

# North York General Hospital Policy

BLOOD BORNE PATHOGENS POLICY

NUMBER: IV-b-110

CROSS REFERENCE:

ORIGINATOR: Occupational Health, Safety & Wellness Director

ORIGINAL DATE APPROVED: Nov 2011

APPROVED BY: Operations Committee

DATE REVIEWED/REVISED: January 2016

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## POLICY:

North York General Hospital (NYGH) is committed to the prevention of occupational illnesses and injuries by providing a safe and healthy workplace for its employees, physicians, volunteers, and students.. It is the policy of NYGH to minimize/prevent transmission of blood borne pathogens (BBP) from patients to health care workers, particularly hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), using strategies to reduce exposure to blood borne pathogens. When a potential exposure to blood borne pathogens occurs, it is the policy of NYGH to provide a risk assessment, post exposure counselling, provide post exposure prophylaxis treatment (when indicated), and ensure appropriate follow-up. These recommendations are in accordance with guidelines from Centers for Disease Control and Prevention for the management of occupational exposures to HBV, HCV, and HIV and the Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals.

## PROCEDURE / GUIDELINE:

Any person providing direct or indirect patient care, including physicians, nurses, volunteers, contract workers, students, undergraduates and post-graduate medical trainees herein will be referred to as a Healthcare Worker (HCW).

Exposure prevention is the most important method of reducing occupational infections from blood borne pathogens. Both individual HCW's and the Hospital will take appropriate measures to prevent exposures to blood and bodily fluids through use of: Routine Practices, use of personal protective equipment (PPE), work practice controls, and engineering controls (such as safety engineered devices, sharps disposal containers, needleless systems).

In situations in which an occupational exposure has occurred, appropriate risk assessment and management is required.

Any HCW, who has an exposure to blood or body fluids, should do the following immediately:

1. Remove any contaminated clothes
2. Allow wound to bleed freely
3. Wash injured area with soap and water and apply antiseptic (if available)
4. Flush exposed eyes, nose and/or mouth with large amounts (at least one litre) of water or saline
5. Report incident to supervisor
6. Complete an employee incident report (SLIP)
7. Present for risk assessment\* immediately to:

**Occupational Health, Safety & Wellness Department (OHSW) during hours of operation:**

**Monday 0700-1600**

**Tuesday – Friday 0730-1600**

**Triage nurse in Emergency Department all other times including weekends, holidays**

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**\* If the risk assessment supports testing the source patient for BBP, this testing shall be performed only with the exposed staff member's consent to BBP baseline testing.**

## PREPLACEMENT

Routine screening for hepatitis B surface antigen (HBsAg), antibody for HCV, or for antibody to HIV is not indicated.

Susceptible HCWs who have the potential for exposure to the blood and/or body fluids of patients must be protected by hepatitis B vaccination. Hepatitis B vaccine is offered, at the expense of the hospital, to all employees and physicians who are at risk for exposure to blood-borne illnesses due to the nature of their activities in the hospital through potential exposure to blood, body fluids or wounds from contaminated sharps. Refusal of immunization should be documented in the individual's health record. For students and agency workers, the hospital will ensure that the supplying school or agency accepts responsibility for their immunization.

Post-vaccination testing for HBsAb for HCW is recommended since knowledge of initial antibody response helps determine post-exposure response. Testing should be done at least one month after the vaccine series is complete. HCW's who have received three vaccine doses and who have had an inadequate serological response should receive an additional three-dose series, with repeat testing for HBsAb one month after the second series is completed; if they remain negative, they should be considered vaccine non-responders. An HCW whose immunization was remote who test negative for HB core antibody (HBcAb) should receive one dose of vaccine and be tested 1 month later to document anamnestic response; if found negative again, they should complete the vaccine series.

Routine booster doses of vaccine are not currently recommended for immunocompetent HCWs. In HCWs with previously demonstrated antibody, immune memory persists even in the absence of detectable HBsAb. Immunity may wane in immunocompromised HCWs; periodic testing of these persons should be considered and booster dosing given with re-testing as necessary.

HCWs who perform exposure-prone procedures have an ethical responsibility to know their serologic status for HBV, HCV and HIV. Those who learn that they are infected with HBV, HCV or HIV should self report their serostatus to their professional regulatory body or, if they have no regulatory body, to OHSW.

## Post Exposure Procedures

When a HCW is exposed to blood or body fluids from a known or unknown source, the HCW should:

- Allow any wound to bleed freely, then wash it gently but thoroughly with soap and water;
- If splashed in the eye or mouth, rinse with at least 1L of water
- Report to their supervisor/manager or delegate and complete an incident report
- Proceed immediately to the OHSW office or Emergency Department

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## **ROLES AND RESPONSIBILITIES:**

### **Clinical Team Managers/Unit Coordinators/Clinical Nurse Educators**

- Be familiar with the Blood Borne Pathogens Policy
- Ensure that all HCW are up to date in required BBP training
- Ensure that all HCW are knowledgeable about BBP and Post Exposure Procedures
- Encourage all HCW to complete an Employee Incident Report and to follow the Post Exposure Procedures
- Ensure that the affected HCW receives first aid treatment and proceeds to OHSW or the Emergency Department when a BBP exposure occurs
- Assist in the identification of the source patient
- Assist in the ongoing evaluation of controls for minimizing BBP exposures
- Perform an incident investigation to assess the cause(s) and implement controls as necessary

### **Attending Physician of the Source Patient**

- Be aware of the programs to reduce exposure to BBP
- Interview the source patient about their current status of BBP
- Obtain the informed consent for the required tests
- Order required testing (HIV, HepC, HBSAg)

### **Health Care Worker**

- Understand the programs to reduce exposure to BBP
- Participate fully in all aspects of BBP programs including sharps training and universal precautions/routine practices; attend any/all required training sessions pertaining to controlling exposure to BBP in the workplace
- Follow the approved work practices, using personal protective equipment as indicated according to Routine Practices
- Report all BBP exposure incidents to your manager (or designate) and the OHSW
- Complete an Employee Incident Report (SLIP)

### **Emergency Department (ED) Staff (after hours 1600-0730, weekends, holidays)**

- Triage the BBP exposed HCW
- Obtain a history, physical examination and baseline blood work
- Provide treatment for any injury
- Perform a risk assessment for consideration of post exposure prophylaxis (PEP). If PEP is indicated, the Occupational Health Nurse on-call should be paged and informed.
- Provide initial management (vaccines, medication) to minimize transmission of blood borne pathogens
- Ensures that the most responsible physician of the source patient is contacted to obtain consent for BBP blood work to be done STAT
- Draws applicable blood work from the HCW
- Instruct the HCW to follow up with the Occupational Health, Safety & Wellness Department by calling Occupational Health sick line (416-756-6403) or by paging the Occupational Health nurse on-call through locating at extension 6002.

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**Note: An occupational health nurse is on call evenings from 1600-0730 Monday to Friday as well as weekends and holidays.**

## Occupational Health, Safety & Wellness Department (OHSW)

Provide the follow up necessary to the HCW involved. This includes the following:

- Obtain and review Employee Incident Report from HCW and/or the Emergency Department
- Provide first aid for any injury
- Perform a risk assessment for consideration of PEP
- Arrange for required blood to be drawn from the source patient by contacting the Most Responsible Physician or ensuring delegation to the registered nurse or charge nurse of the unit/department. Provide source patient requisitions to the source location or laboratory.
- Notify the laboratory that STAT blood work for the source is required, provide the source patient information and request that the blood be taxied to the Toronto Public Health Laboratory
- Confidential review of the HCW's BBP status and provide laboratory requisitions to the HCW for baseline BBP testing (note: specimens related to HIV testing from OHSW are numerically coded to protect the identification of the exposed staff member) [Medical Directive XII 110]
- Provide initial management (vaccines, immune globulin) to minimize transmission of BBP as necessary (Medical Directive XII 107, XII 82, XII 74)
- Ensure receipt of source patient results within 24 - 48 hours (Toronto Public Health Laboratory does not process specimens on Sundays or holidays). Review results and notify HCW of results. Provide a prescription for PEP medications if required (Medical Directive XII 224)
- Review HCW's baseline tests once results available and communicate to HCW.
- Refer to Infectious Disease Consultant as necessary
- Arrange follow up testing at 6 weeks and 4 months for HIV and at 3 months and 6 months for HBV and HCV where the source is unknown or unable to be tested
- Report to the Ministry of Labour and Workplace Safety and Insurance Board as necessary
- Report incident to the Manager, Centre for Education if the HCW is a student or medical resident for reporting to the appropriate Academic Institution.

## Infectious Disease Consultant

- Perform consultations, at the request of the OHS physician, on the need for PEP, most appropriate PEP selection, and any other risk considerations

## Options Under the *Mandatory Blood Testing Act, 2006*

In instances where an individual has come into contact with a bodily substance of another person while providing emergency health care services or emergency first aid to that person, or while in the course of his or her duties, if the person belongs to a prescribed class, the individual may have remedies under the *Mandatory Blood Testing Act, 2006*.

Under such circumstances, the individual may apply to a Medical Officer of Health to have a blood sample of another person analyzed. If the respondent does not provide a blood

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sample voluntarily within two days, the application is referred to the Consent and Capacity Board, who will convene a hearing to determine whether or not a mandatory order should be issued.

## EXPOSURE OF A PATIENT TO A HCW'S BLOOD

If a patient has an exposure to a HCW's blood, the patient must be notified, counseled and offered the appropriate post-exposure regimen, if indicated. The HCW has an ethical obligation to be tested for HBV, HCV and HIV at the time of the exposure. The confidentiality of the HCW must be maintained; disclosure of the identity of the HCW to the patient is not necessary. Assess HCW for risk factors for infection with BBPs. Depending on the clinical status of the HCW and results of the HCW testing, appropriate management and follow-up should be provided for the exposed patient.

## REFERENCES:

CDC (2005) MMWR Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. V. 54.

CDC (2001) MMWR Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. V. 50.

OMA/OHA (2015) Bloodborne Diseases Surveillance Protocol for Ontario Hospitals.

Mandatory Blood Testing Act 2006, SO 2006, Chapter 26. O. Reg. 449/07, [Online] Accessed 13 March 2015,

Public Hospitals Act R.R.O. 1990, Regulation 965, Hospital Management, Ministry Of Health and Long Term Care

US Public Health Service Guideline (2013). US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. Infection Control and Hospital Epidemiology, vol. 34, n. 9