USA HEALTH

EMPLOYEE EXPOSURE PACKET

PURPOSE

To ensure timely identification, reporting, evaluation, and management of employee exposures to infectious agents, hazardous materials, and bloodborne pathogens.

KEY TERMS

- **Exposure-** Contact with potentially infectious blood, body fluids, respiratory secretions, or hazardous substances via the following:
  - Percutaneous injury (needlestick, sharps)
  - Mucous membrane (eyes, nose, mouth)
  - Non-intact skin
  - Inhalation (airborne or droplet pathogens)
- **High Risk Exposure-** Known infectious source (e.g., Tuberculosis, measles, varicella, bloodborne pathogen).
- **PPE Failure-** Breach, improper use, or absence of recommended PPE.

EXPOSURE CLASSIFICATION

- **Bloodborne Pathogen (BBP) Exposure**
  - Needlestick/sharps injury
  - Blood/body fluid splash
- **Mucous membrane**
  - Exposure to the eyes, nose, or mouth
- **Respiratory Exposure**
  - Unprotected exposure to an Airborne or Droplet pathogen (e.g., TB and Pertussis)
- **Contact Exposure**
  - Hazardous material or substance
- **Other**
  - Hazardous drugs or chemical exposure

IMMEDIATE EMPLOYEE ACTIONS (FIRST AID)

- **Needlesticks, Cuts, and Lacerations**
  - Wash immediately with hospital-approved soap and water (no squeezing).
- **Mucous Membrane**
  - Flush/irrigate with clean water or saline for 10-15 minutes if eye wash station is not readily accessible.
- **Skin Exposure**
  - Wash immediately with hospital-approved soap and water.
- **Respiratory Exposure**
  - Exit exposure area, conduct proper hand hygiene, and mask immediately.

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REPORTING AND EXPOSURE INVESTIGATION PROCESS (TIME SENSITIVE)

After initial first aid measures are complete:

1. The exposed employee must notify their direct supervisor immediately.
2. The exposed employee or supervisor must report the exposure incident to the facility's dedicated Occupational Health RN during departmental hours (Monday - Friday between 7:30 am – 3:00 pm).
    - *Note:* If an employee exposure occurs **after** 3:00 pm during the week, weekend hours (Saturday/Sunday), or holiday, the Clinical Administrator (AOC) and/or House Supervisor must be notified.
    - All potential BBP exposures will require the patient (source) to undergo laboratory testing (patient/source laboratory requisition form available within the packet).
    - If the patient (source) is a known or confirmed HIV positive, the employee shall be offered Post Exposure Prophylactic (PEP) medications free of charge. Per best practice recommendations, PEP should be started as soon as possible (PEP consent within the packet must be reviewed, then signed by the employee).
3. For outpatient and ambulatory care locations, employee exposures must be reported to the dedicated Occupational Health RN for USA Health Physician Enterprise (Monday - Friday between 8:30 am - 5:00 pm).
    - *Note:* Clinic staff should request that the patient (source) remain in the clinic until all blood/labs have been collected from the patient (source) if a BBP employee exposure occurs (e.g., contaminated needlestick).
    - Specific ambulatory care clinics may perform a point-of-care (POC) rapid HIV. The POC result must be documented appropriately and immediately reported to Occupational Health.
    - For offsite locations and/or clinics, the USA Courier Service is available to transport lab specimens for exposure testing needs Monday - Friday from 8:00 am - 4:00 pm.
    - An after-hours third party courier service is available (Occupational Health may be contacted for additional information regarding courier after-hour procedures).
4. Occupational Health and/or the Clinical Administrator/House Supervisor will complete the exposure report/packet in its entirety to ensure the employee exposure investigation process is complete (same shift preferred; <24 hours required).
5. If laboratory testing is recommended based on the exposure investigation, the employee exposure laboratory requisition form housed within the exposure packet shall be provided to the employee.
    - *Note:* The exposed employee will register with Patient Access prior to laboratory testing (Cerner FIN to be created by Patient Access).
    - If the exposed individual/employee tests positive for a BBP on baseline, he/she will be informed of the lab results by the Occupational Health Nurse and/or Employee-Occupational Health Medical Director.
6. A SHIELD report must be entered into the USA Health RLDatix-SHIELD Safety Reporting System by the employee and/or supervisor describing the nature of the event in detail as soon as possible.

NON-USA HEALTH EMPLOYEES, STUDENTS, AND PARAMEDIC EXPOSURE PROTOCOL

After initial first aid measures are complete, the individual must:

1. Notify the USA Health department head or unit supervisor immediately.
2. Register as an outpatient in Patient Access before proceeding to the Lab for testing.
    - *Note:* Please instruct the exposed individual to have their personal ID and insurance card readily available for Patient Access.
    - Occupational Health recommends that the exposed individual registers for an online portal account during this time so that laboratory results can be reviewed in a timely manner.

The department head and/or supervisor where the exposure occurred must enter a SHIELD report into the USA Health RLDatix-SHIELD Safety Reporting System describing the nature of the event in detail as soon as possible.

LABORATORY COLLECTION GUIDANCE (EMPLOYEE AND SOURCE)

Employee and Patient (Source) Laboratory Requisition Forms included within the Exposure Packet; PowerPlan with laboratory order sets available within Cerner.

Children's and Women's Hospital/Strada Clinics: 2 Gold Tops / 2 Purple Tops / 1 Red Top
University Hospital/Mastin Clinics/Moorer: 2 Gold Tops / 2 Purple Tops / 1 Red Top
Providence Hospital/Clinics: 2 Gold Tops / 2 Purple Tops / 1 Red Top / 1 Green Top