BLOOD BORNE PATHOGEN EXPOSURE CHECKLIST

For Blood and Body Fluid Exposures on MUSC Campus

☐ Immediate First Aid of Injury

☐ Report Exposure to Supervisor

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

☐ Ensure that Source Patient’s blood makes it to lab < 1 hour (so HIV results can be determined < 2 hours)

☐ 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 Rapid 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) 1-2 days later.
  • 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
MUSC STUDENT BLOOD/BODY FLUID EXPOSURE PROTOCOL

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). Wash with Soap and Water for 5 minutes. Intact skin is an effective barrier and contact with blood does not need to be reported unless exposure occurred in a research lab setting with concentrated virus.
   - 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 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). A Student Health provider will review the nature of the exposure and will assist in the appropriate management of the exposure.
   - Afterhours exposures, weekends, holidays: 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.
   - Exposures when the Source is Known HIV (+) – have the hospital operator (792-2123) page Dr. Blumenthal to your extension ASAP.

3. LAB TESTING ON SOURCE: STAT labs on the Source Patient immediately (within an hour of 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 If no printer is available at your site, notify Student Health of your FAX number and we will FAX the forms to your location.
   - Draw (1) Gold Top Serum Separator Tube (5 mL minimum volume).
   - 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/
     - 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. Rapid 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.
   - Follow up at Student Health for any needed treatment or follow up labs per MUSC protocol for exposures to source patients with + serology.

* Unless visibly bloody, these body fluids (feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus) are not considered infectious for blood borne pathogens.
# STUDENT BLOOD EXPOSURE
## PROTOCOL LABS FOR SOURCE PATIENT
### MUSC CAMPUS

## 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. After hours and weekends page Hospital Supervisor (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 specimens with SOURCE PATIENT’s: Name, MRN, DOB
- **Transport:** Take SOURCE PATIENT blood samples with this completed STAT lab request to the MUSC 3rd Floor laboratory (Children’s Hospital # 319) or Tube #99.

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

### ☑ SHIV - Source Patient Sample

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>PHLEBOTOMIST NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HS Name:</th>
<th>Pager:</th>
<th>Extension:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOURCE PATIENT NAME:**

<table>
<thead>
<tr>
<th>MRN # :</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ordering Provider: Laurence 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>Attn 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 Multipot Differentiation for confirmation. All Equivocal or Reactive HCV results will be reflexed to the Hepatitis C Viral Load by Quant PCR</td>
<td></td>
</tr>
<tr>
<td>☐ OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 (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 □ Intern/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 NetID and password)