

Employee Blood and Body Fluid Exposure

POLICY:

All reported DHS employee blood and body fluid exposures must be evaluated to ensure that employees receive a timely medical assessment and follow-up care, to learn the cause of the exposure, to determine measures to prevent future exposures, and to advise employees of appropriate preventive actions.

AUTHORITY:

- [29CFR1904.8 Recording Criteria for Needlestick and Sharps Injuries](#)
- 29CFR1904.29 (b) (6) through (b) (9) Recording and Reporting Occupational Injuries and Illness
- [29CFR1910.1030 Bloodborne Pathogens](#)
- [CPL 2-2.69 "Enforcement Procedures for Occupational Exposure to Bloodborne Pathogens"](#)
- [Minnesota Statutes, section 182.653, "Rights and Duties of Employers"](#)
- [Minnesota Statutes, section 182.6555, "Reducing occupational exposures to bloodborne pathogens through sharps injuries"](#)
- [Minnesota Rules section 5206.0600, "Infectious Agents"](#)

DEFINITIONS:

Blood and Body Fluids: Blood, human blood components, products made from human blood, saliva in dental procedures or when contaminated with visible blood, pericardial fluid, pleural fluid, peritoneal fluid, synovial fluid, semen, vaginal secretions and human tissue. Tears, urine, feces, nasal secretions, sputum, saliva, sweat, vomitus, are not considered potentially infectious body fluids unless contaminated with visible blood.

Blood and Body Fluid Exposure: An event in which a person receives a needle stick or injury with a sharp instrument contaminated with visible blood or body fluids or an event in which blood or body fluids are splashed, sprayed, or otherwise deposited in a person's eye, mouth, or onto an open wound or non-intact skin. Blood or body fluid contact with intact skin is not considered an exposure.

Exposure Incident: An exposure incident is when specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (skin piercing) contact with blood or body fluids occurs from the performance of an employee's duties.

RESPONSIBILITIES/PROCEDURES:

An employee who experiences a blood or body fluid exposure must immediately:

- Wash hands and contact area with soap and water. If mucous membranes or eyes are the contact area, flush with water.
- Report the known or suspected body fluid exposure to their supervisor and/or the licensed healthcare provider on duty.
- Complete the [Post Exposure Information Form DHS-5775C \(PDF\)](#).
- Go to your identified healthcare provider for a medical evaluation. Take the following with you: Post Exposure Information Form, Healthcare Professional's Written Opinion Form, and the Bloodborne Pathogen Standard.
- Obtain the completed Healthcare Professional's Written Opinion Form and return to Infection Control.
- Ensure that an accident report form is completed.
 - The DHS licensed healthcare provider/supervisor/charge nurse on duty must:
 - Ensure appropriate first aid steps and proper wound cleaning are accomplished.
 - Ensure that the Post Exposure Information Form is completed.
 - Refer the employee for medical care, if indicated. The medical evaluation must be made available on work time and at no cost to the exposed employee.
 - If a medical referral is required, send a copy of the completed Post Exposure Information Form describing the exposure, the employee's Hepatitis B Vaccine status if known, and other relevant information, the Healthcare Professional's Written Opinion Form and a copy of the Bloodborne Pathogen Standard with the employee to the medical appointment.
 - Consult with the facility (licensed independent provider) LIP to obtain an order for post-exposure screening of the source individual.
 - Obtain source individual's consent for Hepatitis B, C, and HIV testing.
- The supervisor on duty must complete and route the appropriate injury/illness forms as required.
- Infection Control
 - On-site Infection Control Coordinator will:
 - Follow-up on known or suspected exposures as indicated.
 - Monitor to ensure that the post exposure medical evaluation health care professional evaluating an employee has received:
 - A copy of the OSHA regulations and a description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - Results of the source individuals blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status.
 - Obtain consents needed for HIV, HBV, and HCV screening of source.
 - Verify that the employee received the source persons test results.

- Complete the Contaminated Needle Stick/Sharps Report form and forward to the Regional Infection Control Coordinator.
 - Consult with the regional Infection Control Coordinator as needed.
- Regional Infection Control Coordinator will:
 - Ensure the incident is properly documented and review exposure incidents for trends and actions taken.
 - Report exposure trends and actions taken to Infection Control Committee, Management Team, and Safety Committee.
 - If necessary work with the exposed employee to complete the Informed Refusal of Post-Exposure Medical Evaluation. Forward the completed form to the workers' compensation coordinator for inclusion in the file.
- Contracted Healthcare Provider:
 - Provide a medical evaluation and follow-up including:
 - As soon as possible after obtaining consent, collect and test the exposed employee's blood as appropriate for HIV, HBV and HCV;
 - If the employee does not consent to HIV serologic testing, preserve the sample for 90 days in case the employee decides to be screened for HIV.
 - Post-exposure prophylaxis, when medically indicated and as recommended by the U.S. Public Health Service; counseling; and evaluation of reported illnesses.
- Completes the Healthcare Professional's Written Opinion Form
 - Employees with workers' compensation responsibilities:
 - Ensure Infection Control Coordinator and Safety Administrator receives relevant exposure related information.
 - Consult with Infection Control Coordinator and others on investigation and management of exposures.
 - Complete and submit a first report of injury form to the Department of Administration.
 - Maintain the completed Health Care Professional's Written Opinion in the employee's medical record.
 - Follow-up with the health care professional if necessary to obtain the Healthcare Professional's Written Opinion Form
 - Provide the employee with a copy of the Health Care Professional's Written Opinion, within 15 days of completion of the evaluation.
- Keeping the OSHA recordkeeping "privacy" clause in mind, document the exposure on the OSHA 300.

REFERENCES:

- DHS Policy Employee Right to Know Program
- SOS Policy 8010 Standard Precautions and Transmission-Based Precautions
- SOS Policy 8020 Hepatitis B Immunization
- CDC, "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis" 6/29/01, Vol 50, No. RR-11.

CANCELLATIONS:

This policy cancels the February, 2014 version.

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