

Bloodborne Pathogen Exposure Management

Education

Effective 06.02.2026

Bloodborne Pathogen Definition

- A bloodborne pathogen exposure (BBPE) incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material (OPIM).
- A non-bloody body fluid exposure may occur if a care team member is splashed by bodily fluids or is spit upon. These exposures also require assessment.
- When a care team member is exposed, the evaluation process should be started as soon as possible (within 30 minutes of exposure) to ensure timely treatment if needed.
- This evaluation and follow-up is at no cost to the worker or source patient.

BBPE Management

- Management of a BBPE is time sensitive and should be treated as an urgent situation.
- It is essential to begin the process of source patient consent and testing or risk assessment emergently.
- This is to ensure that any necessary medications can be provided to the exposed care team member promptly.
- Management of a BBPE is a multidisciplinary process involving the following individuals:
 - Care team member (CTM)
 - Employee Health Services (EHS)
 - Nursing management
 - Emergency Department

Care Team Member Responsibilities

- Care Team Member
 - Take immediate care of exposure site.
 - Thoroughly wash skin/puncture site with soap and water.
 - If eyes, nose, and mouth were exposed, flush with tepid water or saline for at least 3-5 minutes.
 - Notify immediate supervisor or site clinical manager of incident.
 - Complete Employee Safety report in on-line reporting portal as soon as possible.
 - Contact Employee Health at 207-662-4011

Manager Responsibilities

- Release Care Team member for BBPE care
- Insure that CTM completes on-line employee injury report or complete it for them if they are unable.
- Complete the accident investigation and review accident investigation findings with exposed CTM as soon as possible. This step should not delay CTM evaluation.
- If source patient discharge is pending, request that discharge be delayed allowing time for source consent, risk assessment, and blood draw to be completed. It is imperative that the patient not leave the location as this will delay the care of the care team member.

Employee Health

Exposure During Regular Business Hours

- Triage Care Team Member
- Determines this is a bona fide BBPE
- Contact House Supervisor/designee to begin Source Risk Consent or Assessment and testing
- Provides follow-up care and guidance to the care team member.

Exposure After Hours

- Care Team Member will be connected with House Supervisor or designee via phone tree to begin Source Risk Consent or Assessment and testing, by calling 207.662.4011.
- EHS will follow up with CTM the next business day to provide follow-up care and guidance.

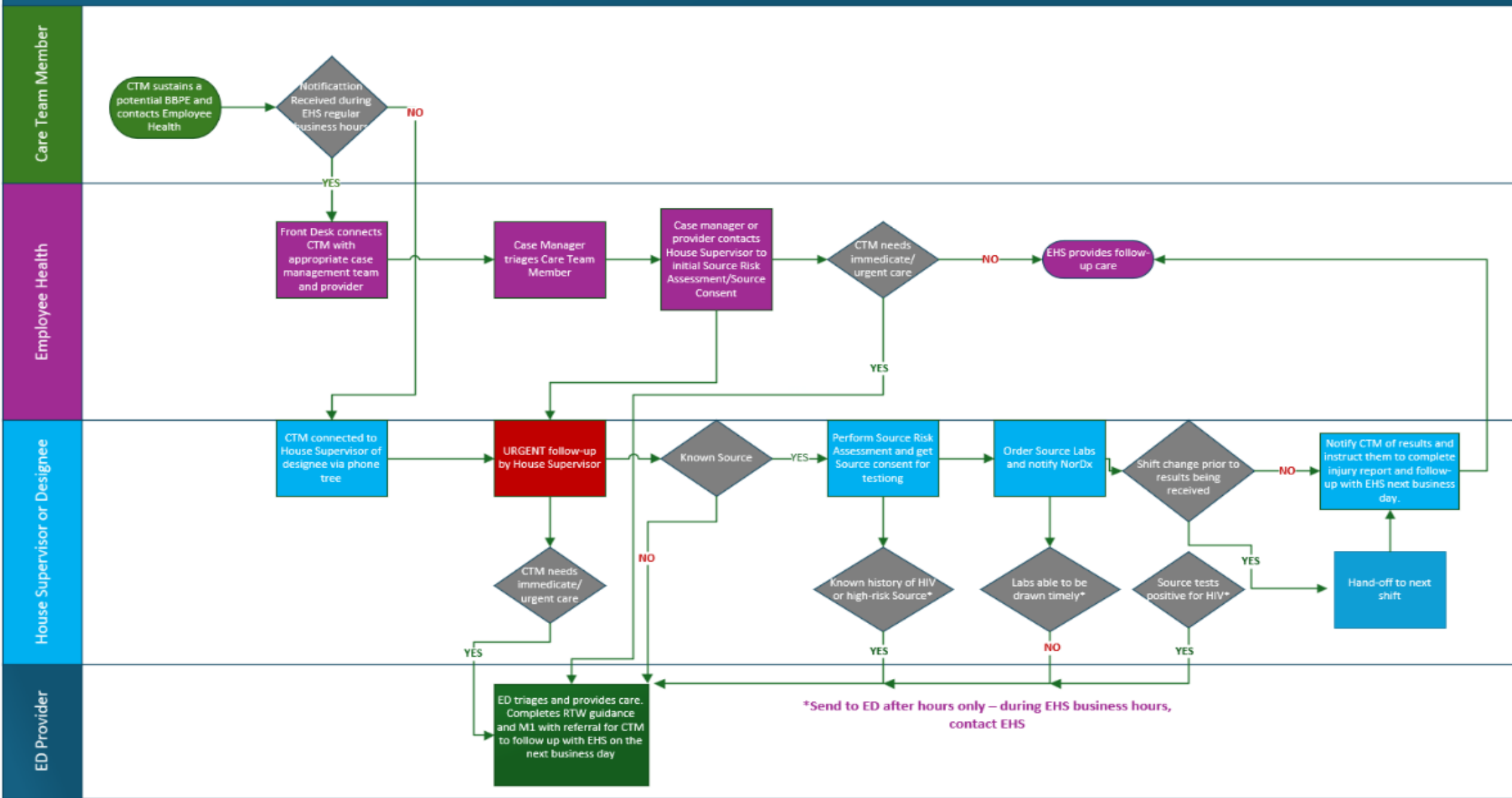
House Supervisor/Nurse Manager or Designee

- Obtain Source Patient HIV Testing Consent
 - Perform Source Risk Assessment
 - Place Source Lab Orders in Epic – Consent for this testing is only needed for HIV. HepB and Hep C testing may be done without source consent.
 - Monitor Epic for Source results
 - NorDx will call the ordering House Supervisor/Provider if HIV results are positive.
 - Refer Care Team Member to ED if the following conditions exist:
 - Source has known HIV, is determined to be high-risk or tests positive for HIV
 - Source is unknown
 - Source labs are unable to be drawn in a timely manner.
 - Care team member has an injury, that needs emergent care (e.g. laceration, puncture wound, etc).
 - Refer Care Team member to EHS for follow-up (if not already triaged by EHS).
 - Complete the BBP Exposure Confidential Sheet and forward to EHS. Appendix A-4
-

Emergency Department

- Provide emergent care as needed – laceration, etc.
- Assess CTM and order PEP as needed if source is high-risk or known to be HIV positive.
- Order baseline labs if source is HIV positive or unknown
- Refer to EHS for follow-up on next business day. Care team members should be guided to call EHS at 207.662.4011.

BBPE Exposure Process



Source Patient HIV Consent Scripting

- A healthcare worker has been accidentally exposed to your blood. You were not exposed to the Healthcare worker's blood – there is no risk to you. There is a process that takes place when this happens which includes 2 steps:
 - First, we ask that that you give consent to have blood drawn and allow your blood drawn - to check for HIV, Hepatitis C, and Hepatitis B. We know that this is inconvenient, but the healthcare worker concerns are greatly reduced by knowing the results of these tests that you will be giving consent to have drawn. You will not be charged for the testing, and you will be able to access your results in MyChart.
 - Second, if you decline to consent, we will ask you some questions about your risk of certain illnesses that could be contracted by blood (HIV, Hepatitis C, Hepatitis B). These questions may feel intrusive or too personal, but they are important to inform the healthcare worker of their risk. The answers that you give are kept private and are only used in relation to this present situation. These are the questions that we need to ask.
 - Complete Source Risk Assessment

Source Not Available to Consent (under anesthesia, not competent)

Maine

- Source consent may be obtained per Maine law in descending order, from one of the following:
 - Patient's legal guardian
 - Patient's Healthcare Power of Attorney
 - An adult relative
 - An adult with whom the patient has a meaningful social and emotional relationship
 - Consent may also be given per protocol order by the Hospital Epidemiologist or designee familiar with blood and body fluid exposures when the above person(s) are not available.

New Hampshire

- A physician licensed in the state, or person authorized by a physician, may, without obtaining consent to the testing, test for the presence of an antibody or antigen of HIV:
 - when the person being tested is incapable of giving informed consent; and
 - when a test for the presence of an antibody or an antigen to HIV is necessary to protect the health of
 - the person; or
 - an individual who has had an occupational exposure to the person's blood or bodily fluids" (RSA § 141-F:5, V).

Source Declines HIV Testing

- If source or designee declines consent to test for HIV, we cannot pursue source HIV testing any further unless we seek a court order.
- Hepatitis B and C labs can still be ordered as written consent is not required. The source must be informed that Hepatitis testing will be done unless they also decline the tests.
 - If source status is suspected to represent significant risk to the exposed HCP, the Hospital Epidemiologist or designee can be consulted for consideration for a court order for source testing. This is rare.
 - Without source HIV consent, although we know the source, the exposure is handled as “unknown” source with exposed surveillance as appropriate.

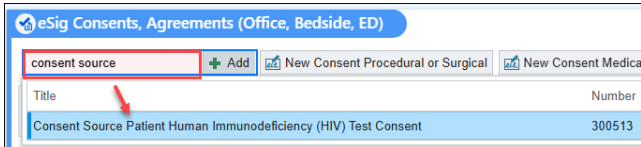
Source Risk Assessment

- Always complete the Source Risk Assessment.
- If the Source or designee cannot or will not answer the Source Risk Assessment questions via interview, complete the assessment by chart review. Be sure to review the source record to determine if the source has
 - Previous lab testing for HIV, Hepatitis B & C.
 - Had unprotected sex with multiple, anonymous, or same sex partners
 - Injected IV drugs, or shared needles with others
 - Been a victim of sexual assault

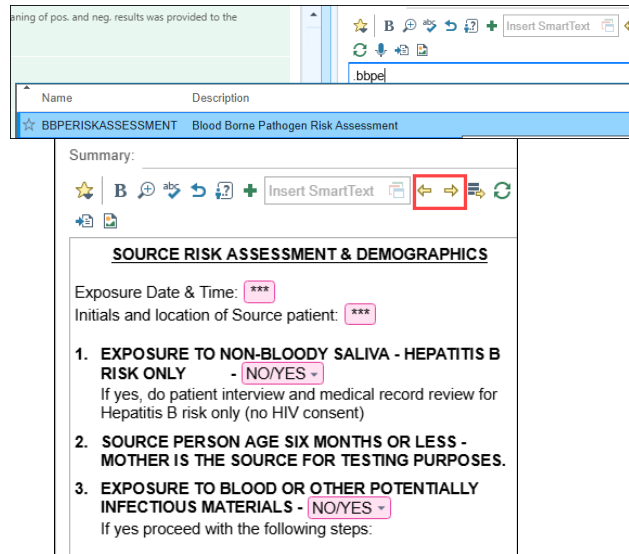
Refer to Appendix A-2: Source Risk Assessment and Demographics of the policy Bloodborne Pathogen Exposures Management for the complete list of questions.

Epic Workflows: Consents, Risk Assessment, Orders, and InBasket Pool

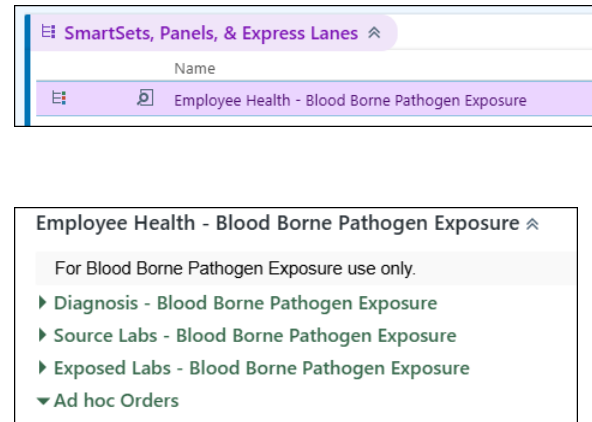
Consents



Risk Assessment



Orders



InBasket Pool (Employee Health)



For full workflow steps in EPIC for BBPE, refer to the [BBPE User Guide](#)

Positive Results

- Specific positive source lab results will automatically reflex to additional testing as follows:
 - Positive rapid HIV will reflex to the current follow-up testing per BBP protocols

Source Risk Algorithm for Determination of PEP

HIV	Hepatitis B	Hepatitis C
<p>UNKNOWN: Case-by-case determination. Unknown exposures are generally considered low-risk for HIV unless exposure is within a high-risk context (e.g., needle in IVDU pocket) when determining use of post-exposure medications.</p>	<p>UNKNOWN: Any exposure should be treated as high-risk if the Source is unknown AND the Exposed is not Hepatitis B immune (positive HBsAb on record) when determining post-exposure</p>	<p>UNKNOWN: There is no post-exposure prophylaxis for Hepatitis C, so all unknown exposures are managed as high-risk with surveillance labs</p>
<p>HIGH RISK: Positive HIV viral load/AIDS; positive HIV history with unknown viral load/treatment history; high-risk population; unknown exposure in high-risk context (e.g., needle in IVDU pocket)</p>	<p>HIGH RISK: HBsAg positive (especially HBeAg positive) or high-risk behaviors AND Exposed does not have proof of positive immunity on record (+ HBsAb)</p>	<p>HIGH RISK: Hepatitis C RNA (HCV viral load) positive; Hepatitis C Ab positive with unknown HCVVL; high-risk population; unknown exposure</p>
<p>LOW RISK: HIV Ab or HIV viral load negative/undetected; current HIV treatment with sustained viral suppression <200 copies/mL ≥6 months; low-risk population; unknown exposure in low-risk context (e.g., sharps in trash)</p>	<p>LOW RISK: HBsAg negative or positive HBsAb immunity, OR Exposed has proof of positive immunity (+HBsAb) on record</p>	<p>LOW RISK: Hepatitis C RNA (HCVVL) negative; Anti-HCV (HCAb) negative, or positive (HCAb) with undetectable Hepatitis C RNA (HCVVL) viral load; low-risk population</p>
<p>POST-EXPOSURE:</p> <p>HIGH RISK: Begin 28- day post-exposure if positive HIV viral load; 7-day post-exposure medications if source labs are pending >1 day.</p> <p>LOW RISK: PEP is not indicated</p>	<p>POST-EXPOSURE:</p> <p>HIGH RISK: HBIG and HBV vaccination.</p> <p>LOW RISK: PEP is not indicated</p>	<p>POST-EXPOSURE:</p> <p>No post-exposure prophylaxis available. Surveillance labs are performed on all Care Team Members in which the Source Hepatitis C value is positive or unknown.</p>

Notification of Lab Results

- Care Team Member Notification of Source Results
 - Notify Care Team Member of results
 - After hours, refer to ED if Source results are positive and Employee Health will follow up next business day.
- Source Patient Notification - results will be available to source patient via MyChart
 - If HIV testing was completed, post-test counseling would be performed by the source patient's designated medical provider if designated on initial HIV consent form
 - If no medical provider is identified by source patient and all results are negative no further action is needed.
 - If no medical provider is identified by source patient and there are positive results:
 - Employee Health will be notified and will consult with Maine CDC and other appropriate resources to determine appropriate case management.

Source Consents but Doesn't Want Results in Epic

The Source patient can opt to not have their results visible in Epic. This would be a rare occurrence.

In this case a paper requisition will need to be sent to the local NorDx lab for order entry. The lab will call if HIV results are positive.

Double or Reverse Exposure

- “Double” (exposure to both HCP and source patient) or “reverse” (exposure to patient only) exposure:
 - Double Exposure: In the event a patient is exposed to the blood or OPIM of a HCP, the patient will be notified of the exposure, assessed, and treated according to MaineHealth Epidemiology & Infection Prevention policy, and will be notified of HCP lab results via their Hospital Provider or PCP.
 - Reverse Exposure: If exposure to patient only (e.g. patient was exposed to HCP BBF), baseline labs, including HBsAb, Hepatitis C antibody and HIV testing should be done for the healthcare provider as source. Patient labs only need to be drawn if the HCP results are positive. EHS will contact their provider and labs will be ordered by their provider.

Refer to Appendix I – Double and Reverse Exposure for further information.

Downtime Process

- If Epic is in downtime, revert to paper forms.
 - Source Patient HIV Consent – Appendix A-1
 - Source Risk Assessment – Appendix A-2
 - Epic Downtime Requisition – Source Patient – Appendix D-1
- Forms are available on the EHS intranet page under Bloodborne Pathogens – Important Resources -> Care Provider/House Supervisor Guidance and in the Forms Portal

TOOLS & SHORTCUTS ▾

EMPLOYEE

Apps Portal (Citrix)

AQA (MH Patient Access Quality Assu...

Benefits Portal

BI Launchpad

Brand Central

Careers at MaineHealth (Jobs)

Computer Training (PC Training)

Conflict of Interest Disclosure form

CultureVision

Employee Discounts (PerkSpot)

Employee Health

Bloodborne Pathogens

Important Resources