



PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - PSYCHIATRIC HEALTH FACILITY

Effective:

Policy- Patient Exposure to Blood and Body Fluids

Revised:

PHF CEO's Approval *Ann DeMa*

Date: 6/28/12

PHF Executive Medical Staff Chair's Approval *Al Schwarzen*

Date: 6/28/12

Committee Chair's Approval *Al Schwarzen*

Date: 6/28/12

Form Ref. NP -- 5.0

DEFINITION: Exposure to blood and body fluid is defined as the following:

- Puncture of skin or laceration by a sharp object contaminated with blood, blood-tinged fluids or other potentially infectious body fluids.
- Contamination of mucous membranes (eyes, nose, mouth) by blood, blood-tinged fluids or other potentially infectious body fluids.
- Contamination of non-intact skin (cuts, scratches, abrasions, dermatitis, etc.) by blood, blood-tinged fluids or other potentially infectious body fluids.
- Contamination of intact skin by blood, blood-tinged fluids, or other potentially infectious body fluids that is prolonged or involves an extensive area.

POLICY: This procedure is based on the assumption that blood and other body fluids from all patients may be infectious. This plan will protect patients from blood-borne infectious agents such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) as well as many other infectious diseases potentially encountered at the PHF.

PROCEDURE: When a patient is inadvertently exposed to blood and or body fluids, the exposed is at risk for developing a blood-borne infection. The following steps should be taken by the closest appropriate healthcare worker:

1. Provide first aid if needed.
2. Rinse all potentially contaminated areas (including eyes if potentially contaminated) with water.

3. The charge nurse should contact the PHF internal medicine physician to report the potential exposure. The internal medicine physician will determine if the patient requires medical treatment and order follow up care for the patient beyond first aid, order serologic tests, as indicated, and discuss available options for prophylaxis.

4. The internal medicine physician will confirm that a significant exposure occurred, and determines if it should be considered a high risk and/or is from a known HIV positive source, advise the injured person of the need for baseline HIV antibody and HBV antibody (Anti HBs) testing and discuss the indications for instituting emergency prophylaxis with appropriate medications, and provide full and appropriate counseling. If patient opts for treatment and the physician determines that treatment is indicated, treatment can be started immediately, pending results of testing source patient.

5. The internal medicine physician or charge nurse on duty shall interview the patient and ,as indicated the source person, and counsel and seek consent for blood to be drawn for testing for *HIV antibodies and viral load, hepatitis C antibody and HBV (Hbs Ag) antigen*. These samples will receive priority testing in Public Health Lab within 24 hours of its receipt of sample. If the source person is known to be HIV positive, it is vital that their history of antiviral treatment be obtained and made known to the treating physician, as this will be the determinant of the treatment

6. The attending physician and internal medicine physician will coordinate and consult to arrange follow-up appointments for future laboratory tests.

7. The internal medicine physician will contact the patient with the results of initial laboratory tests and all follow-up tests.

It is the PHF Director of Nursing's responsibility that all staff receives appropriate training, are aware of this policy and respond urgently to any incident.

For exposure incident involving PHF employees see ADMHS Medical Records/ Health Information Management Procedure for Blood or Body Fluid Exposure (P&P #100.027).

All reportable diseases are reported to the Santa Barbara County Public Health Department (see Infection Control P&P # 119).

All exposure incidents will be reported on an unusual occurrence form and routed to the PHF Infection Control Review Committee.

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