

ED PROVIDER CHECKLIST
To be used when exposed HCW presents to ED

HCW - MAINEHEALTH EMPLOYEE - ASSESSMENT & TREATMENT PROCESS

1. Provide wound care, include Tdap/Td vaccine as needed
2. Evaluate:
 - a. Depth of puncture or volume of splash,
 - b. Length of time between exposure and cleansing of exposure site
3. Determine if “Bona fide” exposure occurred as defined by:
 - a. Incident occurred while performing work duties, **and**
 - b. HCW exposed to
 - i. Blood, semen or vaginal secretions, cerebrospinal, 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
4. If not a bona fide exposure, provide treatment for any injury/wound and discharge. Instruct to contact EHS next business day
5. For bona fide exposure to **known** source:
 - a. Notify the appropriate provider responsible for source patient risk assessment & HIV consent:
 - i. Source is ED patient – Contact ED personnel caring for source to complete “Source Risk Assessment” & HIV consent forms
 - ii. Source is MMC inpatient (not ED) -- call AIM PA through one-call (662-6336)
 - iii. Source is outpatient/discharged – contact Employee Health (662-4011) (???AFTER HOURS)
 - b. Provide the following information to provider responsible for source patient risk assessment :
 - i. Date, time and nature of exposure (needle stick, splash, bite)
 - ii. Name of exposed HCW
 - iii. Contact name and number for provider caring for exposed HCW
 - iv. Name, DOB, location of source patient
 - c. Lab orders _ **USE NorDX NOW**
 - i. Using confidential system in NorDx Now, choose the “location” based on HCW employer
 1. Exposed HCW was working in a MaineHealth setting or caring for a MaineHealth patient: Choose: MAINEHEALTH EMPLOYEE EXPOSURE – EMPLOYEE HEALTH – MHEEH
Leave David Dickison, DO as the ordering provider. He is the Employee Health Medical Director and he or his designee will serve as the follow up physician in these cases.
 2. Click on magnifying glass next to “Patient” field and select button that says “New Patient”
 3. Complete the fields labeled in RED. This will establish an “alias” for this exposure and allow testing to be tracked anonymously.
 4. Click button that says “Save Demographics”
 5. Click button that says “What is the patients EPIC MRN”
 6. Enter the Exposed Health Care Worker’s EPIC MRN (this allows Employee Health to track the Exposure accurately)
 7. Once this is completed, type ED into the “Order Choice Search” box. If no options come up automatically, make sure that you have clicked the button at the top that says “Search All Order Choices”
 8. Exposed HCW was not working in a MaineHealth setting or caring for a MH patient (e.g., fireman or EMT, CNA working in local nursing home)...Can’t we just order any labs needed in EPIC since they will be following up with their own Employee Health people and there is not the same issue with getting into the EPIC chart by an employer? Personally, I would eliminate this variation.
Choose: MAINEHEALTH EMPLOYEE EXPOSURE – BRAMHALL - MHEEA
 - d. Choose appropriate order set (3 choices) depending on exposure type and risk: See # 8 below
 - i. ED EXP - Hepatitis B only (profile)
 - ii. ED EXP - Routine Baseline Post Exposure (profile) [NO PROPHYLAXIS]
 - iii. ED EXP - Higher Risk Baseline Post Exposure (profile) [WITH PROPHYLAXIS]

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6. For bona fide exposure to **unknown** source:
 - a. Use NorDx Now for exposed demographics and orders as described above.
 - b. If Source is unknown use "XX" for source initials
 - c. Choose appropriate order set based on exposure type and risk: See # 8 below
 - d. Advise HCW to call EHS for follow-up next business day

7. HEPATITIS B RISK ONLY (have time to start HBIG and vaccine)
 - a. If HCW exposed only to non-bloody saliva:
 - i. HCW is known HepBsAb positive, Advise HCW to call EHS for follow-up next business day
 - ii. HCW HepBsAb unknown or negative **and** source is Hepatitis B surface antigen positive or unknown
 1. If HCW is not pregnant, give HBIG and begin Hepatitis B vaccine series, if appropriate
 2. If HCW reports pregnant status, consult with HCW's OB/GYN
 - a. Re: administration of HBIG – (not contraindicated per CDC)
 - b. Review overall health risks with HCW and importance of follow-up with EHS & OB Gyn provider

8. Hepatitis B, C and HIV exposure risk assessment and lab orders:

If HCW exposed to blood, semen or vaginal secretions, cerebrospinal, synovial, pleural, pericardial, or amniotic fluid or any other body fluid that is visibly bloody (not microscopic blood) **and**

- a. Exposure is a lower risk injury/ mechanism as defined by:
 - i. Mechanism: Solid needle, superficial injury or fluid splash to mucous membrane/non-intact skin.
 - ii. Source factors: low risk per risk assessment,

THEN

 1. Order baseline labs: "**ED EXP Routine Baseline Post Exposure (profile)**" [no prophylaxis]
Includes Hepatitis B S Ab, Hepatitis C Ab, HIV freeze
 2. **Advise HCW to call EHS for follow-up next business day**

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

THEN

 1. Order baseline labs; "**ED EXP Higher Risk Baseline Post Exposure (profile)**" [prophylaxis]
Includes
CBC, CMP, Amylase, Triglycerides ALT, HepBsAg, HepBsAb, HepCAb, HCG urine
STAT (if premenopausal female) **and**
 2. Administer 1st day dose of post exposure prophylaxis: (PEP)
Truvada 1 tablet QD and Raltegravir 400mg, 1 tablet BID
 3. **Contact CDC PEline (1-888-448-4911) :**
 1. If allergic/intolerant to Truvada or Raltegravir, or pregnant or source is known HIV and on medications other than Truvada and Raltegravir,
 2. Provide 3-day supply or prescription of Truvada 1 tablet daily and Raltegravir 400mg, 1 tablet BID
 3. (Note: Advise HCW of importance of follow-up with EHS before 3 day supply of Truvada and Raltegravir is exhausted) **and**
 4. Compazine 5mg 1 tablet PO q8h PRN nausea, taken 30 minutes before PEP meds or

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5. Compazine 5mg PR q8h PRN nausea, taken 30 minutes before PEP **and**
 6. Advise HCW to call EHS for follow-up next business day
- c. Documentation
- i. Provide HCW with
 1. WIR to complete and forward to EHS via fax same day
 2. [Discharge instructions including safe sex guidelines](#)

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ED PROVIDER CHECKLIST
When Source Patient is an ED Patient

BBPE SOURCE RISK ASSESSMENT AND HIV CONSENT PROCESS

NOTIFICATION:

1. Provider assessing the source patient must receive the following information from the exposed healthcare worker's provider:
 - a. Name of exposed healthcare worker (HCW)
 - b. Date, time and nature of the exposure (splash, needle stick, bite)
 - c. Contact number and location of exposed HCW's treating provider (e.g., ED, EHS or BFC provider)

SOURCE PATIENT ASSESSMENT, INTERVIEW & COMPLETION OF FORMS:

1. **Perform source patient medical record review**
 - a. If known positive for Hepatitis B, C or HIV, seek info such as current medication regimes, liver enzymes, viral load, CD4 count or any drug resistance
2. **Interview the source patient** as quickly as possible, preferably within 30 minutes
3. **Complete the 2-page BBPE Source Risk Assessment & Patient Demographics Form**
4. **Obtain consent for testing**
 - a. Exposure to blood, bloody fluid, other potentially infectious material (OPIM) (risk for HIV, Hepatitis B & C):
 - i. Perform HIV pre-test counseling, obtain source HIV consent, and have source/designee sign form
 - ii. If source unable/unavailable to give consent, see "Consent Status" on Risk Assessment Form for alternative individuals who can give consent **Provide summary**
 - iii. Inform source/designee that Hepatitis B & C testing will be done unless declined (even if HIV testing declined)
 - b. Exposure to non-bloody saliva only- risk only for Hepatitis B; HIV consent/lab or Hep C lab are not done
 - i. Inform source/designee that Hepatitis B testing will be done unless declined
5. **Fax Page 1 of the Source Risk Assessment form** to the exposed HCW's treating provider (e.g., ED, BFC or EHS) to facilitate urgent review and use in decision-making with the exposed HCW.
Immediately contact the exposed HCW's provider if source patient is **known positive** for HIV, Hepatitis B or Hepatitis C, or declines HIV testing (so prophylaxis for exposed may be considered)
6. **DISCUSSION POINT** Fax **both pages** of the **BBPE Risk Assessment Form** **and** the **HIV Consent to Employee Health -662-6392**

ORDER SOURCE LABS USING NORDX CONFIDENTIAL PATHWAY:

1. Choose the "Location" based on whether the **exposed HCW** is a MaineHealth or a non-MaineHealth HCW
 - a. MaineHealth Employee: **NEED DESCRIPTION**
 - b. Non-MaineHealth Employee: **NEED DESCRIPTION**
2. Enter source patient demographics using naming convention:

Leave David Dickison, DO as the ordering provider. He is the Employee Health Medical Director and he or his designee will serve as the follow up physician in these cases.

 1. Click on magnifying glass next to "Patient" field and select button that says "New Patient"
 2. Complete the fields labeled in RED. This will establish an "alias" for this exposure and allow testing to be tracked anonymously.
 3. Click button that says "Save Demographics"
 4. Click button that says "What is the patient's EPIC MRN"
 5. Enter the Source Patient's EPIC MRN (this allows Employee Health to track the Exposure accurately)
 6. Once this is completed, type HIV into the "Order Choice Search" box. If no options come up automatically, make sure that you have clicked the button at the top that says "Search All Order Choices"
 7. Choose either SRC – Employee Exposure Source with HIV Consent (profile) or SRC – Employee Exposure Source w/out HIV Consent (profile) depending on whether you are able to consent the source patient
3. Use the order set "**SRC – Employee Exposure Source with HIV Consent**" when:
 - a. Source/designee consents to HIV testing
 - b. This order set also includes Hepatitis B & C testing
4. Use the order set "**SRC – Employee Exposure Source without HIV Consent**" when:

- a. Exposure risk is to Hepatitis only, or
 - b. Source/designee declines HIV testing, but verbally agrees to Hepatitis testing
5. Use the order set “**SRC – Employee Exposure Source Double Exposure**” when:
 - a. Source/designee consents to HIV and the source patient has been exposed to the HCW’s blood
 - b. [This lab set includes Hepatitis B surface antibody](#)
6. **Call MMC lab @ 662-2711 to notify them when a Rapid HIV order has been placed on a source patient.**
Report will include initials, NorDxNow coded name and location of source patient

SEND ORIGINALS OF ALL COMPLETED FORMS TO EMPLOYEE HEALTH

1. Interoffice envelope should be marked “Confidential”
2. These documents should never be placed in the source patient’s medical record

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