STUDENT EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

(See Bloodborne Pathogen Worksheet and Post Exposure Prophylaxis consent immediately following this policy)

1. Student must report **immediately** any occupational exposure to blood or body fluids to their faculty member (*See bottom of page for definitions of exposure and body fluids).*

2. Obtain any necessary assistance to clean/flush wound, mucous membranes, or eyes, or otherwise provide necessary palliative measures to the contaminated area at the time of exposure.

3. After completing the Bloodborne Pathogen Exposure Worksheet ,the faculty member immediately calls the Johns Hopkins Hospital Exposure Hotline at **410-955-STIX (955-7849)** to discuss immediate evaluation and a treatment plan.

4. The faculty member will assist the student with transportation to the Johns Hopkins Hospital if directed by the Hotline.

5. After this initial consultation with the Hotline, the student is instructed to schedule an appointment for follow-up at the Occupational Injury Clinic at Johns Hopkins Hospital (Blalock 139, phone # 410-955-6433). Clinic hours are 7:30 am – 4 pm Monday through Friday.

6. Please contact the Associate Dean for Enrollment Management and Student Affairs, at **410-955-7545 or by beeper at 410-389-9414** for assistance.

7. The faculty member initiates follow-up to determine the source patient's HIV, HBV, or HCV status and to evaluate whether the source and/or exposure are considered high risk

8. Faculty faxes a copy of the Bloodborne Exposure Worksheet to the Occupational Injury Clinic at **410-614-9579** with attention to Conrad Utanes, RN, Clinic Manager.

9. **In all cases**, a hospital or clinic incident report must be completed. The student should complete the employee incident report, have the supervisor sign it and bring it to the Occupational Injury Clinic when he/she comes for evaluation.

10. The clinical faculty sends a copy of both the Exposure Worksheet and the Incident report to the course coordinator.

11. The course coordinator initials the report after determining that all appropriate follow-up has been arranged, and sends the report to the Director of the Baccalaureate program with a copy to the Associate Dean for Student Affairs.

Definitions

1. Exposure
    a. a percutaneous injury (e.g. needlestick or cut with a sharp object) involving blood, tissue or other body fluids (see definitions below) or
    b. contact of a mucous membrane or non-intact skin (e.g., the skin is chapped, abraded, or afflicted with dermatitis) with blood, tissue or other body fluids or
    c. contact of blood, tissue or other body fluids with intact skin when the duration of contact is prolonged (i.e., several minutes or more) or involves an extensive area, or
    d. direct contact (i.e., without or with ineffective barrier protection) to concentrated HIV in a research or production facility

2. Body Fluids Associated with HIV

    a. blood, semen, vaginal secretions, or other body fluids contaminated with visible blood that have been implicated in the transmission of HIV infection (including saliva with visible blood but excluding tears, sweat, non-bloody urine or feces, and human breast milk in occupational settings)

    b. cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluids, which have an undetermined risk for transmitting HIV

3. Body Fluids Associated with HBV or HCV

    a. see HIV Body Fluids above

    b. saliva, sputum, or vomitus

4. HIV PEP – post exposure prophylaxis which usually includes a 28-day regimen of AZT (associated with a 79% decrease in HIV transmission), 3TC, and a protease inhibitor if indicated.

5. HBV PEP – may include HBIG (hepatitis B immune globulin) for short term, immediate protection when titer is unknown and risk is high; and HBV vaccine (if unvaccinated or negative titer)

6. HCV PEP – no current recommendations – do not give IG (old recommendation)

7. HIV High Risk Sources
    a. infected patient with initial acute infection
    b. infected patient with terminal illness
    c. infected patient with high viral load
    d. injection drug user
    e. hemophiliac (receipt of blood or blood products before 1985)
    f. homosexual/bisexual
    g. unprotected sexual contact with multiple partners
    h. sexual partner of any of the above

8. HBV and HCV High Risk Sources
    a. see above plus hemodialysis patients
    b. transfusion recipients (prior to 1985 or receipt of multiple recent transfusions)

9. High Risk Factors for Transmission of Any Bloodborne Pathogen
    a. Device is visibly contaminated with blood
    b. Procedure where device was placed directly in a vein or an artery
    c. Deep injury
    d. Injury with a hollow bore needle
    e. Exposure involving a large volume of blood

Key questions about bloodborne exposures

Exposure-Related Questions

1. Was wound treated immediately? How? (recommend washing wounds with soap & water, flushing mucous membranes with sterile water, or sending to ED if necessary)

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2. Did an exposure occur? (see above definitions)
   When? (if > 72 hrs ago, HIV PEP is not necessary, but f/u is still needed; optimal HIV PEP is within 1-2 hrs
   How? (include activity, part of body, type of device, amount of fluid, severity or depth of exposure)

Source-Related Questions

1. Is source (patient or other source) known? (if no information on source, HIV PEP is not necessary, but f/u is still needed). If known, what is patient's name and history or social security number?
2. Is patient HBV positive (surface antigen, e-antigen, surface or core antibody)? Date and test results?
3. Is patient HCV positive (antibody)? Date and test results?
4. Is patient HIV positive (western blot)? Date and test results?
5. If untested (or testing is > 4 weeks old), is patient available for testing? Name and phone number(s) of "order writing" person(s)? Was written consent for HIV obtained from patient?
6. Is patient high risk for HBV, HCV or HIV (see definitions)?

Student-Related Questions

1. Has student had the HBV vaccine? Dates (3) of vaccine? Does student have a positive HBV titer? Date of titer?
2. When was student's last tetanus vaccine?
3. Is student willing to consider testing for HBV, HCV, and/or HIV? Give student copy of Exposure Booklet. If source patient is asked to consent, the exposed Health Care Worker must consent to have HIV testing (MD law).
4. Does student want to hear about PEP options? (Student should consider pregnancy status, history of renal or hepatic disease, current medications, other immunosuppressive medical conditions, toxicity of PEP medications, risk of transmission, lethality of diseases, etc.)

May 2013

The Johns Hopkins University School of Nursing

Bloodborne Pathogen Worksheet

*To be completed by clinical faculty immediately after an exposure is reported.

Student Name_____

*Date of Incident*_____*Time of Incident*_____

*Clinical Site Location*_____

1. **Description of Incident:** include (a) activity at time of exposure (e.g., needlestick while removing vacutainer needle from barrel after blood draw); (b) part of body exposed (e.g., left thumb); (c) type of device (e.g., contaminated vacutainer needle); and (d) severity or depth of injury (e.g. residual blood on needle tip, broke surface of skin, minimal bleeding).
   _____
   _____

2. **Treatment of Exposed Area:** include (a) actions taken (e.g., washed wound with soap and water or see attached ED sheet) and (b) timing of actions (e.g., washed within 3 minutes of exposure)
   _____
   _____

3. **Source/Patient:** include (a) patient **Name** and (b) history number or social security number (e.g., John Doe, HX #12-3456) – or record "unknown source."
   _____

4. **Risk Status of Source/Patient:** refer to the attached definitions section and list any high risk conditions (e.g., injection drug user, unprotected sex with multiple partners) as acknowledged by the patient or providers; or record "none known" or **"**denies all high risk conditions"; use patient/provider quotes.
   _____

5. **Patient Test Results/Tests Ordered:** include (a) **Names** of all blood tests performed in the past **and** tests ordered at the time of exposure (e.g., HBV antigen, anti-HCV or Western blot); (b) dates; (c) results – e.g., positive, negative, or pending; and (d) locations (e.g., lab/hospital **name –** or record "never tested" or "not ordered." **Do not allow HIV test to be sent to the state laboratory. We want a turnaround time of < 5 days.**
   a. HBV_____
   b. HCV_____
   c. HIV*_____

***If** HIV positive, include patient medications (including past failed meds). Current CD4 count & viral load

6. **Order-Writing Person:** include (a) **Name**; (b) title, and (c) phone number(s) of person(s) authorized to write orders for patient (e.g., "Jane Doe, CRNP; 410-123-4567)

   _____

   _____

7. **Student HBV Status:** include (a) approximate dates (all 3) of HBV vaccine and (b) date and results of any HBV titer – or record "no HBV vaccine" or "no HBV titer."

   _____

   _____

8. **Last Student Tetanus:** include approximate date or number of years since last tetanus_____

9. **Exposure Information:** indicate (a) whether student received and/or reviewed Exposure booklet; and (b) any counseling given or other information/comments

   _____

   _____

10. **Student Decision:** indicate whether student decided to contact 5-STIX for PEP counseling – use student quotes:

    _____

    _____

Print Name of Faculty Completing Worksheet_____

Date Worksheet Completed_____

Then, as indicated:

1. **Call the Hotline at 410-955-STIX (410-955-7849**) to review worksheet and for student to receive PEP counseling.

2. If directed by the Hotline, **arrange immediate transportation to the Occupational Injury Clinic** (Blalock 139 – Johns Hopkins Hospital) or other site as directed by OIC.

3. **Fax worksheet (all sides) ASAP to the Occupational Injury Clinic at 410-614-9579**; Attention: Conrad Utanes, RN, Clinic Manager. Mark form "confidential." Instruct student to schedule a follow-up visit by calling (410) 955-6433.

4. **Deliver the original form to the Course Coordinator** who will review it and forward to the Associate Dean for Academic Affairs and the Associate Dean for Student Affairs.

5. **Questions? Call Associate Dean for Enrollment Management and Student Affairs at (410) 955-7545 or on beeper at (410) 389-9414** .

The Johns Hopkins University School of Nursing

POST EXPOSURE PROPHYLAXIS (PEP) CONSENT

- I hereby consent to receive PEP for an HIV exposure.
- I have read or had read to me the information regarding the use of anti-retroviral drugs as given to me by health care professional in JHH Occupational Health.
- I have been given the opportunity to ask questions with a Health Care Professional and understand that there are possible risks involved in taking anti-retroviral drugs.
- I have read the drug information regarding the medication.
- I understand these drugs are not FDA approved to prevent infection after an exposure on the job and that the use of anti-retroviral drugs in this way is considered experimental. In spite of this and a lack of scientific understanding and research, I have freely decided to take the anti-retroviral drugs.

Healthcare Worker Consenting Employee (*Print Full Name*)	JHU SON Student Signature	Date

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DECLINATION STATEMENT

I have read or had read to me the information about PEPE and have had an opportunity to discuss the use of the anti-retroviral drugs with a Health Care Professional and **I decline** PEP at this time.

Healthcare Worker Consenting Employee (*Print Full Name*)	JHU SON Student Signature	Date

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POST EXPOSURE FOLLOW UP

This is to certify that I have been given follow up dates to have the appropriate blood testing and/or treatments. I understand it is my responsibility to return to clinic on the due dates that have been given to me.

Healthcare Worker Consenting Employee (*Print Full Name*)	JHU SON Student Signature	Date

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INFORMATION FOR FEMALE HEALTHCARE WORKERS/JHU SON STUDENT OF CHILDBEARING AGE

Post Exposure Prophylaxis (PEP) includes the administration of COMBIVIR (this is a combination of AZR and 3TC). AZT is considered to have few side effects in the last 6 months of pregnancy and in pregnant women already infected with HIV, AZT can prevent maternal fetal transmission.

A study by the National Cancer Institute (NCI) demonstrated an increase in incidence of liver, lung and genitor-urinary tumors in the offspring of mice receiving high doses of AZT (near maximum tolerated dose) during days 12-18 of gestation. A second study at Glaxo-Wellcome, Inc., demonstrate no increase in incidence of tumors in offspring of mice receiving a variety of regimens of AZT in doses and schedules intended to simulate clinic drug regimens.

"Pregnancy should not preclude the use of optimal PEP regimens, and PEP should not be denied to a HCW solely on the basis of pregnancy". However, as discussed previously, an occupationally exposed pregnant HCW must be provided with full information about what is known and not known regarding the potential benefits and risk associated with use of the anti-retroviral drugs to her and her fetus for her to make an informed decision regarding the use of PEP. The choice of anti-retroviral drugs to use for PEP in pregnant HCW's is complicated by the potential need to alter doing because of physiologic changes associated with pregnancy and the potential for short or long term effects on the fetus and newborn. Thus, considerations that should be discussed **after the HCW has read the information booklet** regarding the potential risk for HIV transmission based on the type of exposure: the stage of pregnancy (the first trimester being the period of maximal organogenesis and risk for teratogenesis)" and what is known about the pharmacokinetics, safety and tolerability of the drug or combination of drugs in pregnancy" (MWR 1998:47(No.RR-7):21.

NIH review and recommendation is that Combivir can be given to pregnant women with HIV infection because the risk; benefit ratio is acceptable. With a low probability event such as exposure of a healthcare worker (the risk of occupational transmission of HIV is 0,3% or about 1 infection for every 330 exposures), the risks usually outweigh the benefits.

WAIVER

I have read and discussed the above information on Combivir regarding the risks inherent in taking Post Exposure Prophylaxis in women of childbearing age. If I have been prescribed another anti-retroviral medication, I have read the drug insert/handout that was given to me by Pharmacy. I have been advised and understand the risks to an unborn child, however, I refuse to take the recommended pregnancy test, or I already know that I am pregnant and I want to be started on PEPE immediately. On my behalf and on behalf of my unborn child, I hereby release The Johns Hopkins Health System, The Johns Hopkins Hospital, the Johns Hopkins University, their officers, agents and employees from any and all claims associated with my electing to take Post Exposure Prophylaxis.

Witness	Signature of JHU SON Student	Date