

Bloodborne Pathogen Check List (What do I need to do?)

Write the Employee's Name and HRN			
Instruction for	Supervisor to Initial when completed	Instructions	
Employee	1a.		First aid - wash area with copious amounts of soap and water or use eyewash for 15 minutes and report to their supervisor.
	1b.		Verify with the supervisor if the incident was a true BBP exposure. (if determined to be a true exposure continue with the following steps).
	1c.		Complete incident report. Complete ROI (release of information).
	1d.		To verify the name and medical record number of the source for the supervisor.
	1e.		See a Practitioner within 2 hours of the incident.
	1f.		Follow the OSHA guidelines for BBP exposure as indicated by the Practitioner.
	1g.		Participate in the investigation of the incident.
	Supervisor	2a.	
2b.			Assist with keeping the source in the MOB. Coordinate with MD for lab orders. Explain the process to the source. Instruct source to go to the lab, handing him/her a paper requisition form for the Rapid HIV, and the original HIV consent form signed and dated by the source.
2c.			Supervisor will arrange for the employee to see a Practitioner ASAP.
2d.			Notify EH Nurse @ 404-812-6525 and/or Infectious Control Nurse @ 770-431-4515 of exposure incident.
2e.			Call the lab to inform them of the source's name and the need to contact (Courier Net @ 770-953-4600) for pick up of Rapid HIV specimen. Original HIV consent must accompany the paper requisition and specimen.
2f.			Fax a copy of the incident report and support documents to 404-364-7288 within two hours of the incident.
2g.			Notify the facility MOA or Clinical Manager
2h.			Participate in the investigation of the incident.

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3a.	Practitioner: (To order lab work for both the employee and the patient source immediately).	3a.	Order Labs for the Source Patient: Rapid HIV, (use the form included in packet under patient source) Hepatitis B Surface Antigen, and Hepatitis C Antibody.
		3b.	Order Labs for the Employee: HIV I & 2 Ab Screen with reflex , Hepatitis B Surface Antibody, Hepatitis B Surface Antigen, Hepatitis C Antibody, and ALT. Order 6 weeks, 3months, and 6 months follow up labs.
		3c.	Attending Practitioner to page and consult with the ID specialist on call ASAP, if there is a possibility of a HIV exposure.
		3d.	Prescribe any recommended Rx for the employee and send them to the pharmacy.
4	Laboratory	4	Call Courier Net @ 770-953-4600) for a courier to be sent for specimen pick up. Be sure the Original HIV consent is signed and dated by the source. The signed consent, along with the paper requisition should be sent with the specimen.
5	MOA	5a.	Coordinate and participate in the investigation of the incident. Use the investigative materials provided and include the appropriate representation for the investigative committee.
		5b.	Distribute copies of the completed investigation to: Workplace Safety Strategy Group, Sharps Committee, Risk, Clinical Affairs, Employee Health, and Infection Control.

REFERENCE LAB CODES FOR HEALTHCONNECT:

ALT - 84460B, Hep B Surface AB - 86706B, HBSAG Hep B Surface Antigen - 86803B, Hep C Antibody (2nd generation Riba - 86803B