Informed Consent Information Handout explaining:<ol style="list-style-type: none"><li>1. HIV Infection.</li><li>2. The meaning of a positive or negative result.</li><li>3. That positive test results must be reported to a public health agency as required by law.</li><li>4. That anonymous testing is available through the public health department.</li><li>5. That testing is voluntary and patient consent may be withdrawn before the blood is drawn.</li></ol></li><li><input type="checkbox"/> Patient questions answered.</li></ul>
<b>Documentation</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Patient/MPOA Consent is documented on the forms.<ul style="list-style-type: none"><li>✓ Consent for HIV testing signed consent documented on form (required by Banner for all source patients testing).</li><li>✓ Communicable Disease Testing Release of Results to affected Healthcare Worker signed.</li></ul></li></ul>
<ul style="list-style-type: none"><li><input type="checkbox"/> Scan/add completed consents into the patient's medical record</li><li><input type="checkbox"/> Fax both consents to:<ul style="list-style-type: none"><li><input type="checkbox"/> Occupational Health Services at (602)839-6724.</li></ul></li></ul>
<ul style="list-style-type: none"><li><input type="checkbox"/> Notify lab that source testing is required or being sent for:<ul style="list-style-type: none"><li>✓ Rapid HIV (purple top), HepBsAG &amp; HepC (SST/tiger/yellow).</li></ul></li><li><input type="checkbox"/> Must use Patient Source Testing downtime requisition – (Acct # 60151)</li><li><input type="checkbox"/> <b>Do not place lab order in the computer.</b></li></ul>
<input type="checkbox"/> <b>Send completed checklist to employee's Director.</b>

All forms and handouts are available on the Banner Intranet under –  
Departments/Occupational Health/Hazardous Body Fluid Exposure.



Banner Health®

Banner AZ Region Source Testing Packet

**Exposure and Source Testing Checklist – to be completed by  
Exposed Employee**

<b>Immediately</b>
<input type="checkbox"/> Skin and/or Parenteral Contact- Wash area thoroughly with soap and water <input type="checkbox"/> Eye and/or Mucous Membranes-Flush thoroughly with water
<b>Within 15 Minutes of Exposure</b>
<input type="checkbox"/> Call <b>(602)747-8364</b> to contact PEP-LINE with the following Information: ✓ Source Information: <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> MR# <input type="checkbox"/> Location <input type="checkbox"/> Diagnosis <input type="checkbox"/> Risk factors ✓ Device Information: <input type="checkbox"/> Type <input type="checkbox"/> Size <input type="checkbox"/> Brand <input type="checkbox"/> Whether safety device was deployed
<b>Documentation</b>
<input type="checkbox"/> A <b>“Report a Work Injury”</b> form needs to be completed on the Intranet.
<input type="checkbox"/> A <b>“Nurse’s Note”</b> needs to be completed by the patient’s nurse stating that source testing has been performed