



FAMILY PLANNING PROGRAM

SECTION: Medical Services Administration

POLICY AND PROCEDURE MANUAL

SUBJECT: Exposure to Blood and Body Fluids
(Exposure Incidents)

POLICY: All needle puncture exposures to blood and body fluid (exposure incidents) must be reported to the clinic manager.

GUIDELINES:

1. The clinic staff person who has received a puncture wound and/or has wounds and skin sites that have been in contact with blood or body fluids should wash the area with soap and water. Mucous membranes should be flushed with water.
2. The clinic staff person involved in an exposure incident shall report the incident to the clinic administrator or their supervisor immediately.
3. The clinic staff person involved in an exposure incident must complete an incident report.
4. As soon as possible, but no later than 72 hours following the occurrence of an exposure incident by a used needle and/or other instruments or equipment containing blood or body fluids, the following baseline blood work should be ordered for the clinic staff person involved.
5. Determine if tetanus is current. Update if needed.
6. Determine if Hepatitis B vaccine series was completed. If not, need to start series.
7. Evaluation and testing of the exposure source must be completed. The person whose blood or body fluids are the source of an exposure incident should be evaluated.
8. The results of the blood work will be reviewed by the clinic medical director to determine if any treatment is necessary.
9. Follow-up for the occurrences of a puncture should be done at 6 weeks, 6 months, and 1 year.
10. The reports of the follow-up blood work should be reviewed by the medical director to determine if any treatment is necessary.
11. If the exposure source is unknown, information about where and under what circumstances the exposure occurred should be assessed for risk of transmission.

**FAMILY PLANNING PROGRAM****SECTION:** Medical Services Administration**POLICY AND PROCEDURE MANUAL****SUBJECT:** Exposure to Blood and Body Fluids
(Exposure Incidents)

12. A medical record must be established for each employee with an occupational exposure. This record is confidential and must be kept separate from other personnel records. The medical record contains the employee's name, social security number, Hepatitis B vaccination status including the dates of vaccination and the written opinion of the health care professional regarding the hepatitis B vaccination.

If an occupational exposure occurs, reports are added to the medical record to document the incident and the results of testing following the incident. In accordance with OSHA (Occupational Safety and Health Administration) standards, this record must be maintained for 30 years past the last date of employment of the employee.

13. If the clinic staff person involved in the exposure incident refuses any or all of the blood tests or vaccinations, he/she must write a statement stating such, sign it, and have it witnessed by the clinic administrator or supervisor.

Reference:

1. MMWR-PHS Guidelines for Management of Health Care Worker Exposures to HIV. May 15, 1998/47 (RR-7); 1-28.