

North York General Hospital Policy

Blood Borne Pathogens Policy

NUMBER: IV-b-110

CROSS REFERENCE:

ORIGINATOR: Occupational Health, Safety & Wellness

APPROVED BY: Operations Committee

ORIGINAL DATE APPROVED: November 2011

DATE REVIEWED/REVISED: January 2012

DATE OF IMPLEMENTATION: March 2013

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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, patients, volunteers and visitors. 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 there is 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 carrying on activities in the hospital who provide 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).

Any HCW, who has a significant 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 immediately
6. Complete an employee incident report
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

*** If the completed risk assessment supports that the source patient BBP testing is indicated this shall be performed only with the exposed staff member's consent to BBP baseline testing.**

PREPLACEMENT

This policy is current only on 14/03/2013

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No routine screening of persons carrying on activities in the hospital is generally needed for hepatitis B surface antigen (HBsAg), antibody for HCV or for antibody to HIV.

Hepatitis B vaccine must be offered, at the expense of the hospital, to part or full time employees 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. If a person receiving the hepatitis B vaccine series misses or is late for either the second or third dose of vaccine, the next dose should be given as soon as possible. It is not necessary to restart the schedule or repeat doses.

Post-vaccination testing for HBs antibody 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 HBs antibody one month after the second series is completed; if they remain negative, they should be considered vaccine non-responders. HCW's whose immunization was remote who test negative for HB core antibody (HBcAb)sAg 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 anti-HBs. 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 Occupational Health, Safety & Wellness Department.

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*.⁷ 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 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

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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.

ROLES AND RESPONSIBILITIES:

Clinical Team Managers/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, HepBAg)

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 and universal precautions and routine practices
- Report all BBP exposure incidents to your manager (or designate) and the OHS&WD
- Complete an Employee Incident Report

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)
- Provide initial management (vaccines, medication) to minimize transmission of blood borne pathogens

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- Ensures that the most responsible physician of the source patient is contacted to obtain consent for BBP blood work to be done STAT
 - Instruct the HCW to follow up with the Occupational Health, Safety & Wellness Department
 - Advise HSW to notify OHSW of the incident

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
- Contact Attending Physician of the source patient to notify of the incident and request that blood work be drawn
- Perform a risk assessment for consideration of PEP
- 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 OHSWD 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)
- Notify the laboratory that STAT blood work is required, provide the source patient information and request that the blood be taxied to the Toronto Public Health Laboratory. Provide source patient requisitions to the laboratory.
- Ensure receipt of source patient results within 24 - 48 hours (Toronto Public Health Laboratory does not process specimens on Sat/Sun or holidays). Review results and provide a prescription for PEP medications if required (Medical Directive XII 224)
- Review of the HCW's baseline tests
- Refer to Infectious Disease Consultant as necessary
- Follow up exposure testing at 6 weeks, 3 months and 6 months
- Implementation of the BBP policy, risk assessment and protocols for the OHSWD including the related programs, data collection of the BBP exposure reports, and reporting.
- Maintenance of the BBP exposure data.
- Refer to Infectious Disease Clinic when appropriate
- Reporting to the Ministry of Labour and Workplace Safety and Insurance Board as necessary

Infectious Disease Consultant

- Perform consultations on HCWs who have been started on HIV post-exposure prophylaxis, have been exposed to source patients who are HIV or Hepatitis C positive or Hepatitis B positive and the HCW does not have immunity.
- Provide recommendations on the most appropriate PEP for the exposed HCW.

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- Provide additional counselling for the exposed HCW when requested.

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 (2012) Bloodborne Diseases Surveillance Protocol for Ontario Hospitals.

Mandatory Blood Testing Act, Regulation O. Reg. 449/07, [Online] Ministry of Community Safety and Correctional Services, 2009,

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