**City of Hope Employee Health Services**

**Blood and Body Fluid Exposure Checklist**

Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Message Phone for employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/time of Exposure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check upon completion of each item.

1. \_\_\_\_\_**Wound Care**. Soap and water, antibacterial ointment cover to keep closed. Do not use caustic agent.

 Mucus membrane flush x 15 minutes.

2. \_\_\_\_\_ **Forms**: Injury Report, Source Patient HIV Testing Request Form, HIV consent, Certification of Exposure, Epinet.

3. \_\_\_\_\_ **Source Labs**: Call the Charge Nurse have them contact source patient MD. Obtain source risk factors and have MD

 write orders for:

a. Hepatitis B Surface Antibody

b. Hepatitis B Surface Ag, with Reflex Confirmatory

c. Hepatitis B Core Antibodies total

d. HIV AG/AB Combo and confirmatory Testing STAT

e. Hepatitis C Virus Antibody

f. Hepatitis C Virus RNA, RT-PCR Quant

 **Source patient is consented by ordering provider**. If patient is unable to consent within 24 hours or

 leaving the hospital you may request family member who is legally able to consent to sign consent form.

 Call lab ext 62678 to have STAT HIV result phoned to ETC or ordering Provider.

 **STAT HIV Negative/Positive** (circle one)

4. \_\_\_\_\_ **PEP Decision making:** refer to Pre-Printed Orders for decision making. If PEP recommended, consult with

 Infectious Disease Physician on call. If breast feeding or pregnant, consult with PEP hot-line at CDC

 1*-*[888-448-4911](http://nccc.ucsf.edu/about_nccc/pepline/)*.*

5. \_\_\_\_\_ **PEP Recommended** \_\_\_\_\_\_Yes \_\_\_\_\_No. Time offered \_\_\_\_\_\_. Patient initials if declines\_\_\_\_\_\_\_\_\_\_.

 **Contract, Sodexo, Registry or Traveler, call supervisor and refer to contracted treating provider for PEP.**

 **Contact treating provider with referral and lab results.**

6. \_\_\_\_\_ **Employee Labs**: HIV ag/ab Antibody combo, Hepatitis B Surface Antigen, Hepatitis B Surface antibody,

 Hepatitis B core antibody, Hepatitis C Virus Antibody, Hepatitis C Virus RNA, RT-PCR Quant.

 If PEP is recommended include Stat serum Pregnancy (results to provider prior to PEP), CBC, Renal and

 Hepatic panel. Employee is consented for HIV test by Provider.

 Please send labs with Employee Number EH-999 (Employee ID). Example (EH-999123456)

7. \_\_\_\_\_ **Employee Counseling**: Risk of exposure to employee for HIV is 1 in 300 with a needlestick and

 1 in 1000 with a mucus membranes exposure. Hepatitis B, 1 in 5 and Hepatits C is 1 in 50.

 To prevent risk of secondary transmission: use of barrier method protection (condom) to prevent

 secondary transmission, keep wounds covered. Discuss pregnancy or breast feeding with

 Infectious Disease MD. Return to clinic with any flu like symptoms within the next two weeks.

8. \_\_\_\_\_ Employee is to follow up with Employee Health Services on next business day and leave message

 at ext. 65252.

This treatment has been offered and explained to me and I have had the chance to have my questions answered.

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Exposed Individual’s Name Signature Date

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Health Care Provider’s Name/Title Signature Date

Employee Health Follow Up:

**Source lab results completed\_\_\_\_, Employee Hepatitis B immune? yes \_\_\_ no\_\_\_,**

**Tetanus up to date? yes\_\_\_ no\_\_\_, Started Pep? yes\_\_ no\_\_\_, Infectious Disease referral? yes \_\_\_ no\_\_\_,**

Forms- EHS 03/23/17