



HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
**MANAGEMENT OF THE HEALTH CARE
WORKER EXPOSED TO
BLOOD BORNE PATHOGENS**

POLICY 3.3
Issued: 9/92
Last Approval: 04/17

Office of Origin: Department of Occupational Health Services

I. PURPOSE

To provide guidance and direction for testing, counseling, medical treatment and follow-up of healthcare workers who have sustained exposure to blood or body fluids.

II. POLICY

A. "Healthcare workers (HCW)" refers to all medical center employees, faculty, temporary workers, trainees, volunteers, students, and vendors, regardless of employer. This includes campus-based staff who provide services to or work in UCSF Medical Center patient care or clinical areas.

B. HCW are expected to adhere to [Standard and Transmission-based Precautions](#) as defined in the Infection Control Manual. Using appropriate barriers and sharps with engineered safety features reduces the risk for exposure to blood and body fluids (usually contaminated with blood). When an exposure occurs, the procedures outlined in this policy will be followed.

III. PROCEDURES

A. First Aid: Clean the area that was contaminated.

1. Needle Stick / Cuts / Broken Skin:
Wash wounds and contaminated skin with soap and water for 3 to 5 minutes.
2. Eye Splash:
Remove contact lenses
Rinse eyes with copious amounts of tap water or saline for 3 to 5 minutes.
3. Splash to Mouth/Nose (mucous membranes):
Rinse mouth with tap water or saline for 3 to 5 minutes.

B. Notify: the Needlestick Exposure Hotline provider by calling:

(415) 353-STIC (7842)

1. HCWs are responsible for initially contacting the Needle Stick Exposure Hotline to report any blood borne pathogen exposures, such as needle sticks, cuts, blood splashes or human bites which break the skin.



2. HCWs should report exposures immediately to insure timely assessment of the exposure, and to facilitate source patient testing.
3. When calling the Hotline, choose option #1 to speak with the operator. Be prepared to provide the operator with the nature of the exposure (needlestick, splash, bite, etc.) and two contact telephone numbers. Be prepared to give the needlestick hotline provider the source patient's full name, date of birth and medical record number.
4. The Needle Stick Exposure Hotline provider triages an exposure by phone and will initiate medical treatment when appropriate. For example, when the source of the exposure is known to have HIV and /or is considered high risk.
5. The Hotline follows treatment recommendations of the Center for Disease Control and Prevention (CDC) in the document: http://nccc.ucsf.edu/wp-content/uploads/2014/03/Updated_USPHS_Guidelines_Mgmt_Occupational_Exposures_HIV_Recommendations_PEP.pdf

C. Report the exposure to your supervisor so that he/she can complete the Supervisor Report of Employee Injury (accident report)

Explain the details of the exposure to your Manager/Supervisor (Investigation of the injury) and also how the exposure could have been prevented.

The supervisor completes the standard [Supervisor's Report of Employee Injury](#) and forwards to the appropriate department (listed on report)

- D. Baseline and Follow-Up Testing:** Contact the Needle Stick Exposure Hotline Coordinator at 353-4341 to make an appointment for follow-up testing. This is necessary for all blood or body fluid exposures.

E. Source Testing

Where there is an identified source patient, he/she will be contacted by a Hotline clinician. When there is a significant exposure, the source will be requested to consent to HIV testing. Testing will also be done for hepatitis B and C infection. *Exposed HCWs **should not** initiate source patient testing.* If a source patient is to be discharged before the Hotline clinician can contact them, the Hotline clinician may request that the treatment team or Attending physician to counsel and consent the source patient. A blood sample (gel tube) will be sent to the lab and held for Occupational Health Services (mark "Hold for Occupational Health").

F. Reporting

1) Written Exposure Summary Statement:

An exposure summary statement will be provided to the HCW after baseline testing is completed on the HCW and source patient.



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2) Annual Report:

An annual report will be prepared and submitted to the Medical Center Infection Control Committee.

Reviewed: 9/92, 1995, 5/98, 2001, 4/04, 10/07, 3/11

2016 Review Team: **OHS:** B. Kosnik **HEIC:** A. Nichols, L Ramirez

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