BLOOD BORNE PATHOGEN EXPOSURE CHECKLIST
Off-Campus MUSC Clinical Site - Occupational Exposure

☐ Immediate First Aid of Injury

☐ Report Exposure to Supervisor

☐ Report Exposure to Student Health Services (792 – 3664)

☐ Ensure that Source Patient’s blood is received by lab < 1 hour from exposure. Transport source patient’s blood to MUSC Lab #319 or transport source patient to Rutledge Tower to have blood drawn.

☐ Documentation of Exposure
  - Complete the MUSC Blood Borne Pathogen Assessment Form
  - Complete the online MUSC ACORD Form

☐ Follow Up of Exposure
  - Student Health will contact you with the results of the source patient’s HIV results the same day.
  - Student Health will contact you with the remainder of the source patient’s baseline labs (Hepatitis B surface Ag and Hepatitis C Antibody) within 1 – 2 days from the exposure.
  - For exposures to patients with (+) serology for blood borne pathogens, Student Health can initiate any necessary post-exposure antiviral prophylaxis and/or perform any necessary follow up lab testing per MUSC protocol.

See following pages for details on the steps to follow
1. TREATMENT OF EXPOSURE – IMMEDIATE:
   - Percutaneous Injuries (punctures, lacerations) – Wash with Soap and Water for 5 minutes.
   - Mucous membranes: 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 needlestick 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.

2. REPORT THE EXPOSURE ASAP TO YOUR SUPERVISOR
   - **Week Day Exposures**: Monday – Friday, 8:00 AM – 4:30 PM – Call Student Health (792-3664), Option # 1. A Student Health provider will review the nature of the exposure and will assist in the appropriate management of the exposure.
   - **Exposures when Source is Known HIV (+)** – have hosp operator (792-2123) page Dr. Blumenthal to your extension ASAP.
   - **Afterhours exposures** and holidays: follow the protocol outlined below and call the MUSC operator (792-2123) and have the Hospital Supervisor paged to your extension. If a Hospital Supervisor is not available, have the operator page Dr. Blumenthal to your extension.

3. LAB TESTING ON SOURCE: Blood on the source patient needs to be received by the lab within 1 hr of the exposure.
   - Complete **Source Patient Lab Request** Form for protocol labs – lab request form can be downloaded and printed from this site: [http://academicdepartments.musc.edu/esl/studenthealth/student_resources/pathogen.html](http://academicdepartments.musc.edu/esl/studenthealth/student_resources/pathogen.html) - select MUSC Off-Campus Clinical Sites. If no printer is available at your site, notify Student Health of your FAX number and we will FAX the forms to your location. Complete the lab request form including: **SOURCE PATIENT’S Name**, DOB, Medical Record Number (MRN)- if MRN not available use SSN.
   - If there is no ability to draw blood on the source patient at your clinical site, then immediately escort patient (along with the completed lab request) to Rutledge Tower Lab 1st floor (Register at Room 107) open Monday - Friday, 7:00 AM – 5:15 PM. Alert lab that you are bringing a patient (Lab: 792- 7016, FAX: 876 – 0123) for blood borne pathogen protocol labs **OR**
   - If there is the capability on drawing the **Source Patient’s** blood at your site, then draw: (1) Gold Top SST Tube (5 mL min volume) on the patient, label the blood specimen tubes with: Source Patient Name, DOB, and MRN; Place labeled specimen and lab request in a Biohazard Bag and immediately transport to MUSC Lab located on the 3rd floor of the Children’s Hospital, SPECIMEN RECEIVING (792-0707) Room # 319 or TUBE to #99.

4. DOCUMENTATION OF EXPOSURE **after steps 1-3 completed**
   - Complete the MUSC Blood Borne Pathogen Assessment Form
   - Complete the online MUSC ACORD form: [https://www.carc.musc.edu/acord/](https://www.carc.musc.edu/acord/)
   - 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

5. FOLLOW UP
   - Student Health will notify the student with the results on the Source Patient. HIV results on the Source Patient are generally available within one hour of the specimen being received by the lab. Hepatitis B surface Antigen and Hepatitis C Antibody results are usually available by the next working day. Student Health will provide any necessary treatment or lab follow up per MUSC protocol for exposures to source patients with + serology.
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: __________

Student Contact #: (____) ____________________

Clinical Location: ____________________________ Rotation: ____________________________

Supervising Faculty Member: ____________________________

Type of Exposure (Specify Below):

□ Percutaneous:
□ 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:

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: _______________________________________

Mechanism of Injury (Describe how exposure occurred):

________________________________________________________

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)
OFF-CAMPUS MUSC CLINICS
STUDENT BLOOD EXPOSURE
PROTOCOL LABS FOR SOURCE PATIENT

BLOOD/BODY FLUID EXPOSURE PROTOCOL

- **Exposure Site:** Percutaneous Wounds – wash with soap/water x 5 minutes. MUCOUS Membranes: Flush with water x 5 minutes
- **Report Exposure** ASAP to Supervisor. During week (M-F) 8:00 – 4:30 PM call Student Health (792-3664), Option # 1. Afterhours, Weekends, or Holidays page Hospital Supervisor (HS) on call (792-2123).
- **If SOURCE PATIENT known HIV (+),** have hospital operator (792-2123) page Dr. Blumenthal immediately.
- **LABS On Source:** Draw (1) Gold Top SST (5 mL min volume) on SOURCE PATIENT.
- **Label** blood specimen with SOURCE PATIENT’S; Name, DOB, MRN (or Social Security # if no MRN).
- **Transport:** IMMEDIATELY transport SOURCE PATIENT blood samples with this completed STAT lab request to MUSC Laboratory # 319 Children’s Hospital (3rd Floor).
- **Exposures occurring Mon – Friday (7:00 AM – 5:00 PM)** - If there is no phlebotomist to draw Source Patient’s labs at your clinical site, then immediately escort the Source Patient to the 1st floor Rutledge Tower Lab (Register at Room 107) for STAT labs within 1 hour of the exposure. **Lab Hours:** Monday - Friday, 7:00 AM – 5:15 PM. Alert lab that you are bringing a patient (792-7016, FAX: 876-0123).

**Lab Result Reporting:** Monday – Friday 8:00 AM – 4:30 PM call Student Health Services (792-3664) or Page Dr. Larry Blumenthal @ Pager # 14032. Afterwards, Weekends, or Holidays page House Supervisor (HS) on call (792-2123).

- **☐ SHIV - Source Patient Sample**

**DATE:** ________________ **TIME:** ________________ **PHLEBOTOMIST NAME:** ____________________________

**SOURCE PATIENT NAME:** ____________________________

**MRN #:** _____________________________________________________________________________________________

**DOB:** ______________________________________________________________________________________________

Ordering Provider: L. Blumenthal, MD MUSC Student Health Services

ATTN: FFL Accessioning: Use Social Security Number if MRN is not available.
Enter using Patient Name
Use MRN (or SS# when MRN Not Available). Use format of ordering staff initials with date/time of service for Fin #.

**BLOODBORNE EXPOSURE LABS**

<table>
<thead>
<tr>
<th>CODES</th>
<th>TESTS</th>
<th>SPECIMEN TUBES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ BC</td>
<td>BC (BLOOD CONTAMINATION ON THE SOURCE PATIENT)</td>
<td>ONE (1) Gold Top SST TUBE</td>
</tr>
<tr>
<td>Att LSS</td>
<td>TESTS INCLUDE: HIV, HCV AB, Hep B Surface Antigen</td>
<td>(5 mL minimum volume)</td>
</tr>
<tr>
<td>Order As STAT</td>
<td>All suspect/reactive HIV ½ Ab will be reflexed to the HIV Multispot Differentiation for confirmation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All Equivocal or Reactive HCV results will be reflexed to the Hepatitis C Viral Load by Quant PCR</td>
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☐ OTHER ____________________________

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