

BFE Source Protocol

Policy

When an employee is exposed to a patient's body fluids as a result of an occupational accident, follow-up testing is performed to ascertain the source patient's Hepatitis and HIV serologic status. Consent for HIV testing is required by Maine Law at the time the test is planned.

It is CMMC's goal to make samples available for testing in the laboratory within one hour after the exposure to assist in decisions related to post-exposure prophylaxis, while maintaining compliance with Maine Law for appropriate consent from the patient.

Definition of an Exposure

A percutaneous injury (such as a needle stick or cut with a sharp object) or contact of mucous membrane or nonintact skin (for example, exposed skin that is chapped, abraded, or afflicted with a rash) with blood, tissue, or other body fluids that are potentially infectious.

**IF IT IS UNCLEAR THAT A TRUE EXPOSURE HAS OCCURRED, PLEASE CONTACT
EMPLOYEE HEALTH OR THE EMERGENCY DEPARTMENT IMMEDIATELY.**

Responsibilities

Exposed Employee:

The coordination of the testing, counseling and treatment of the EXPOSED employee is primarily the responsibility of the Employee Health Office (EHO) or Emergency Department during hours when EHO is closed or unavailable.

Source:

For CMMC onsite locations: (excluding the physician practices.)

The coordination of SOURCE testing after a BFE is primarily the responsibility of the Nursing Supervisor. The nursing supervisor is responsible for coordinating or completing the following activities:

- Ordering of the appropriate laboratory tests in the computer
- Obtaining consent from an appropriate individual for HIV testing of the source
- Obtaining a source history and risk assessment
- Collecting samples and submitting them to the laboratory with the appropriate consent forms and instructions forms
- Resolving other questions and problems related to source testing as they arise

For physician practices:

The coordination of SOURCE testing after a BFE is primarily the responsibility of the provider, clinical manager or designee. The provider, clinical manager or designee is responsible for coordinating or completing the following activities:

- Ordering of the appropriate procedures in the computer or lab slip.
- Obtaining consent from an appropriate individual for HIV testing of the source
- Obtaining a source history and risk assessment
- Collecting samples and submitting them to the laboratory with the appropriate consent forms and instructions forms
- Resolving other questions and problems related to source testing as they arise

Materials**Packet Contents**

- Body Fluid Exposure Protocol
- Body Fluid Exposure Flowsheet
- Consent Flowsheet
- Consent for HIV Testing
- Source History and HIV Risk Assessment Worksheet

Procedure**Ordering of Lab Tests**

An orderable item is available on the hospital order entry system for this testing. It is listed as “Body Fluid Exposure” and should be ordered on the current encounter for the SOURCE patient. The patient’s health care record should not reveal the fact that HIV testing was performed as a result of an occupational exposure.

The following tests are included in this orderable group:

- Hepatitis C Antibody, IgG
- Hepatitis B Surface Antigen
- HIV 1, 2 Antibody

Consent for HIV Testing

Consent for testing must be obtained from the patient if the patient is present or can be contacted at the time of the exposure and is capable of providing consent.

At the time of the exposure, if the patient is not present and cannot be contacted immediately or is incapacitated, then any reasonably available member of the following classes of individuals may provide consent (in descending order of priority).

- The patient’s legal guardian

- An individual known to have power of attorney for health care for the patient
- An adult relative, by blood, marriage or adoption
- An adult with whom the patient has a meaningful social and emotional relationship; and
- A physician who is familiar with occupational exposures to HIV.

If the person contacted for authorization refuses to authorize the test, the test may not be conducted unless consent is subsequently obtained from the source patient or from the court via court order.

Refer to the CONSENT FLOWSHEET.

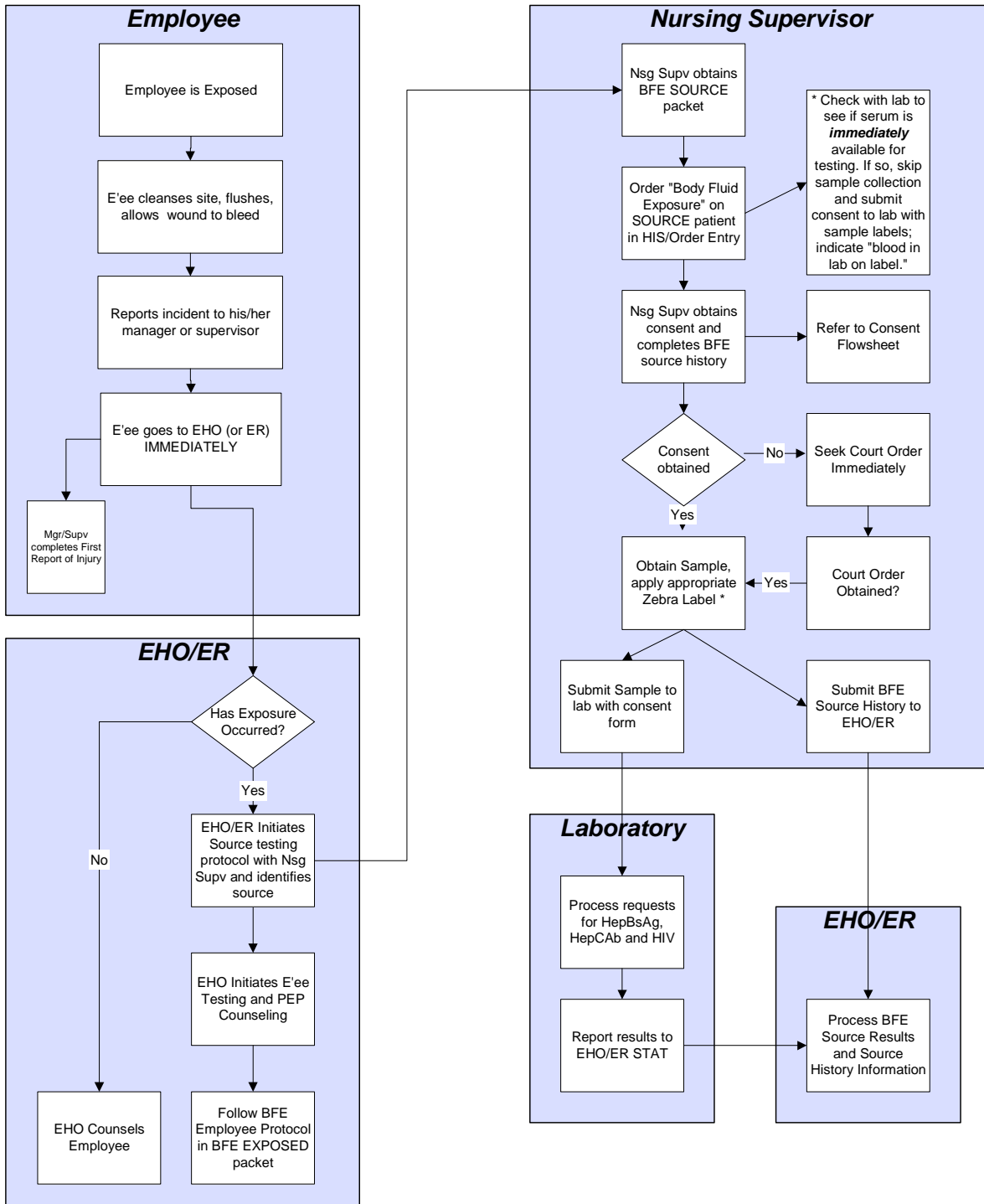
BFE Source History

Complete the Body Fluid Exposure Source History form, answering each question on the form. If the source of the exposure is unknown, check the appropriate space at the top of the form and forward to the EHO/ER immediately.

Procedural Notes

- Samples from prior testing may be available for testing in the laboratory for the post exposure workup. If this is likely, before consent is obtained, check with the laboratory to see if adequate serum is immediately available for testing. If stored sample cannot be retrieved in 5 minutes or less, then a new sample should be collected from the patient.
- Samples may be collected and stored without consent from the patient. Hepatitis sample testing should be processed ASAP if consent for the HIV testing is delayed or refused.
- Samples and consent form should be submitted to the laboratory within one hour after the exposure event if possible.
- For physician practices: In the event that sample collection is not available on site, direct the source patient to the nearest blood draw site (other practice or CMMC).

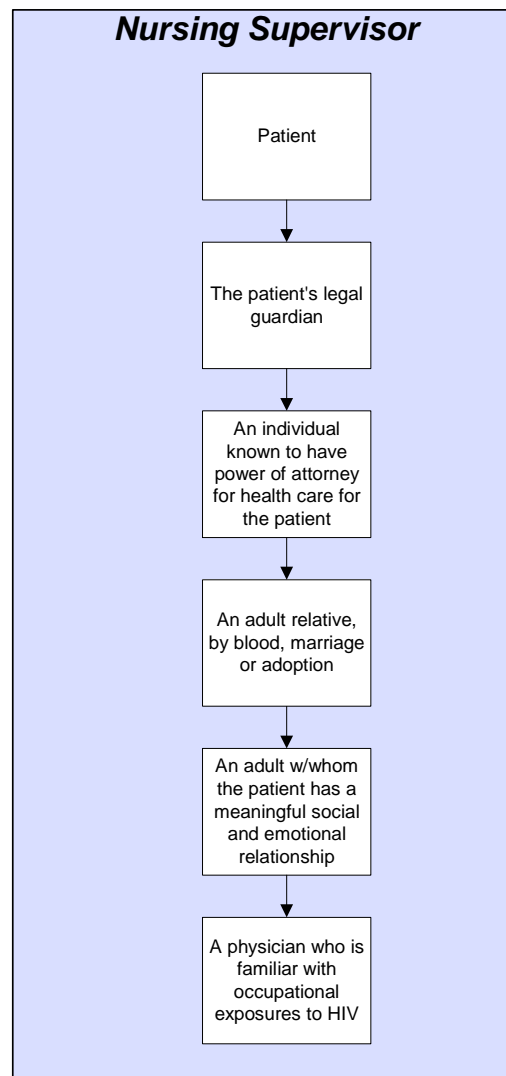
BFE Flowsheet - Hospital



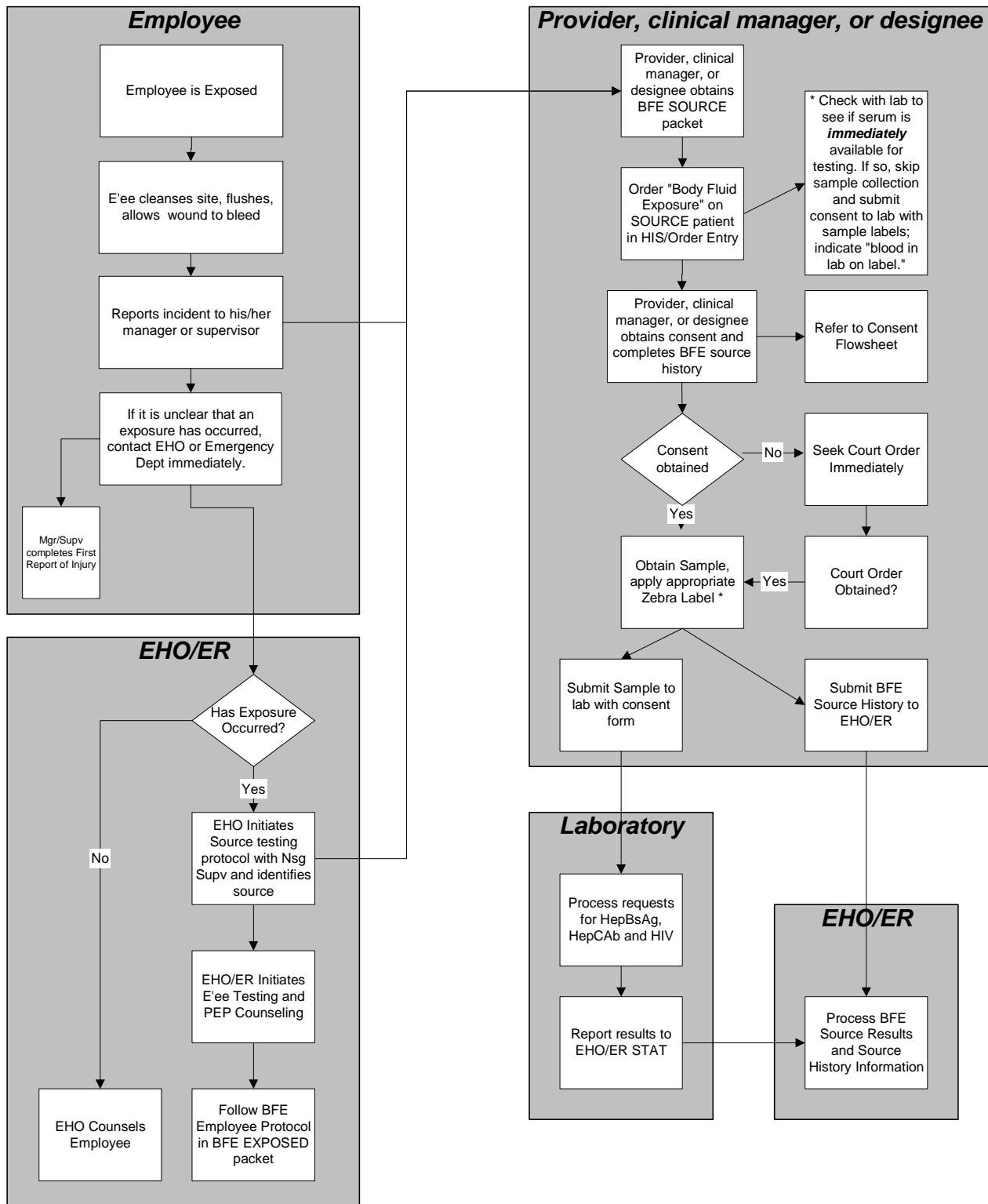
BFE Consent Flowsheet - Hospital

Consent for testing must be obtained from the patient if the patient is present or can be contacted at the time of the exposure and is capable of providing consent.

At the time of the exposure, if the patient is not present and cannot be contacted or is incapacitated, then one of the following may provide consent (in descending order of priority).



BFE Flowsheet – Office Practice



BFE Consent Flowsheet – Office Practice

Provider, clinical manager, or designee

Consent for testing must be obtained from the patient if the patient is present or can be contacted at the time of the exposure and is capable of providing consent.

At the time of the exposure, if the patient is not present and cannot be contacted or is incapacitated, then one of the following may provide consent (in descending order of priority).

Provider, clinical manager, or designee

Patient

The patient's legal guardian

An individual known to have power of attorney for health care for the patient

An adult relative, by blood, marriage or adoption

An adult w/whom the patient has a meaningful social and emotional relationship

A physician who is familiar with occupational exposures to HIV

Consent for HIV Testing (Body Fluid Exposure)

You are being asked to consent to provide a blood sample for testing for blood-borne diseases, including HIV and hepatitis. This testing is important, since an accident involving your blood or body fluid has exposed one of our healthcare workers. This accident does NOT put you at risk for HIV or hepatitis.

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Consent for HIV Testing

I give my consent voluntarily and freely, and certify that I can give valid consent (that is, I am not a minor or incompetent to make my own health care decisions). I understand that I can revoke this consent at any time up until the time that the test is performed. I understand that these results will be conveyed to the healthcare provider that is caring for the exposed worker.

Patient's Printed Name

Signature of Patient (or Authorized Representative - indicate relationship if other than patient)

Date/Time

Signature of Health Care Provider

Date

Signature of Witness if Verbal Consent is Obtained

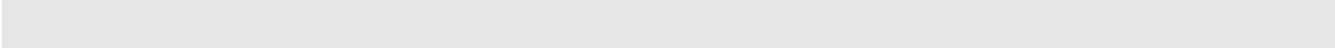
Date

Deliver results of source testing to: **(circle one)**

EHO First Care

Other: _____

Submit this completed consent form to the laboratory with blood samples



BFE Source History and Risk Assessment

Please complete and forward to EHO/ED as soon as possible.

Source Name: _____ Location: _____ MRN: _____

DOB: _____ Attending Physician: _____

Please note that this information will NOT be included in your medical record. This information is being requested so that we can make more appropriate treatment decisions for a healthcare worker who was exposed to your blood or body fluids.

1.1. Have you received a blood transfusion in the past? If yes, indicate approx dates _____	YES	NO
1.2. Have you been told by your healthcare provider that you have Hepatitis B or C? Describe:	YES	NO
1.3. Have you been vaccinated for Hepatitis B in the past? If yes, describe when and for what purpose	YES	NO
1.4. Have you been told by your healthcare provider or a counselor that you are at risk for HIV?	YES	NO
1.5. Have you been tested for HIV infection in the past?	YES	NO
1.6. If yes, can you indicate the date(s) you were tested and the results? Date: _____ HIV Antibody Result: _____	YES	NO
1.7. Have you injected street drugs or shared needles with another person?	YES	NO
1.8. Have you been exposed to blood or body fluids of someone who you know is HIV positive?	YES	NO
1.9. Have you ever had unprotected sex with a high risk partner?	YES	NO
Interview Completed by and Recorded by:		