

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Health & Safety	SUBJECT: Post Exposure to Blood or Potential Infection Bodily Fluid	SECTION: C POLICY: 3
DATE: July 12, 2022	Administrator's Signature: _____ <i>J. M.</i>	
REVISION DATES: October 2023	IPAC Lead's Signature: _____ <i>L. Coppola, RN.</i>	

POST EXPOSURE TO BLOOD OR POTENTIAL INFECTION BODILY FLUID

POLICY:

Immediate medical attention will be obtained in the event of a contaminated needle stick/sharps injury, exposure of mucous/ocular membranes or non-intact skin to blood or potentially infectious body fluids, or a human bite that breaks the skin.

PROCEDURE:

Sharps that can cause injury and expose workers to dangerous pathogens include:

- Hypodermic needles
- Blood collection needles, including those used for glucose & coagulation monitoring
- Suture needles
- Intravenous needles – catheter stylets & line needles
- Scalpel blades
- Lancets
- Razor blades
- Scissors
- Pins
- Staples

In the event of receiving a sharps injury, the injured staff will:

- 1) Allow wound to bleed freely, immediately flood exposed area with water, and clean any wound with soap and water or a skin disinfectant if available (for ocular exposure, flush eyes with water or use eyewash station).
- 2) Report injury/exposure to supervisor, department head, or nurse in charge and seek first aid immediately.
- 3) As soon as possible attend his/her Doctor's office, after hours clinic, or local emergency department to have his/her risk of acquiring an infectious disease assessed.

- 4) Comply with follow-up testing schedules to determine whether sero-conversion has occurred.

The Nurse will:

- 1) Thoroughly cleanse and apply an appropriate antiseptic to any wound (if wound is a deep puncture that cannot be cleaned, assess tetanus immunization status and counsel re: possible need for prophylactic treatment for tetanus).
- 2) Issue WSIB Treatment Memorandum and direct exposed staff to Doctor's office, after hours clinic, or local emergency department.
NOTE: If exposed staff is the nurse in charge and there is no replacement available, notify DNPC for direction.
- 3) Counsel exposed staff on the need to receive immediate medical attention for assessment of immunization status, blood work, and follow up; and if exposed staff refuses to seek immediate medical attention, obtain staff's signature on "Staff Refusal to Seek Medical Attention" form and forward to Administrator for follow up.
- 4) If source of blood or body fluid is known, report incident to nurse in charge and DNPC.
- 5) If the injury occurred following resident contact, verify resident's history of: Human Immunodeficiency Virus (HIV) Antibody, Hepatitis C (HCV) Antibody, HBsAg.
- 6) If antibody status of the contact resident is known to be positive, contact the Medical Director to explain the incident, and request that the Medical Director contact the injured party's physician to plan next steps on behalf of the injured party. The resident's POA/caregiver will also be notified at this time.

All Supervisors & Managers will:

- 1) Send exposed worker immediately to nurse or designated worker.
- 2) Investigate situation and complete Staff Incident Report Form indicating possible exposure to bloodborne pathogens, name of source if known, and label CONFIDENTIAL.

The Nurse in charge/DNPC will:

- 1) Document incident in Progress Notes on resident's chart; only if applicable.
- 2) Fill out an employee incident form immediately.
- 3) Inform resident and notify family/POAPC and physician of incident and obtain consent for testing.
- 4) Obtain physician's order to test resident source for Hepatitis B surface Antigen (HBsAg), HCV, and HIV (any and all can be ordered depending on known facts and resident risk). Clearly label laboratory requisition.
- 5) Arrange with Laboratory to draw resident's blood as soon as possible. Source blood must be drawn within 72 hours of incident.
- 6) If resident was exposed to staff's blood or body fluid and is deemed high-risk, ascertain whether the exposed staff is willing to be tested for HIV antibody.
- 7) If exposed staff refuses testing, do not proceed with procedure to test resident source.
- 8) If exposed staff consents to testing for HIV antibody (must occur within 1 week of incident), inform resident or POA/caregiver of high-risk category and obtain written informed consent for HIV antibody testing.

The Medical Director will:

- 1) Document discussions in the resident's electronic health record.
- 2) Communicate results of resident's blood work to exposed staff's physician and resident/POA
- 3) If resident/ POA refuses to allow testing for HIV antibody, notify exposed staff's physician of high-risk category of resident for follow up with exposed worker.

The DNPC will:

- 1) Notify Medical Officer of Health of bloodborne pathogen exposure incident if mandatory blood test is required, and follow up that it has been conducted.
- 2) Complete the Workplace Safety and Insurance Board Form 7 within 72 hours of incident and submit.
- 3) Monitor claim and ensure exposed worker has received appropriate follow up medical counseling and treatment.
- 4) If worker has refused medical attention, ensure "Staff Refusal to Seek Medical Attention" form is signed and filed in staff file. Document counseling given to staff and file in staff file.
- 5) Enforce organizational policies and procedures regarding sharps.
- 6) Monitor that initial and continual training and education occurs.
- 7) Investigate continuous improvement of disposal systems.
- 8) Implement new technologies including needleless systems, retractable devices, and recapping devices.
- 9) Promote Hepatitis B vaccination.
- 10) Maintain accurate record keeping of all sharps-related injuries, including a Sharps Injury Log.

All Managers will:

- 1) Encourage reporting of incidents.
- 2) Investigate and analyze all sharps injuries.
- 3) Encourage residents and families to provide safety razors (electric or battery) for residents.
- 4) Not recap sharps and will adhere to safe handling practices with regards to sharps as detailed in the Occupational Health & Safety Manual.
- 5) Deliver initial and ongoing training and education on materials handling of sharps in the workplace.

NOTE: Whenever there is a possibility that a staff has been exposed to a bloodborne pathogen, the issues of resident confidentiality and staff rights may conflict. Current practice requires that the physician obtain written informed consent from the resident or substitute decision maker for HIV antibody testing.

Any questions regarding HIV protocol or follow up, contact:

- HIV Clinic – Windsor Regional Hospital, MET Campus – 519-254-6115
- WECHU – 519-258-2146