Instructions for blood or body fluid exposure

1. Wash with soap and water exposed area. If this is a splash or aerosol exposure to the eyes wash in an Eye Wash Station.
2. The exposed employee needs to notify their supervisor immediately. Supervisors need to notify Occupational Health 715-793-5105. This will be a Workers Compensation event for the employee. If Occupational Health is unavailable call the Triage line at 715-793-5087 to report the incident and set up an appointment for a provider.
3. Fill out the S-MH&WC Blood and Body Fluid Exposure form. The employee and supervisor should fill out as much information as they can on this first page of this form. The rest of the form can be filled out by other departments.
4. The employee needs to take this form with them to the S-MH&WC Medical Department.
5. The department that the incident takes place in, needs to send the source person to lab for blood to be drawn for testing.
6. Depending upon the situation the exposed employee may or may not need counseling and or examination by a medical provider.
7. The exposed employee and the source person will need to have blood drawn for Hepatitis C, Hepatitis B surface antigen, Hepatitis B core antibody and HIV. Providers use these codes for ordering tests. **Initial exposure** V15.85 (ICD-10 code Z57.8) For the 3, 6 month and 1 year use V15.89 (ICD-10 code Z77.21)
8. Occupational Health will set up standing orders for the employee to come back in 3 months, 6 months and one year for Hepatitis C antibody, HIV, Hepatitis B core antibody.

Stockbridge-Munsee Health and Wellness Center Blood and Body Fluid Exposure Form

Today's Date_____

This section is to be completed by the Supervisor.

1. EXPOSED EMPLOYEE NAME:_____
   a. Last 4 numbers of Social Security number _____
   b. Date of exposure_____
   c. Employee's job duty at the time of exposure_____
   d. Circumstances of exposure. Include part of the body exposed and route of exposure, i.e., needle stick, urine splash etc...

      _____
      _____
      _____

   Hepatitis B vaccination status: To be completed by Occupational Health

   Date vaccine was given 1st_____ 2nd_____3rd_____

   Was vaccine declined previous to exposure: Yes _____ No _____ Date _____

   If vaccine previously declined, was vaccine offered post-exposure?

   Yes _____ No _____ Not Applicable_____ Given_____ Declined_____

   Hepatitis B titer: Reactive _____ date Non-reactive _____ date

   If non reactive, dates follow-up vaccines given _____

2. EXPOSED EMPLOYEE INFORMATION: the exposed employee has the right to the following three choices. It is the exposed employee's right to refuse blood testing.

_____ Employee refuses to contribute baseline blood or allow testing.

_____Employee agrees to contribute baseline blood (to be stored at least 90 days) but refuses testing at this time.

_____Employee agrees to contribute blood and grants permission for testing for HIV-1, Hepatitis C, Hepatitis B antibodies and antigen; for prophylaxis; and for follow-up evaluation/treatment. Additionally employee acknowledges that complete information and counseling has been provided.

3. SOURCE PATIENT INFORMATION:

   _____ Source patient could not be identified (or available or legally precluded).

   _____ Source patient was identified but refused to contribute blood.

   _____ Source patient was identified and blood was obtained for testing.

Supervisor printed name _____ Supervisor's signature_____ Date_____

Occ. Health printed name _____ Occ .Health signature _____Date_____

Employee's Signature_____ Date_____

Stockbridge-Munsee Health and Wellness Center Blood and Body Fluid Exposure Form

THIS SECTION IS TO BE COMPLETED BY THE PHYSCIAN.

A. **Exposed Employee**:

a. Treatment administered:

_____

_____

_____

_____

_____

b. If Hepatitis B series has not been completed, or if Hepatitis B titer is non-reactive, it is recommended that One (1) milliliter (cc) Immune Globulin be given at the time of exposure.

1 cc Immune Globulin will be given today: YES _____ NO_____ Not needed _____

If needed, but not given at time of exposure, reason not given._____

_____

_____

B. **Source Patient:**

Prior to this incident what was source individual's Hepatitis B Status?

Known _____ Not Known_____ If known, results_____

(Note: When the source individual is already known to be infected with Hepatitis B, C or HIV, it need not be repeated at time of exposure).

Provider's printed name:_____

Provider's signature: _____

Date of examination_____

Employee's printed name: _____

Employee's signature_____ Date_____