ED Provider Checklist for Blood Bourne Fluid Exposure

For ALL patients presenting with BBFE: Provide local wound care including Tdap/Td vaccine as needed

The following process applies to patients with “Bona Fide” exposure who are Maine Health Employees

1. A “Bona Fide” exposure is defined as:
   a. Incident occurred while performing work duties and
   b. Healthcare worker exposed to:
      i. Blood, semen or vaginal secretions, CSF, synovial, pleural, pericardial, or amniotic fluid or any other body fluid that is visibly bloody (not microscopic blood) or
      ii. Non-bloody sputum (Hep B risk only), and
   c. Resulted in percutaneous injury or splash to mucous membranes or non-intact skin

If not a bona fide exposure, provide wound care and discharge. Instruct to contact Employee Health the next business day

2. For patients who are not Maine Health Employees, consider appropriate post exposure testing and treatment which should be completed through Epic.
   a. During the day, you can coordinate with their occupational health provider to determine if exposed patient testing should be completed in the ED or through occupational health.
   b. If completing exposed patient testing, you can use either NordxNow or Epic
   c. Source patient testing should be completed in NordxNow as described in step 5 below.
      i. Use of NordxNow maintains confidentiality for the source patient and will not result in a bill
      ii. Change the ordering provider to your name as you are responsible for following up the source patient testing including those results which may be delayed

There are 4 steps to evaluation and treatment of a Bona Fide BBFE in a Maine Health Employee: Click each link to be taken to the appropriate section of the document

1. Evaluation of the source patient including lab testing
2. Obtaining labs for the exposed HCW
3. Assessing risk and determining need for post exposure prophylaxis (PEP) in the exposed HCW
4. Following up on source patient results
5. Source Patient Testing Orders for patients in the ED
For help:

1. Help with determining risk and need for PEP: CDC PEP hotline 1-888-448-4911
2. NorDx Now log in is the same as your Maine Health User name and Password. The Help Desk can unlock your account 24 hours per day if needed.

Instructions are provided below for each of the 4 steps in a bona fide exposure

If you would like to follow instructions with screen shots for assistance, please scroll to the end or click this link: Instructions with Screenshots

Step 1. Evaluate the source patient

1. If the source patient is NOT an ED patient (ie. In the OR, PACU, floors, ICU, etc):
   a. Notify AIM PA through REMIS/One-Call
      i. Give the AIM PA the name and location (if known) of the source patient, give them the name and date of birth of the Exposed Health Care Worker
      ii. Give the AIM PA the nature of the exposure (ie. Needle stick, spash, etc)
      iii. Confirm the testing codes that will be used for this exposure to ensure they are consistent for the Source and Exposed
         1. Ex: SRCDDMMYY and the 4 letter code comprised of Exposed and Source Initials
         2. This can be an issue for exposures that occur close to midnight as testing/assessment may occur on the next calendar day.

2. If the source patient is an ED patient
   a. The ED is responsible for performing the “Source Risk Assessment and HIV consent forms”
      i. Print out the Source Risk Assessment form and HIV consent form from Employee Health Intranet site (also on EMGUIDELINES.ORG) under Emergency Medicine Clinical Guidelines- Infectious Disease
      ii. Complete the Source Risk Assessment form and HIV consent form with the source patient
         1. Once completed, have the PCR fax both forms to Employee Health at 662-6392
         2. If the source patient is not able to complete risk assessment or give consent then please obtain consent in the following order:
            a. Patient
            b. Patient’s Healthcare Power of Attorney
            c. An Adult relative
            d. An adult with whom the patient has a meaningful social and emotional relationship
            e. Consent may also be given per protocol order by the Hospital Epidemiologist or designee familiar with blood and body fluid exposures when the above persons are not available.
3. Order labs for the source patient as described in Appendix A: How to place source lab orders
   iii. If the source patient is unknown:
       1. Order labs for the exposed healthcare worker as described below.
       2. Use “XX” for source initials
   iv. Treat the exposed healthcare worker as described below

Step 2. Order labs for Exposed Healthcare Worker

1. Go to www.nordxnow.org
2. Log in with your network username and password
3. The following screen will pop-up
4. Ordering Provider should say “Tolman, Kenneth B. PA”
5. Ordering Location should say “MAINEHEALTH EMPLOYEE EXPOSURE”
6. Click on magnifying glass to the right of the “Patient” field and select “New Patient”
7. Fill out the fields in red to establish an “alias” for this exposure and allow testing to be tracked anonymously.
   a. For the exposed pt the alias will be the abbreviation EXP and the date of the exposure (not the date you are seeing the patient if they present after midnight or the following day) in MMDDYY ie “EXP100616” for a patient exposed on October 6, 2016.
   b. Leave “Tolman, Kenneth B., PA” in the Ordering Provider field as he is the person from Employee Health that will take charge of following up on Maine Health employee testing.
8. Once information is complete, click on “Save Demographics” button to save.
9. Click on the “What is the Patient’s Epic MRN” button.
10. Click the “Add” button.
11. Enter the Exposed Health Care Worker’s EPIC MRN.
12. Click “Save”
13. Click “OK”
14. Type “ED” into the Order Choice Search box.
15. Click on “Search All Order Choices” button
16. That will bring up the ED BBFE Order Panels. Choose the appropriate order panel based on exposure history:
   a. ED EXP – Hepatitis B Only (profile) – Choose this panel if the HCW was exposed to non-bloody saliva ONLY.
   b. ED EXP – Routine baseline post exposure (profile) – Choose this panel if the HCW exposure was lower risk as defined by both:
      1. Mechanism: Solid needle, superficial injury or fluid splash to mucous membrane/non-intact skin
      2. Source factors: Source patient is low risk per Risk Assessment form
c. **ED EXP – Higher risk baseline post exposure (profile)** - Choose this panel if the HCW exposure was higher risk as defined by either:

1. **Mechanism**: Large-bore hollow needle, deep puncture, visible blood on device or needle used in source’s artery or vein
2. **Source factors**:
   a. Source unknown
   b. Source with known high risk behaviors and no consent for blood HIV testing
   c. Source with known positive HIV status

17. Click “Add Selected Items”
18. Click “Save”
19. The Lab Orders are now in the system.
   a. Notify the nurse caring for the BBFE patient and have them call the lab to come draw the patient.
   b. When the popup window displays with the list of ordered lab tests please print this and give it to the nurse as it has information that will help them communicate with the lab technician.

**Step 3: Treat the exposed healthcare worker**

1. All HCW exposures including those with only HepB risk (non-bloody saliva):
   a. HCW is known HepBsAb positive:
      i. no prophylaxis needed, advise HCW to call EHS for follow-up next business day
   b. HCW HepBsAb unknown or negative and source is Hepatitis B surface antigen positive or unknown:
      i. If HCW is not pregnant, give HBIG and begin Hepatitis B vaccine series, if appropriate
      ii. If HCW reports pregnant status, consult with HCW’s OB/GYN
         1. Re: administration of HBIG – (not contraindicated per CDC)
         2. Review overall health risks with HCW and importance of follow-up with EHS & OB Gyn provider

2. **Exposure is a lower risk injury/ mechanism as defined by both:**
   a. Lower Risk
      i. Mechanism: Solid needle, superficial injury or fluid splash to mucous membrane/non-intact skin.
      ii. Source factors: low risk per risk assessment,
   b. THEN no HIV prophylactic treatment needed, advise HCW to call employee health on the next business day
      i. Place Employee Health Contact information into the discharge instructions

3. **Exposure is higher risk as defined by either**:
   a. Higher Risk
      i. Mechanism: Large-bore hollow needle, deep puncture, visible blood on device or needle used in source’s artery or vein
      ii. Source factors: 1. Source unknown
2. Source with known high risk behaviors and no consent for blood HIV testing
3. Source with known positive HIV status

**THEN**

b. **Administer 1st day dose of post exposure prophylaxis: (PEP)**
   i. Truvada 1 tablet QD and Raltegravir 400mg, 1 tablet BID

c. **Contact CDC PEPline (1-888-448-4911) If:**
   i. Pt is allergic/intolerant to Truvada or Raltegravir, or pregnant or source is known HIV and on medications other than Truvada and Raltegravir, or for any other questions or concerns,

d. **Provide 3-day supply or prescription of Truvada 1 tablet daily and Raltegravir 400mg, 1 tablet BID**
   i. Advise HCW of importance of follow-up with EHS before 3 day supply of Truvada and Raltegravir is exhausted)

  e. **Prescribe antiemetic: Compazine or Ondansetron**
   i. **Example:** Compazine 5mg 1 tablet PO q8h PRN nausea, taken 30 minutes before PEP meds or Compazine 5mg PR q8h PRN nausea, taken 30 minutes before PEP

  f. Advise HCW to call EHS for follow-up next business day

g. **Place Employee Health Contact information into the discharge instructions**

**Step 4: Follow up on results and contact exposed patient**

The emergency provider is responsible for following up on the results of source patient testing and communicating them to the exposed individual. If source patient testing is positive for HIV, it is the responsibility of the emergency provider to contact the exposed individual and initiate PEP if not already initiated.

1. Go to www.nordxnow.org
2. Log in with your network username and password
3. Enter the Source Alias “SRCMMDDYY” into the search box in the upper right of the screen.
4. Select the appropriate blue link and select “Order History”
5. Select the blue link and select “Lab Report: View”
6. Review the HIV test result

**Step 5: How to place SOURCE Patient Lab orders**

1. Go to [www.nordxnow.org](http://www.nordxnow.org)
2. Log in with your network username and password
3. The following screen will pop-up
4. Ordering Provider should say “Tolman, Kenneth B. PA”
   a. If the Exposed patient is not a Maine Health employee, ordering provider should be changed to your name as you are responsible for following up these results
5. Ordering Location should say “MAINEHEALTH EMPLOYEE EXPOSURE”
6. Click on magnifying glass to the right of the “Patient” field and select “New Patient”
7. Fill out the fields in red to establish an “alias” for this exposure and allow testing to be tracked anonymously.
   a. For the Source pt the alias will be the abbreviation SRC and the date of the exposure (not the date you are seeing the patient if they present after midnight or the following day) in MMDDYY ie “SRC100616” for a patient exposed on October 6, 2016.
   b. Leave “Tolman, Kenneth B. PA” in the Ordering Provider field as he is the person from Employee Health that will take charge of following up on Maine Health employee testing.

8. Once information is complete, click on “Save Demographics” button to save.

9. Click on the “What is the Patient’s Epic MRN” button.

10. Click the “Add” button

11. Enter the SOURCE Patients EPIC MRN.

12. Click “Save”

13. Click “OK”

14. Type “EHIV4” into the Order Choice Search Box:

15. Choose EHIV4 (RAPID HIV (4th GENERATION) – EMPLOYEE HEALTH

16. Type SRC into the search box

17. Choose SRC - Employee Exposure Source with HIV Consent(profile)

18. Click Add Selected Items

19. Click Save

20. When the popup opens, please print out this page and give to the patients nurse.
   a. Printout of lab orders to the patient nurse as this has details that the lab technician may need to draw the labs.

21. The SOURCE patient lab testing is now ordered and can be drawn by phlebotomy.

**Instructions with screen shots for guidance:**

**Step 1. Evaluate the source patient**

1. If the source patient is NOT an ED patient (ie. In the OR, PACU, floors, ICU, etc):
   a. Notify AIM PA through REMIS/One-Call
      i. Give the AIM PA the name and location (if known) of the source patient, give them the name and date of birth of the Exposed Health Care Worker
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   e. If the source patient is not able to complete risk assessment or give consent then please obtain consent in the following order:
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      iv. An adult with whom the patient has a meaningful social and emotional relationship
      v. Consent may also be given per protocol order by the Hospital Epidemiologist or designee familiar with blood and body fluid exposures when the above persons are not available.
   f. Order labs for the source patient as described in Appendix A: How to place source lab orders
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10. Once information is complete, click on “Save Demographics” button to save. Then, click on the “What is the Patient’s Epic MRN” button. Click the “Add” button (see below).
12. 

13. Enter the Exposed Health Care Worker’s EPIC MRN. Click “Save”

14. 

15. Click “OK”
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21. Mechanism: Solid needle, superficial injury or fluid splash to mucous membrane/non-intact skin
22. Source factors: Source patient is low risk per Risk Assessment form
   a. **ED EXP – Higher risk baseline post exposure (profile)** - Choose this panel if the HCW exposure was higher risk as defined by either:
23. Mechanism: Large-bore hollow needle, deep puncture, visible blood on device or needle used in source’s artery or vein
24. Source factors:
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25. Click “Add Selected Items” and then click “Save” (below)
26. The Lab Orders are now in the system. Notify the nurse caring for the BBFE patient and have them call the lab to come draw the patient. When the popup window displays with the list of ordered lab tests, please print this and give it to the nurse as it has information that will help them communicate with the lab technician.

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   b. THEN no HIV prophylactic treatment needed, advise HCW to call employee health on the next business day
i. Place Employee Health Contact information into the discharge instructions

3. Exposure is higher risk as defined by either:

   a. Higher Risk
      i. Mechanism: Large-bore hollow needle, deep puncture, visible blood on device or needle used in source’s artery or vein
      ii. Source factors:
          1. Source unknown
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      3. Source with known positive HIV status THEN

   b. Administer 1st day dose of post exposure prophylaxis: (PEP)
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   c. Contact CDC PEPline (1-888-448-4911) If:
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9. Once information is complete, click on “Save Demographics” button to save. Then, click on the “What is the Patient’s Epic MRN” button. Click the “Add” button (see below).

a. 

10. Enter the SOURCE Patients EPIC MRN. Click “Save”
11. Click “OK”

12. Type “EHIV4” into the Order Choice Search Box:

13. Choose EHIV4 (RAPID HIV (4th GENERATION) – EMPLOYEE HEALTH
14. Type SRC into the search box
15. Choose SRC - Employee Exposure Source with HIV Consent(profile)
16. Click Add Selected Items
17. Click Save (below)

18. When the popup opens, please print out this page and give to the patients nurse.
   a. Printout of lab orders to the patient nurse as this has details that the lab technician may need to draw the labs.

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