

**Cumberland County Hospital System, Inc.**  
**Infection Prevention and Control Policy – Procedure**

<b>Title:</b> Employee Health Infection Prevention and Control Program (Includes employee incident/illness reporting)	<b>Policy Number</b>  208	<b>Approved By:</b>  Infection Prevention and Control Committee	<b>Effective Date:</b>  08/01	<b>Page 1 of 19</b>
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**Policy:** Employee Health Services complies with applicable laws, regulations, and Infection Prevention and Control Committee recommendations pertaining to the reduction of infections. The Employee Health Program includes, but is not limited to, the provisions and conditions set forth in this policy.

**Purpose:** To reduce the risk of occupational acquired infections and transmission of infections to patients, physicians, employees including independent contractors, volunteers, students and visitors.

1. Immunizations recommended or required are made available free of charge to employees (as outlined in the Personnel Manual Employee Health Program Policy 208, and Bloodborne Pathogens Standard Exposure Control Plan 401). Students and independent contractors are to comply with the same immunization policies as Cape Fear Valley Health System.
  - a. Hepatitis B Vaccine is offered to employees classified as having occupational exposure (refer to Policy 401) on employment, after exposure incidents, and at any point during employment for those who had previously declined the vaccine. Serum is drawn for Hepatitis B Surface Antibody within 2 months of completing vaccination (3 doses – initial, 1 month, and 6 month schedule).
  - b. Influenza Virus Vaccine is provided to employees, physicians, volunteers and independent contractors at Cape Fear Valley Health System. Employee Health Service will notify departments during October - November when the vaccine is available.
  - c. Measles vaccination or documented immunity is required for employees unless contraindicated.
  - d. Rubella vaccination or documented immunity is required for employees unless contraindicated.
  - e. Tetanus-Diphtheria Toxoid vaccination or documented immunity (last booster within 10 years) is recommended on employment, at the time of needle stick, puncture wound or cut unless contraindicated.
  - f. Varicella (Chicken Pox) vaccination or documented immunity is required for employees unless contraindicated.
  
2. Employees who know that they are infected with HIV and/or Hepatitis B and perform or assist in surgery, dental procedures, or vaginal deliveries are to report themselves to the Chief, Communicable Disease Control Section, North Carolina Department of Environmental, Health, and Natural Resources, P.O. Box 27887, Raleigh, NC 27611-7687. This is required by law and is solely the employee's responsibility. Faculty and employers are responsible for communicating this information to their students, employees and independent contractors.

<b>Reviewed/ Revised</b> 12/93 08/99 11/94 05/00 07/97 07/01 10/01 07/04 03/06 10/08	<b>Reviewed/ No Change</b> 10/03	<b>Department:</b>  All	<b>Did this policy replace another Policy?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Old Policy Title:</b>  Employee Health Program
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3. Bloodborne Pathogens post exposure follow-up and prophylaxis is done after an exposure incident (refer to Policy 401). **An exposure incident occurs when mucous membranes, non-intact skin or parenteral contact with blood or other potentially infectious body fluids is made.** The employee with an exposure incident should report to his/her supervisor, charge nurse or lead tech., etc. immediately. Post exposure follow-up is coordinated through Employee Health Services.

- a. If there is blood or body fluid exposure to the eyes, nose, or mouth, **irrigate with running water immediately** and thoroughly. There are **Eye Wash Stations** provided in strategic locations throughout each department of the hospital. Intact skin exposed to blood or body fluids should be washed immediately with soap and water, even though a **true exposure has not occurred. Wash exposed non-intact skin with soap and water immediately. Report** to the supervisor or charge nurse of the unit where the exposure occurred.
- b. The supervisor or employee completes the “Employee Incident Report” (Form 652, Appendix A). The employee immediately reports to Employee Health with the completed form.
- c. The exposed employee reports to Employee Health during hours of operation (Monday through Friday 8 a.m. until 6 p.m. except for recognized holidays). At other times the supervisor calls CareLink at 609-5465. If Employee Health Service is closed, CareLink consults with the exposed employee over the phone to initiate post exposure follow up.

**When Employee Health is Open:**

1. The Source Patient chart is reviewed by the Supervisor, Charge Nurse or primary nurse of the unit on which the exposure occurred to determine if testing (HIV, HbsAg, and HCV) has already been done and is on the chart.
2. If the Source has not been tested, the Supervisor, Charge Nurse or primary nurse notifies the attending physician of the source that an exposure has occurred.
3. The attending physician of the source patient or his representative shall discuss the exposure with the source and shall test the source for HIV Rapid Test, HBV, and HCV, and other bloodborne infections as indicated unless the source is already known to be infected. No exposure source consent is needed or sought at this time.

(References: 15A NCAC 19A.0202 (4) (a) (i) and October 2, 1992, Memorandum from the office of the State Health Director regarding Mandatory HIV Testing/ Accidental Exposures).

4. The attending physician orders source testing at no cost to the patient.
5. The result of the source testing is returned to the source patient’s chart and is sent to Employee Health Services.
6. The employee is informed of the results of the source testing per Employee Health Nurse. The exposed employee is informed of all applicable laws and regulations concerning disclosure of confidential information relating to the identity and infectious status of the source individual.

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7. When the exposed employee reports to Employee Health, his / her blood is collected as soon as possible. If the employee refuses HIV serologic testing, the blood sample is preserved for at least 90 days. The exposed employee may request to have the baseline sample tested for HIV during the 90-day period.
8. If the exposed employee is not an employee of the unit on which the exposure occurs, the exposed employee notifies the Unit Supervisor, Charge Nurse or primary nurse of the source patient so the source chart may be checked to determine the need for testing. In addition, the exposed employee will notify his supervisor or charge person. (I.e. Respiratory Therapy, Lab, etc).
9. If the exposed employee is exposed to an Outpatient, the employee notifies the supervisor of the Outpatient Department and the same procedures in 3. a, b and c are followed. The supervisor of the unit attempts to contact the attending physician of the Outpatient before the patient is discharged so that the attending physician may fax a requisition for the necessary lab tests or verbally order the lab tests if it is within the caller's scope of practice to receive verbal physician orders. If the supervisor cannot contact the attending physician, the supervisor or charge person will call EHS and the EHS Medical Provider may give order for lab tests. If the EHS Medical Provider is not available, the Employee Health Nurse may recommend that the Charge person follow the EHS Standing Order/ Protocol for Blood/Body Fluid Exposure Lab Tests.

**When Employee Health is Closed: CDC POST-EXPOSURE HOTLINE (888-448-4911)**

1. Follow above protocol 3.a, b, and c. The exposed employee or the charge nurse of the exposed employee, calls Care Link when Employee Health is closed. CareLink interviews the exposed employee to determine:
  - a. If the employee has been exposed to bloodborne pathogens
  - b. If the source of exposure is known, name and location of source patient.
  - c. Obtain phone number(s) to follow-up with exposed employee.
2. If the source is known, CareLink consults with the source patient's nurse to determine if HIV, Hepatitis B Virus Surface Antigen, or Hepatitis C status is known.
3. If the source is HIV positive or unknown, CareLink instructs Charge Nurse to notify attending physician of source patient regarding exposure and to obtain order for necessary lab tests as above (HIV, HbsAg and HCV). Charge nurse notifies CareLink that lab tests have been completed. Care Link notifies the exposed employee that the source lab tests have been obtained and notifies the employee of the prophylaxis treatment available in the Pharmacy.
4. Care Link instructs the employee to go to the Pharmacy to talk with the Pharmacist in Charge regarding prophylaxis treatment available.
5. Care Link calls the Pharmacist in Charge and notifies him/her of the exposure and the name of the exposed employee who has been instructed to report to the Pharmacy.

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6. This pharmacist issues to the exposed employee an exposure kit consisting of 48-hour anti-HIV medication regimen as recommended by Center For Disease Control and Prevention to decrease risk of acquiring HIV and the “Consent To Take Approved Drugs For Non-Approved Indication” (Form 358). The pharmacist counsels the employee on risks and benefits. At that time, the exposed employee signs the consent accepting or declining post exposure prophylaxis. The Pharmacist sends the signed consent to Employee Health Services via fax and interdepartmental mail.
7. If the source has been diagnosed as having HIV or AIDS, the EHS Medical Provider is notified by Care Link. If the EHS Medical Provider cannot be contacted, the Medical Director for Infection Prevention and Control Committee may be contacted. The provider contacts the source’s attending physician to determine possible anti-HIV medication resistance and if a viral load has been obtained on the source. The provider would then make the necessary adjustments in post exposure prophylaxis and call the prescription into the Pharmacist-In-Charge. Care Link notifies the employee to pick up new prescriptions if indicated.
8. The employee is required to follow up with Employee Health on their first day of operation after the exposure. **Employee Health is responsible** for testing the employee and completing the follow up.
9. If the source’s status is unknown, CareLink faxes standing orders per the EHS Medical Provider for necessary tests (HIV Rapid Test, Hepatitis B Surface Antigen, and Hepatitis C). Follow the department’s STAT phlebotomy procedures. Notify attending physician of exposure during office hours or daytime hours on weekends. Transfusion Services calls HIV Rapid Test results to CareLink who notifies exposed employee. CareLink calls EHS Services Nurse at extension # 4192 or #4194 and leaves message regarding results and calls EH Nurse on next operational day so they may follow up with employee.
10. In settings where a nurse or physician is not available, the CareLink RN sends the technical Lab staff a completed standing order and lab requisition (Attachment B, available on the info-web). The CareLink Nurse sends a standing order for tests obtained to EHS for signature of EHS Medical Provider on the next business day.
11. The nurse/tech discusses the exposure with the source and reviews the HIV consent pamphlet.
12. If the HIV Rapid Test is positive, CareLink notifies the employee of the prophylaxis treatment available and directs the employee to report to the Pharmacist in Charge in the Pharmacy for post exposure prophylaxis. The pharmacist follows the same prophylaxis treatment protocol as discussed in number 6 above.
13. The employee is required to follow up with Employee Health on their first day of operation after the exposure. **Employee Health is responsible for testing the employee** and completing the follow up.

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14. If the source is HIV negative, CareLink notifies the employee and explains post exposure follow up and the necessity for the employee to report to Employee Health on their first day of operation after the exposure. Employee Health is be responsible for testing the employee and completing the follow up.
15. If source of exposure is known to be Hepatitis B surface antigen positive and the exposed employee does not have an adequate antibody level to Hepatitis B, Employee Health staff administers the appropriate prophylaxis when the employee reports to EH on the first operational day. (See Hepatitis B section below).
16. For non-employees (independent contractors, students), the supervisor follows the same steps on the source patient, but refers the person to his/her employer for post-exposure prophylaxis and follows up.
17. A Post Exposure Program Folder may be available in the department with the applicable form. The policy and procedures to be followed are available for all staff on the Info Web under Employee Health.

**Hepatitis B:** The need for prophylaxis is determined by the HBsAg status of the source patient and the vaccination status/response of the exposed employee.

**Source patient is Hepatitis B surface antigen positive:**

- a. When the exposed employee has not been vaccinated:
  1. Hepatitis B vaccination should be initiated within seven days of the exposure and subsequent doses of vaccine should be given one and six months after the first dose.
  2. A single dose of Hepatitis B immune globulin (HBIG) 0.06 ml/kg of body Weight should be given within seven days of exposure. If the employee declines Hepatitis B vaccine, the dose of HBIG will be repeated in one month.
- b. When the exposed employee has begun but not completed the vaccination:
  1. One dose of HBIG should be given within seven days of exposure.
  2. Vaccination series should be completed as scheduled.
- c. When the exposed employee has already been vaccinated and the anti-HBs response status is known:
  1. If the anti- HBs level is adequate no treatment is necessary.
  2. If the anti-HBs level is inadequate, a Hepatitis B Vaccine Booster should be given.
- d. When the exposed employee is known non-responder to the vaccine series:
 

Two doses of HBIG: one given as soon as possible after the exposure and the Second dose given one month later (preferred for those who have no response After vaccination).

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- e. When the exposed employee has been vaccinated and the anti-HBs response is unknown, the employee is tested for anti-HBs:
  - 1. The employee should be tested.
  - 2. If the exposed employee has adequate antibody, no additional treatment is necessary.
  - 3. If the exposed employee has inadequate antibody, one dose of HBIG and a standard booster of vaccine (at a different site) should be given.

**Source patient is Hepatitis B surface antigen negative:**

- a. When the exposed employee has already been vaccinated and has positive titer, no treatment is necessary.
- b. When the exposed employee has not been vaccinated, the first dose of Hepatitis B vaccine is given within seven days of exposure and the remaining doses as recommended.
- c. When the exposed employee has not completed the vaccination series, the series should be completed as scheduled.

**The source patient is unknown or not available for testing:**

- a. When the exposed employee has not been vaccinated, a dose of the Hepatitis B vaccine should be given within seven days of the exposure and the Vaccination completed as recommended.
- b. When the exposed employee has not completed the vaccination series, the vaccination should be completed as scheduled.
- c. When the exposed employee has been vaccinated and the anti-HBs response is known:
  - 1. If the exposed employee's response is adequate, no treatment is necessary.
  - 2. If the exposed employee has inadequate anti-HBs, a standard booster dose of Hepatitis B vaccine should be given. If the titer is < 5, then repeat the series of 3 and repeat titer in 30 days. If the titer is >6< 10, give booster and titer in 30 days. If titer >6<10, give second booster and titer. Then treat as non-converter.

**HIV:**

**The source patient is HIV Positive:**

- a. The employee is given an information sheet on HIV testing and HIV infection.
- b. The employee will be given (Consent To Take Approved Drugs For Non-Approved indications) and offered post exposure prophylaxis. The employee signs the form accepting or refusing treatment. Certain routine chemistries will be performed if the employee accepts prophylaxis. (HIV, HCV, ABCD, Hepatic Panel, Comprehensive Metabolic Panel. These chemistries are performed at baseline, Two weeks and four weeks.

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- c. If the employee is initially HIV seronegative, then he/she is offered retesting at six weeks, twelve weeks and six months.
- d. Counseling and information is given to the employee by EH Staff regarding CDC Recommendation on prophylactic drug therapy for employees who are exposed to a source who is HIV positive.
- e. The Employee Assistance Program is available for counseling the employee.

**HBV/HIV Employee Status:**

- a. If the employee is HIV positive with Western Blot confirmation on initial baseline testing or converts to positive during six months of testing, the employee is informed and counseled by the EH Nurse. This information is kept in the employee's confidential employee health record, which may only be accessed by EH Staff. Any information, which is required to be released by N.C. State Law or Regulation, is disclosed to the Health Department. If an employee is an HBV carrier, the local Health Department and Risk Management is notified per EHS.
- b. A healthcare worker who tests positive for HBV or HIV infection and performs or assists in performing surgical, obstetrical or other invasive procedures is informed by EH Services of the reporting measures adopted by the Commission for Health Services.
- c. The healthcare worker who has tested positive for HVB or HIV infection is requested to have a medical evaluation performed by a physician who has an understanding of infectious diseases. Copies of lab results are given to the employee or the employee's physician upon written request and consent. The medical evaluation must include a statement from the physician regarding the employee's ability to perform the functions of his/her job in a manner that does not pose a risk to him/herself, the patient and others. An Infectious Disease physician who serves on the Infection Prevention and Control Committee makes the final evaluation for returning the healthcare worker to work.

**Hepatitis C:** If the source is positive for Hepatitis C, the employee is tested for HCV and retested at three months and at six months. The employee is tested at six weeks post exposure for HCV PCR testing. Employee Health and an Infectious Disease serving on the Infection Prevention and Control Committee evaluate the positive results.

**Post- Exposure Evaluation and Follow-up:**

- a. The Employee Health Services makes available to all employees who have had an exposure incident, the Hepatitis B vaccine/series. A tetanus and diphtheria (Toxoid) booster is offered if the exposure is a needle stick, puncture wound or cut and if the last booster has been longer than five years. If the employee is high risk, the tetanus toxoid is given if last booster greater than 3 years. The booster is not given if the employee reports a history of neurologic or hypersensitive reaction following a previous dose. A post exposure and follow up evaluation is provided for all employees.

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b. The components of the confidential medical evaluation and follow-up include:

1. An evaluation of the exposure incident.
  2. Informing employee of results of his/her lab results and source individual testing (if not already known).
  3. Counseling.
  4. Post exposure prophylaxis when medically indicated and recommended by the US Public Health Services (USPHS) at the time of exposure.
  5. Evaluation of any reported illness related to the exposure incident.
- c. Employee Health Services provides to the exposed employee a written copy of the Post-Exposure Summary within 15 days of completion of the evaluation. The written summary contains the following information:
1. Indication for Hepatitis B vaccine.
  2. Results of HIV, HbsAg, HCV, and other lab ordered on source patient.
  3. Results of the evaluation.
  4. Medical conditions requiring further follow –up resulting from the exposure.

**Record keeping:**

- a. Records of the employee exposure incidents, post exposure follow-up, hepatitis vaccination statuses are kept confidential and retained during employment plus 30 years.
- b. The OSHA Log is completed and retained in the Risk Management Department by the Worker Compensation Office. A copy of the Incident Report is sent to Risk Management and to the Safety Department.

**Tuberculosis skin test (TST) Surveillance:**

Screening for symptoms when known to be TST positive is done on employment, at annual health evaluation and post-exposure, and as determined by the annual TB risk assessment as outlined in the Tuberculosis Exposure Control Plan 501.

**Infectious diseases:**

1. Infectious diseases are of special concern for employees who have patient contact or handle food. The following symptoms could represent contagious diseases; consult with Employee Health or your physician prior to reporting to work. Refer to Appendix C for a complete listing.

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- a. Diarrhea
- b. Open or draining wounds
- c. Rash, particularly with fever
- d. Fever > 101° F; report travel history
- e. Productive > 3 weeks or coughing up blood
- f. Conjunctivitis (red, irritated eyes with discharge)
- g. Head lice, scabies
- h. Strep sore throat

2. A log is maintained in Employee Health for employees who report symptoms that could represent a contagious disease process such as listed above or found in Appendix C. The log is monitored on a monthly basis. Incidents of infection and communicable diseases or possible trends are reported to the Infection Prevention and Control Department and Public Health as appropriate, at least monthly. Employees demonstrating symptoms of possible infection are not allowed to work until medically cleared.

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### Cape Fear Valley Health System Employee Incident / Illness Report

CFV     
  BHC     
  HRMH     
  Other \_\_\_\_\_

*To be completed by employee (if possible) if not completed by employee, indicate name of person completing report in Supervisor comments.*

EMPLOYEE INFORMATION				Office Use Only	
Name:		Department:		Claim No.:	
Address:		Position / Title:		Claim Type	
City, State, Zip:		Supervisor:		HR	
County:		Date of Hire:		AWW	
Home Phone:		Full / Part Time:		CR	
Date of Birth:		Work Phone:		LT	
Social Security #:		Nationality: (i.e., American, Hispanic, German)		RT	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		List ages of all children under 18:	Witnesses:		
INJURY INFORMATION					
Date of occurrence	Time of occurrence: AM PM	Completed Shift: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date reported:	Reported to:	
Where injury occurred: (i.e. ED, Lab, Hallway)		Type of injury: (i.e., cut, strain, bruise)		Specific body part: (i.e., right leg, left arm)	
Describe how injury occurred: (attach additional sheet if necessary)					
_____					
_____					
_____					
_____					
_____					
Employee Signature: _____			Date: _____		
SUPERVISOR COMMENTS: (attach additional sheet if necessary)					
_____					
_____					
_____					
Supervisor Signature: _____			Date: _____		
STATUS INFORMATION: Check all that apply					
<input type="checkbox"/> To Employee Health		<input type="checkbox"/> To ED		<input type="checkbox"/> Back to work	
				<input type="checkbox"/> Sent Home	

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**CONSENT TO TAKE APPROVED DRUGS FOR NON-APPROVED INDICATION**

I have been or might have been exposed on the job to HIV (Human Immunodeficiency Virus), the virus that causes AIDS. Based upon the circumstances of my exposure, my clinician has offered me antiretroviral (drugs which damage or interfere with HIV) drugs including AZT, 3TC, and/or other antivirals, which might reduce my risk of infection. Although these drugs are indicated for treatment of established HIV infection, they are not approved by the Food and Drug Administration (FDA) for preventing infection after exposure.

**IF I DECIDE TO TAKE A POST-EXPOSURE PROPHYLAXIS REGIMEN, THE FOLLOWING WILL OCCUR:**

1. My blood will be drawn at the request of employee health and tested for routine chemistries, as well as HIV, HbsAb, HCV, and if the exposure occurs at night or on weekends, I will go to Employee Health at the start of the next business day.
2. A urine test may be performed to determine if I am pregnant, and my weight will be obtained.
3. I will be given a prescription for the antiretroviral drugs. The instructions will be as follows:
  - Combivir times #6, One by mouth twice daily until seen in Employee Health (if weight > 50 kg)
4. I will be required to report for follow-up to Employee Health the next business day, 2 weeks, 4 weeks, 6 weeks, 3 months, and 6 months. Urine and/or blood tests may be performed at these visits.
5. If I experience adverse reactions or develop abnormal laboratory tests, this combination regimen may be discontinued or the dosage adjusted.

**BENEFITS OF TREATMENT:**

1. The risk of infection from exposure is not known with certainty. It varies according to the circumstances of my exposure. Should HIV infection occur, the outcome may be fatal. Antiretroviral drugs may prevent infection after exposure to HIV; especially if I take the first doses within just a few hours and continue to take doses regularly.
2. Although the CDC has published evidence that AZT decreases the risk of HIV infection after on the job exposure such as mine, the actual benefit to me of antiretroviral drugs in preventing infection after exposure is not proven. The benefit is less if treatment is delayed for more than 24 hours.
3. The duration of antiretroviral regimen likely to prevent infection is not known, but could be prolonged. For this reason, many clinicians recommend taking the drug at least four (4) weeks.

**RISKS:**

1. If I take antiretroviral drugs, I might develop symptoms including headache, flank pain, muscle pain, tiredness, loss of appetite, trouble sleeping, fever, nausea, vomiting, dizziness, and diarrhea. Although unlikely, I might also develop anemia, low white blood count, hepatitis (liver inflammation), meningitis or encephalitis (nervous system inflammation), or other serious adverse effects. These adverse effects are expected to disappear after the antiretroviral drugs are stopped, but the chance exists that the adverse effects could be life threatening.
2. Although considered unlikely, delayed effects of antireviral drugs could include carcinogenesis (cancer) or mutagenesis (mutations in genetic material).
3. Having my blood drawn may be painful and may cause a bruise or rarely an infection.

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**EXCLUSION CRITERIA:**

**If any of the following apply, I should not take antiretroviral drugs:**

1. My on the job exposure to HIV was exposure of my intact skin (that is, skin with no cuts or breaks) vs. a parenteral (e.g. needle stick) exposure or exposure to unprotected mucous membrane or non-intact skin.
2. I am either a male or a female of childbearing age and I decline to perform acceptable contraception, including abstinence, during the period I would take the antiretroviral drug and for four weeks thereafter.
3. I am breast-feeding and elect to continue breast-feeding.
4. I have one or more of the following:
  - Prior diagnosis of HIV infection
  - Underlying renal (kidney) disease
  - Underlying hepatic (liver) insufficiency
  - Existing immune system disease, whatever the cause
  - Bone marrow disease
  - Treatment with drugs which damage my bone marrow, kidneys or liver within 2 weeks prior to or at the same time as my antiretroviral drugs

I certify that I have read the above, or it has been read to me, and that I understand its contents, including the risks and benefits to me of taking or refusing to take the antiretroviral drugs. I have had the opportunity to ask questions and receive answers, which are satisfactory to me.

I elect to take the antiretroviral drugs Combivir and/or \_\_\_\_\_. I may have a protease inhibitor prescribed later. I certify that none of the Exclusion Criteria listed above apply to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

I elect **not to take** antiretroviral drugs.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

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**CAPE FEAR VALLEY**  
TRANSFORMING HEALTHCARE

CFVHS #358 revised 08/2001

DATE

**EXPOSURE FOLLOW-UP FOR EMPLOYEE HEALTH**

**Complete this form and send to the laboratory after receiving orders from the physician. The laboratory will enter requests into the computer. The patient will not be charged for the testing. **PHYSICIAN ORDERS MUST BE ENTERED IN CHART.****

Test(s) Requested:  
(Please Check ✓)

- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Virus (HCV)
- HIV (Rapid Test)
- Other
- After hours please call Care Link at extension 4581 with rapid HIV results

**Hepatitis B Surface Antigen and Hepatitis C Virus are collected in same Gold Top Tube.  
HIV Rapid Test is collected in 1 Gold Top Tube AND 1 Lavender Top Tube.**

ADDRESSOGRAPH

Name of Patient:

Room #:

Medical Record #:

WHITE - Laboratory  
YELLOW - Employee Health

CFVHS #263 2/23/00

**Cumberland County Hospital System, Inc.**  
**Infection Prevention and Control Policy – Procedure**

<b>Title:</b> Employee Health Infection Prevention and Control Program (Includes employee incident/illness reporting)	<b>Policy Number</b>  208	<b>Approved By:</b>  Infection Prevention and Control Committee	<b>Effective Date:</b>  08/01	<b>Page 14 of 19</b>
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**CARE OF EMPLOYEE EXPOSED TO BLOOD/BODY FLUIDS**  
**CFVHS #357**

**WHEN EMPLOYEE HEALTH IS CLOSED**  
**THE FOLLOWING MUST BE DONE**

**CDC POST-EXPOSURE HOTLINE**  
**1-888-448-4911**

**THE FOLLOWING MUST BE DONE AS SOON AS POSSIBLE BY THE NURSE OF THE SOURCE  
PATIENT**

**1. DETERMINE IF EMPLOYEE EXPOSED TO BLOOD OR BODY FLUIDS**

**The following body fluids may contain HIV.**

- a. Blood or body fluids or tissues
- b. Cerebrospinal, amniotic, peritoneal, pleural, synovial, and pericardial fluids
- c. Inflammatory drainage (i.e. pus)
- d. Semen or vaginal secretions
- e. Human milk

**2. PROVIDE STANDARD FIRST AID TO EXPOSED AREA**

- a. Cleanse skin with antiseptic soap (area may be squeezed using aseptic technique)
- b. Irrigate eye exposures thoroughly.

**3. ASSESS SOURCE PATIENT INFORMATION (when no blood is available)**

The Charge Nurse or Employee's Supervisor will assess the possibility of the following risk factors with the source patient by reviewing the medical record and talking with the patient (If Possible).

- IV drug use
- Sexual contact with multiple partners  
(heterosexual and/or homosexual)
- Receipt of blood or blood products before 1985
- Child of a mother who is HIV positive or at risk

If employee chooses to take prophylactic medication or needs help in assessing risk, call CareLink call center at 609-5465. They will verify exposure and contact Pharmacy. They will give name of exposed employee to Pharmacist in charge and send employee to Pharmacy for prophylactic medication. CDC Post-exposure Hotline listed above is available for assistance at all times

**4. CALL DOCTOR OF SOURCE PATIENT (person whose blood infected employee) TO ORDER**

**TESTS** (HbsAg, HIV Rapid Test , HCV) AND WRITE IN DOCTOR'S ORDERS IN CHART. If exposure occurs in department where there is no charge nurse assigned (i.e. LAB) the Charge Person may call and request the physician of the source to fax a LAB requisition to the Lab indicating the lab tests to be drawn on the Source. If fax machine is not available for physician (such as late at night), the Charge Person may call CARELINK nurse and request the nurse to call physician and get verbal order for Lab tests to be drawn. CARELINK will write physician order and check off ordered tests on Exposure Lab Sheet and fax both sheets to Lab Central, after calling Lab Central to notify staff of stat lab tests needed. (CVF #6158, HRMH, #1210). Call Center sends original physician order sheet and original Exposure Lab Sheet to Employee Health via Interoffice Mail so it will be available for EH Staff the next business day. If source patient physician cannot be contacted within few hours, CareLink may contact EHS Medical Provider or Medical Director of Infection

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Control for lab test order. If neither EHS Medical Provider nor Medical Director of Infection Prevention and Control available, CareLink registered nurse staff may follow EHS Standing Order for CDC Guidelines for recommended lab tests for source (HIV Rapid Test, HCV and HbsAg). After faxing copy of standing order for lab tests and checked off EHS Exposure Lab Sheet to Lab Central, CareLink sends original order form to EHS for EHS Medical Provider to sign order and attach to exposed employee record.

- 5. CHECK OFF THE TESTS ON ATTACHED LAB SHEET AND CALL LAB CENTRAL (CFV 609-6158, HRMH 609-1210) REQUESTING THEM TO DRAW SOURCE PATIENT'S BLOOD.**
- 6. Contact the Call Center (CareLink) at 609-5465 to give them the phone number where results are to be called in. Call Center will call results to that number to notify exposed employee and discuss prophylactic medication availability. CareLink will leave message on EHS phone (#4192 or #4194) regarding exposure.**
- 7. SUPERVISOR OF EXPOSED EMPLOYEE WILL BE RESPONSIBLE TO VERIFY COMPLETION OF ABOVE WITH THE NURSE /(TECH) OF THE SOURCE PATIENT. Lab Chemistry Department (609-6841) performs the stat HIV Test and calls the results to supervisor or Lead Charge Nurse on Unit of source patient, or if received order from Care Link staff they will call CareLink Call Center. The Call Center (609-5465) notifies the employee of the results as described above and notifies employee of availability of prophylactic medication, if positive lab results. CareLink staff faxes signed copy of Standing Order for Exposure Medical Directive to pharmacy. The Pharmacist in charge is responsible for counseling the exposed employee regarding the prophylactic medication and dispensing medication according to the Standing Order. Pharmacist directs employee to report to EHS on first business day for follow up treatment including prescription for 28 days. CareLink sends original Standing Order for Medical Directive to EHS for EHS Medical Provider to sign and send to Pharmacy on first business day.**
- 8. THE NEXT BUSINESS DAY**
  - a. **Employee MUST** be seen in Employee Health to complete blood work and counseling
  - b. Supervisor/Manager forwards original Incident Report and original signed consent if applicable to Employee Health.
  - c. Call Center Nurse calls Employee Health Nurse (#4192) the next business day to insure they are aware of exposure for necessary follow up.
  - d. CareLink sends original Standing Orders for Medical Directive and original Standing Order for Lab tests, if appropriate, so they are available for EHS Medical Provider to sign on the first (next) day of business.
  - e. EHS Staff will send original Standing Order for Medical Directive signed by EHS Medical Provider to Pharmacy (Pharmacist in Charge).

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**Appendix C: Recommendations and Work Restrictions for Personnel with Infectious Diseases**

<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases
Cytomegalovirus infections	No restriction	
Diarrheal diseases Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
Convalescent stage, Samonella spp.	Restrict from care of high-risk patients	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained >24 hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates, and immuno compromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	No restriction; refer to state regulations; standard precautions should always be observed  Do not perform exposure-prone invasive procedures until directed by the State Health Director .	Until hepatitis B e antigen is negative
Hepatitis C	Do not perform exposure-prone invasive procedures until directed by the State Health Director	Until hepatitis B e antigen is negative

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<b>Disease/Problem</b>	<b>Work Restriction</b>		<b>Duration</b>	
Herpes simplex Genital Hands(herpetic whitlow)  Orofacial	No restriction  Restrict from patient contact and contact with the patient's environment  Evaluate for need to restrict from care of high-risk patients		Until lesions heal	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until directed by the State Health Director			
Measles Active Post exposure (susceptible personnel)	Exclude from duty  Exclude from duty		Until 7 days after the rash appears  From 5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears	
Meningococcal infections	Exclude from duty		Until 24 hours after start of effective therapy	
Mumps Active Post exposure (susceptible personnel)	Exclude from duty  Exclude from duty		Until 9 days after onset of parotitis  From 12 <sup>th</sup> day after 1 <sup>st</sup> exposure through 26 <sup>th</sup> day after last exposure or until 9 days after onset of parotitis	
Pediculosis	Restrict from patient contact		Until treated and observed to be free of adult and immature lice	
Pertussis Active Post exposure (asymptomatic personnel) Post exposure (symptomatic personnel)	Exclude from duty  No restriction, prophylaxis recommended  Exclude from duty		From beginning of catarrhal stage through 3 <sup>rd</sup> wk after onset of paroxysms or until 5 days after start of effective antimicrobial therapy  Until 5 days after start of effective antimicrobial therapy	
Rubella Active Post exposure (susceptible personnel)	Exclude from duty  Exclude from duty		Until 5 days after rash appears From 7 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure	

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**Employee Illness Log**

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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>		
Scabies	Restrict from patient contact	Until cleared by medical examination		
Staphylococcus aureus infection Active, draining skin lesions  Carrier state	Restrict from contact with patients and patient's environment or food handling  No restriction, unless personnel are epidemiologically linked to transmission of the organism	Until lesions have resolved		
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started		
Tuberculosis Active disease PPD converter	Exclude from duty No restriction	Until proved noninfectious		
Varicella (chicken pox) Active Post exposure (susceptible personnel)	Exclude from duty  Exclude from duty	Until all lesions dry and crust  From 10 day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure		
Zoster Localized, in healthy person Generalized or localized in immunosuppressed person Post exposure (Susceptible personnel)	Cover lesions; restrict from care of high-risk patients Restrict from patient contact Restrict from patient contact	Until all lesions dry and crust Until all lesions dry and crust  From 8 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or, if Varicella occurs, until all lesions dry and crust		
Viral respiratory infections, acute febrile	Consider excluding from the care of high-risk patients or contact with their environment during community outbreak of RSV and influenza.	Until acute symptoms resolve		

