UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

Blood Borne Pathogen Exposure Instructions for the Healthcare Worker

If you have any questions or concerns about this process, please page Infection Control / Employee Health at 702-381-0157 for assistance. Someone is available 24 hours a day, 7 days a week.

Step 1: Wash any exposed skin with soap and water; flush any exposed mucous membranes (eyes, nostrils, or mouth) with water. *Do NOT squeeze the site.*

Step 2: Contact your immediate supervisor. If you are not a UMC employee (i.e. contractor, physician, resident etc.), contact the UMC supervisor in the unit / department where the exposure occurred.

Step 3: Complete a **Notification of Injury (C-1)** form. Once you have completed the top section of the form, give it to the Supervisor you notified in Step 2 (above) to complete the bottom section. When they have completed the form, you should be given a copy.

Step 4: Do ONE of the following:

- If you are a UMC employee, call CORVEL (877-764-3574)
- If you are NOT an employee (i.e. contractor, physician, etc.), proceed to the next step.

Step 5: The Supervisor who is assisting you is responsible for filling out a **Healthcare Worker Exposure Notification (NMU02499)** form and determining if there is a source patient for a blood draw. The supervisor will instruct you to go to the Trauma ED to be evaluated for a blood born pathogen exposure. Please bring your **C1** and the **HCW Exposure Notification** form to Trauma-ED.

Step 6: The Trauma ED will determine the best course of action following an exposure. It is important to have your lab work done as soon as possible, since sometimes medication is necessary and may need to be started right away.

Step 7: You will receive a follow-up call from Employee Health within 72 hours. Post exposure follow-up care is available through UMC Enterprise Quick Care (located at 1700 Wheeler Peak Dr., Las Vegas, NV 89106) during the hours of 8am-5pm. To schedule an appointment, please call 702-383-2565.

What is a blood borne pathogen (BBP) exposure?

An exposure occurs when a person has been exposed to *blood or other body fluids that transmit blood borne pathogens* (a) and has a *port of entry* (c) for potentially contaminated fluids to enter the body. *Blood borne pathogens are Hepatitis B, Hepatitis C and HIV.*

a. ***Body fluids that DO transmit BBP:*** Blood, cerebral spinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, semen, vaginal fluids, amniotic fluids, and breast milk.

b. ***Body fluids that DO NOT* transmit BBP:*** Saliva, vomit, urine, feces, sweat, tears and respiratory secretions. *(Unless they contain VISIBLE blood, these fluids are not considered a BBP exposure.)

c. ***Port of Entry:*** The means by which potentially contaminated blood or other body fluid can enter your body. There are 3 ports of entry - percutaneous injury (needle stick or cut with a sharp object); contact of mucous membrane (eyes, mouth, or nostrils); or contact with non-intact (e.g. chapped, abraded, dermatitis, etc.) skin.

d. ***Source:*** The person to whom the Healthcare Worker was exposed. If the source is known and is available, their blood will be drawn for testing.

What are the potential risks following a BBP exposure?

a. *Hepatitis B Virus (HBV):*

- Healthcare Workers who have received a Hepatitis B vaccine and who have developed immunity to the virus are at virtually no risk for infection.
- *For an unvaccinated person, the risk from a single needle-stick or a cut exposure to HBV-infected blood ranges from 6%–62%* and depends on the Hepatitis B e antigen (HBeAg) status of the source individual.
- Individuals who are both Hepatitis B surface antigen (HBsAg) positive and HBeAg positive have more of the virus in their blood and so are more likely to transmit HBV.

b. *Hepatitis C Virus (HCV):*

- *Based on limited studies, the estimated risk for infection after a needle stick or cut exposure to HCV-infected blood is approximately 1.8%.*
- The risk following a blood splash is unknown but is believed to be very small; however, HCV infection from such an exposure has been reported.

c. *Human Immunodeficiency Virus (HIV):*

- *The average risk for HIV infection after a needle-stick or cut exposure to HI V-infected blood is 0.3%, or approximately 1 in every 300 people who have been exposed.* Stated another way, 99.7% of needle-stick or cut exposures to HIV-contaminated blood DO NOT lead to infection.
- The risk after exposure of HIV-infected blood to a mucous membrane (e.g. eyes, nose, or mouth) is estimated to be, on average, 0.1% (or 1 in 1,000).
- The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%, while a small amount of blood on intact skin probably poses no risk at all.
- There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood for a short amount of time on intact skin (i.e. a few drops of blood on intact skin for a brief period of time); however, the risk may be higher if the skin is damaged (e.g. by a recent cut), if the contact involves a large area of skin, or if the contact is prolonged.