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WORKSITE EXPOSURE FORM – Page #1 of 3

EMPLOYER RESPONSIBILITY

The Worksite Exposure Form delineates the responsibilities of the following parties involved in the management of the employee exposed to potentially contaminated body fluids through needlestick, splashing of body fluids onto open or diseased skin, or splashing of the fluids onto mucous membranes:

- Employer – Page #1 of 3
 - Urgent care – Page #2 of 3
 - Source patient – Page #3 of 3
1. The **Workplace employee-injury representative** should immediately advise employee to thoroughly wash the injured body part with antimicrobial soap and water. If the exposure involved the mucous membranes (i.e. eyes, etc.), the membrane should be irrigated with water or saline for 15 minutes.
 2. The Workplace employee-injury representative should contact the **source patient immediately** to complete **“Attachment B – Source Patient”**.
 3. The Workplace employee-injury representative is responsible for directing the **source patient** immediately to the urgent care for the blood testing. **A copy of the completed “Attachment B – Source Patient” must be brought by the source patient to the urgent care.**
 4. If after explanation, and exhausting all other attempts, the source patient still refuses the blood testing, this must be reported immediately by phone by the Workplace employee-injury representative to the county health director for legal action to be taken to enforce the law that the blood testing must be granted. (**NOTE:** The Urgent care provider can assist the Worksite employee-injury representative in identifying the contact numbers of the local county health director.)
 5. The Workplace employee-injury representative will refer **employee** to the CHS-urgent care for assessment and treatment. **A copy of the completed “Attachment B – Source Patient” must be brought also by the employee to the urgent care.** (Place this in an envelope marked as **“confidential”** to protect the privacy of source patient information.)
 6. The Employer is responsible for the cost of the care of employee exposure and the source patient blood testing, in accordance with CHS-Healthworks contract.



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URGENT CARE RESPONSIBILITY

1. The urgent care nurse, clinical assistant, or Lab/Tad Tech will enter the orders into *Amb Quick Orders* in Cerner for the **blood testing for the source patient** that are listed on page #3 of 3 in this form. (See also Bloodborne Pathogen Exposure SOURCE PATIENT PROTOCOL for procedure.)
2. The **Urgent care** provider will assess the **employee** for kind of exposure, and document the same. **Use Diagnosis Code Z77.21.** Exposure site(s) will be examined and cleansed.
3. The Urgent care provider will data-enter the name, DOB, and phone # of the source patient in the body of the **employee's Cerner note**. The employee should present a copy of the completed **“Attachment B – Source Patient”**, which will contain this information. The Urgent care provider will data-enter into the employee's Cerner note the answers to the 5 High Risk Behavior Questions asked of the source patient. (See “Attachment B – Source Patient” for the answers.) The completed Attachment B – Source Patient should be scanned into the employee's Cerner note.
4. Urgent care can assist the Worksite employee-injury representative in identifying the contact numbers of the local county health director, if required for a source patient refusing the blood testing.
5. The Urgent care will obtain blood from the **employee** for the following blood tests:
 - Hepatitis B surface **antibody** (CPT 86706)
 - Hepatitis C antibody (CPT 86803)
 - HIV 1 & 2 screening test (CPT 87389)
6. **Immediately on day #1**, the Urgent care provider will determine the level of risk of the exposure from information provided by employee **and** from the source patient responses from questions answered in Attachment B. Refer to **UpToDate** as needed (under “Management of healthcare personnel exposed to HIV”, section “Definition of Exposure”).
7. If employee exposure is determined to be high risk, the Urgent care provider will start the employee immediately on post-exposure prophylaxis (“PEP”) treatment for HIV. Consider offering a 5-day starter pack Rx. As of 09/17/2014 the preferred treatment is **Raltegravir 400mg PO twice daily, plus Truvada 1 PO once daily. A PEP hotline* (1 888-448-4911)** is available to assist you.
8. If employee refuses blood testing (#5 above), or recommended treatment (#7) above, this should be documented by the provider on an AMA form, and signed by employee and provider.
9. Urgent care will facilitate **employee** follow-up within 72 hours with primary care physician (PCP) or other appropriate provider for consultation for “high risk” exposures only.
10. The Urgent care can provide the blood test **results** of the source patient, **to the source patient**. If results are abnormal, the Urgent care will refer source patient for follow-up to a provider of the source patient's choosing, or will recommend a healthcare provider for follow-up, if the source patient does not have one. The source patient blood test results can also be handed-off to the provider of the source patient's choosing. The hand-off of blood test results to the source patient, and/or hand-off of the same to his/her follow-up healthcare provider, must be documented in Cerner by the Urgent care, under the source patient's name.

* The PEP hotline is a free service offered by the Clinician Consultation Center, a rapid response line for bloodborne pathogen exposure management, is partially funded by CDC, is located in San Francisco, and is part of University of California/San Francisco. Hours of operation are M – F 6AM – 5PM Pacific Time (or 9AM – 8PM E.S.T.). Website: nccc.ucsf.edu (Then search, “PEP Quick Guide for Occupational Exposures”).



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SOURCE PATIENT RESPONSIBILITY

The **Source Patient** is (1) to complete **“Attachment B-Source Patient”** including answering the high risk questions, (2) to acknowledge receipt of **“Attachment B – Source Patient”**, (3) to report immediately to the urgent Care for blood testing (Bring completed Attachment B to Urgent Care), and (4) is expected to provide blood for the following testing:

- Hepatitis B surface **antigen** (CPT 87340)
- Hepatitis C antibody (CPT 86803)
- HIV 1 & 2 screening test (CPT 87389)



ATTACHMENT A – SOURCE PATIENT

INTERVIEW OUTLINE FOLLOWING EXPOSURE INCIDENT

- I. Approach source patient
 - A. Explain injury/exposure (may use *Attachment B-Source Patient* to aid explanation)
 - B. Have the source patient complete the *High Risk Behavior* questions on **Attachment B**
 - C. Explain that Attachment B will be sent in a confidential manner to provider that treats the employee exposed to BBP.
 - D. Explain potential risks to employee as a result of exposure to potentially contaminated body fluids for:
 1. HIV (Human Immunodeficiency Virus)
 2. HBV (Hepatitis B Virus)
 3. HCV (Hepatitis C Virus)
- II. Advise of need to perform some lab tests (again, may use *Attachment B-Source Patient* form):
 - A. No cost to source patient
 - B. HIV and hepatitis testing are mandated by the North Carolina Administrative Code 10A NCAC 41A .0202 (Control Measures-HIV) (4)(a)(i), and 10A NCAC 41A .0203 (Control Measures-Hepatitis B) (b)(4)(A)
 - C. Testing is generally accurate, though false positives and false negatives have been known to occur. If diseases were found by tests performed, source patient would be advised to seek attention from his/her personal physician, or be referred to an infectious disease specialist for appropriate assessment and treatment.
 - D. Distribution of test results:
 1. The results would be kept in employee's personnel file.
 2. The results will be reviewed with the employee who is also counseled on the source patient's right to privacy.
 3. Results of this blood testing are confidential and will only be released to those healthcare practitioners directly responsible for my care and treatment and to others as required by law. This includes the injured employee, workplace employee-injury representative, and healthcare practitioner involved in the care of the injured employee. I further understand that I may have a copy of these test results, and that no additional release of the results will be made without my written authorization.



ATTACHMENT B – SOURCE PATIENT

SOURCE PATIENT ACKNOWLEDGEMENT OF BLOOD TESTING and HIGH RISK BEHAVIOR QUESTIONS

I have been informed that my blood will be tested in order to detect whether or not I have Hepatitis B and C, and the Human Immunodeficiency Virus (HIV), which is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). I understand that these are blood tests, and the blood is sent off to a laboratory for processing.

The purpose of the testing, which is to aid in the appropriate treatment of the exposed employee, has been explained. I have been allowed to ask questions regarding the nature of the blood tests.

I understand that the results of this blood testing are confidential and will only be released to those healthcare practitioners directly responsible for my care and treatment and to others as required by law (e.g. court subpoena, etc.). This includes the injured employee, workplace employee-injury representative, and physician or other designated healthcare provider. I further understand that I may have a copy of these test results, and that no additional release of the results will be made without my written authorization.

By my signature below, **I acknowledge receipt of a copy of this page** (“Attachment B – Source Patient”), and that I have been given all of the information I desire concerning the blood test and release of results.

Injured Employee’s **EMPLOYER** name: _____ Phone: _____

PRINTED Source patient name: _____ DOB: _____

Address of Source Patient: _____

Phone number(s) for blood test results: _____

SIGNATURE of Source patient: _____ Date: _____

If signed by other than patient, indicate relationship: _____

Witness: _____

HIGH RISK BEHAVIOR QUESTIONS (Circle YES or NO)

Have you engaged in homosexual practices or have you had multiple sexual partners in the past 1 year? YES NO

Have you received a blood transfusion in the past 1 year? YES NO

Have you engaged in I.V. illicit drug use in the past 1 year? YES NO

Have you experienced a sexually transmitted disease in the past 1 year? YES NO

Have you had either a tattoo applied or experienced a body piercing in the past 1 year? YES NO

Worksite employee-injury representative will give a copy of this information to BOTH the employee and source patient. *Employee copy needs to be placed in an envelope labeled “CONFIDENTIAL”. BOTH the employee and source patient will need to present this form for services to be provided in the urgent care.