BLOOD BORNE PATHOGEN EXPOSURE CHECKLIST

For Exposures that occur at non-MUSC Clinical Sites

☐ Immediate First Aid of Injury

☐ Report Exposure to Supervisor

☐ Ensure that Source Patient’s blood be immediately tested (HIV results determined < 2 hours)

☐ Documentation of Exposure
  • Complete the necessary documentation required by the affiliated healthcare facility
  • Complete the MUSC Blood Borne Pathogen Assessment Form
  • Complete the online MUSC ACORD Form

☐ Follow Up of Exposure
  • Forward baseline lab results from the Source Patient
  • Any necessary follow up baseline or interval testing can be done at Student Health Services per MUSC protocol.

See following pages for details on the steps to follow
MUSC Student Blood/Body Fluid Exposure
(Non-MUSC Clinical Site)

Students who sustain a blood borne pathogen exposure while engaged in clinical activities at a medical facility outside MUSC are to follow that institution’s Blood Borne Pathogen policy (per your college’s Affiliation Agreement with that institution or provider). MUSC will provide follow up management of blood borne pathogen exposures that occur at outside institutions if the exposure occurred during a clinical activity that is required by your college.

Students who participate in non-MUSC sponsored volunteer activities (medical mission work, health fairs, etc.) that are outside the required coursework are strongly encouraged to ensure there is a blood borne pathogen exposure protocol in place by the sponsor of that activity, as they will be responsible for the management and expense of any potential exposures.

Exposures to blood, visibly bloody body fluids, tissue, or *potentially infectious fluids (CSF, Synovial, Pericardial, Peritoneal, Pleural, Amniotic, Semen, Vaginal Secretions):

1. TREATMENT OF EXPOSURE – Immediate:
   - **Percutaneous Injuries** (punctures, lacerations) – Wash with Soap and Water for 5 minutes.
   - **Non-intact Skin** (open abrasions, cuts). Intact skin is an effective barrier and contact with blood does not need to be reported. Wash with Soap and Water for 5 minutes.
   - **Mucous membranes** (splashes to eyes, mouth, etc.): Flush extensively with water X 5 minutes.

   *Avoid* chemical cleansers that irritate the skin (Alcohol, hydrogen peroxide, Betadine or other chemical cleansers). Avoid "milking" or squeezing out needle stick injuries or wounds. Squeezing the wound merely increases blood flow to the exposure site and potentially increasing the risk of systemic exposure if viral pathogens are present in the source fluid.

   *Unless visibly bloody, these body fluids (feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus) are not considered infectious for blood borne pathogens.*

2. Notify Your Supervisor of Exposure

Notify your immediate supervisor of the exposure *after* completing emergency First Aid to the exposure site.
Affiliated Healthcare Facility Responsibilities:

It is the responsibility of affiliated healthcare facility to have a clearly defined BBP protocol in place to ensure timely management of all occupational exposures. This includes provision of:

1. Personal Protective Equipment appropriate for the procedure.
2. Appropriate supervision of the student during any exposure prone procedure.
3. Qualified individual to conduct the initial assessment of the exposure (assess the nature of the exposure and body fluid involved, determine if an exposure took place, review the medical history of the source patient, facilitate appropriate lab testing, etc.).
4. Immediate testing of the source patient’s blood for blood borne pathogens (Rapid HIV results on the source patient should be known within 1-2 hours after the exposure).
5. Initiation of anti-viral prophylaxis within 1-2 hours of the exposure should be available when indicated for exposures to HIV + source patients or offered in situations when there will be a delay in determining the HIV status of the source.
6. When follow up of the exposed student is necessary, the affiliated healthcare facility will provide MUSC Student Health Services with the necessary documentation on the source patient (lab test results, medical history).
7. Students who are in the Charleston area can have any necessary follow up testing performed at MUSC Student Health Services (per MUSC protocol) the next working day and do not need to have these labs performed at the affiliated institution.

Responsibilities of MUSC:

1. Ensure that the MUSC student meets the occupational immunization requirements of the affiliated healthcare institution/facility.
2. Provide the Affiliated Medical Facility with documentation of the student’s immunization status (including Hepatitis B Surface Antibody) on request.
3. Provide any necessary follow up management of the student.

3. LAB Testing:

Source Patient: It is essential that the SOURCE Patient’s Blood be tested for HIV as soon as possible (ideally within an hour) after an exposure. If the source patient is known to be HIV + (or Rapid HIV test is +), then prophylactic medications should be initiated within 1-2 hours of the exposure. Testing for other blood borne pathogens on the source patient should be performed as well (Hepatitis B Surface Antigen [HBsAg] and Hepatitis C Virus Antibody [HCV Ab], though it is not mandatory for these labs to be run same day.

Student Lab Testing: Testing the source patient’s blood for blood borne pathogens is the most important laboratory procedure that needs to be performed after an exposure. Immediate lab testing of the student’s blood is not necessary after most exposures. See Student Follow Up of Exposure below.
4. Documentation of Exposure

- Complete the documentation per the protocol of the healthcare facility.
- Complete the online MUSC ACORD form: [https://www.carc.musc.edu/acord/](https://www.carc.musc.edu/acord/)
  
  In the event of a Blood Borne Occupational Exposure, students who are engaged in required clinical coursework and are functioning in a healthcare provider capacity are covered under South Carolina Workers Comp, just as an employee would be covered. It is important to document the exposure by completing an online ACORD Form.
  - Click on the link: “Online ACORD Form”
  - Use your MUSC ID and password.
  - For “Employer” there is a drop down menu - > Click “MUSC Student”
  - Complete the ACORD Form

- Source Patient’s Lab Results – forward the results of source patient’s labs (HIV, HBsAg, HCV Ab) to MUSC Student Health Services by secure FAX (843-792-2318).

- Complete the MUSC Blood Borne Pathogen Exposure Assessment Form (attached) and FAX to MUSC Student Health (842-792-2318). Essential information that will assist in evaluating your exposure:
  - **Patient:** Name, Date of Birth, Medical Record Number. Known Health Conditions (HIV, Hepatitis C, Hepatitis B), Risk Factors (Blood transfusions prior to 1986, IV Drug Abuse, Incarceration, High Risk Sexual Behavior, etc.).
  - **Exposure:** Time of Exposure, Type of Exposure (Splash, Puncture, Laceration), Site of Exposure, Depth of Injury, Body fluid involved, instrument involved, Visible Blood on Instrument, Personal Protective Equipment Used (Single/Double Gloved, Protective Eyewear), Length of time from exposure to washing injury site, narrative of events that led to the exposure.
  - **Source Patient is Known HIV (+):** Previous and current antiviral regimens, last HIV Viral Load, Name of Healthcare Provider who manages their condition.

5. Student Follow Up of Exposure:

Students who sustain a blood borne pathogen exposure while performing clinical activities off the MUSC campus and require immediate management are to follow the protocol of the affiliated healthcare facility. Call Student Health (792-3664) during normal clinic hours to schedule any necessary follow up.

**Source Patient With Negative Serology:** When source patient’s tests are negative for blood borne pathogens (HIV, Hepatitis B, Hepatitis C), then baseline lab testing on the student is not necessary in most cases. It is mandatory for all MUSC students to have received the hepatitis B vaccine series prior to clinical coursework and have a post-vaccine Hepatitis B Surface Antibody titer (HBsAb) to determine if they developed the desired immunity from the vaccine series. If this HBsAb is positive/immune, then this test **does not** need to be repeated in the event of a subsequent exposure (and doing so will incur unnecessary expense to the student and/or institution). MUSC students can view their immunizations and antibody titers @ [https://lifenet.musc.edu](https://lifenet.musc.edu) using their MUSC Net ID and password.
Follow up When the Source is (+) for a Blood Borne Pathogen:

- **Exposure to HIV (+) Source Patient:** If the source is known HIV + or found to be HIV + from lab tests, then immediate antiviral post-exposure prophylaxis should be initiated on the exposed student within 1-2 hours. Students who are in the Charleston area can follow up at Student Health Services the next working day for any necessary follow up management and/or labwork. Documentation of the exposure and source patient’s labwork can be sent to a secure FAX at Student Health (843-792-2318).

- **Exposure to Source with active Hepatitis C Infection** – baseline testing of the student’s blood for Hepatitis C Antibody and ALT liver enzyme should be done within several days of the exposure. These labs are not urgent and can be drawn at Student Health the next working day for students in the Charleston area. Students requiring follow up of hepatitis C exposures can receive the necessary interval lab testing done over a 6 month period at MUSC Student Health Services per the MUSC protocol for Hepatitis C exposures (after submitting the necessary documentation of the exposure - see Documenting The Exposure) to Student Health Services.

- **Exposure to Source with active Hepatitis B Infection (HBsAg +)** – for students who have completed the hepatitis B vaccine series and have an immune hepatitis B surface antibody on file, then no further testing or treatment is necessary. Students who are potentially susceptible to hepatitis B infection should have their blood tested for hepatitis B surface antibody. This includes those who: (1) completed the primary Hepatitis B vaccine series but did not check a post-vaccine titer for immunity. (2) Never received the primary hepatitis B vaccine series or have not completed the series. (3) Students who received two hepatitis B vaccine series and did not develop an immune serologic response should have their hepatitis B surface antigen (HBsAg) tested. Students who are non-immune to hepatitis B should be offered Hepatitis B immune globulin. Students needing follow up can submit the necessary documentation of the exposure (per Documenting The Exposure) and MUSC Student Health can provide follow up management.

**Payment of Medical Charges**

Students who sustain a blood borne pathogen exposure while doing a clinical rotation at a healthcare facility in the immediate Charleston area (and who do not need immediate HIV post exposure antiviral prophylaxis) are strongly encouraged to have any necessary baseline labwork done at MUSC Student Health Services.

If it becomes necessary for post-exposure antiviral prophylaxis to be initiated or baseline testing to be performed on the student at an outside facility, it is essential for the student to complete the appropriate documentation (see Documenting the Exposure) and forward to MUSC Student Health Services. Exposures that occur during clinical coursework will be covered under South Carolina Workers Comp. **DO NOT ALLOW FOR YOUR PRIVATE HEALTH INSURANCE PLAN TO BE BILLED FOR CHARGES (LABS/MEDICATIONS/ OCCUPATIONAL EVALUATION) RESULTANT FROM AN OCCUPATIONAL EXPOSURE.** Once a student’s private health insurance has been billed and processed, it is extremely difficult to retroactively have these charges reversed.
BLOODBORNE PATHOGEN EXPOSURE ASSESSMENT

MUSC STUDENT HEALTH SERVICES
Medical University of South Carolina
30 Bee Street – Suite 102, MSC 980
Charleston, South Carolina 29425
Office: (843) 792–3664 Fax: (843) 792 – 2318

Today's Date: ____________

Date/Time of Exposure: ____________ AM/PM   Date/Time Reported: ____________ AM/PM

Student's Name: ____________________________________________

College: Med  Dental  Nursing  CHP  Other Clinical Year: ________________

Clinical Location: ___________________________  Rotation: ________________________ Supervising Faculty Member: __________________________

Type of Exposure (Specify Below):

☐ Percutaneous (Punctures, Scrapes, Cuts, etc.):
  ☐ Hollow Needle (Gauge) ______  ☐ Solid Sharp Instrument ________________  ☐ Other __________________________

Safety Device on Instrument: ☐ Yes  ☐ No   Safety Device Utilized: ☐ Yes  ☐ No

Instrument Used For: ____________________________

Injury Location: _____________________________________ Injury Depth: _________ mm

Body Fluid Involved: ☐ Blood  ☐ Other__________ Amount of Fluid: ________________ (ml)

Visible Blood Present on Instrument: ☐ Yes  ☐ No  ☐ Potentially

Primary User of Instrument: ☐ Self  ☐ Resident  ☐ Attending  ☐ Other__________________________

Protective Equipment: ☐ None  ☐ Gloves (1 pr)  ☐ Gloves (2 pr)

☐ Mucous Membrane Exposure (Splash of blood/bloody fluid to mucous membrane or nonintact skin):

Body Site Exposed: ____________________________

Body Fluid Involved:

☐ Blood  ☐ Other Fluid (specify)_____________________ Visible Blood Present in Fluid? ☐ Yes  ☐ No  ☐ Potentially

Amount of Fluid: ☐ < drop ☐ drop ☐ 0.5 ml ☐ 1 ml ☐ > 1 ml

Primary User of Instrument: ☐ Self  ☐ Intern/Resident  ☐ Attending  ☐ Other__________________________

Protective Equipment Used: ☐ None  ☐ Protective Eyewear: Goggles/Shield  ☐ Face Mask  ☐ Gown

☐ Other Type Exposure:

_______________________________________________________________________________________________________________________________________________

Mechanism of Injury (Describe how exposure occurred): ____________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Has Wound Been Washed with Soap/Water for 5 minutes (for splashes irrigated with water for 5 minutes)? ☐ Yes  ☐ No

Source Patient Name: ____________________________ DOB: ____________ MRN/SSN: ____________

Source Pt Status: ☐ Unknown with no Risk Factors  ☐ Unknown w/ (+) Risk Factors: ________________ ☐ HIV+  ☐ Hepatitis C+  ☐ Hepatitis B surface Ag+

For Known HIV (+) Source:

Antiviral Medications:

Last HIV Viral Load Test (Result/Date): ________________ Healthcare Provider Managing Condition: ____________________________

Student Information:

Student Hepatitis B Vaccine Series Completion/Year: ☐ No  ☐ Yes (Date) __________________

Student Hepatitis B surface Antibody Status: ☐ Unknown  ☐ Non-Immune  ☐ Immune (Date): ____________________________

(MUSC students can view their immunizations and antibody titers @ https://lifenet.musc.edu using their MUSC Net ID and password)