

 Policy	Occupational Injuries, Illnesses and Blood Borne Pathogen Exposures	Effective Date	10/25/17
		Date Approved	10/27/17
Supersedes Date		None	
Originating Dept.		Employee Health	
Document Owner		Dir, Health / Wellness	
# 2.2.4	Document applies to: All Nemours Associates		

PURPOSE

To reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection following a work related injury, illness or exposure.

POLICY

Exposure Determination

1. Nemours considers all Associates, Students, Volunteers, Contracted Employees of the Nemours Medical Staff (hence forward in this document referred to all groups combined together as “Medical Personnel”) who have possible contact with patients and / or contaminated equipment to be included in the exposure control determination and to be required to follow the elements of Standard Precautions and Exposure Control as listed in this Plan. (A list of job classifications can be found in Appendix A.)
2. Life Threatening Injuries, Illnesses or Exposures or Injured or exposed medical Personnel working at the Nemours / Alfred I. duPont Hospital for Children (N/AIDHC) or Nemours Children’s Hospital (NCH) whose condition is life threatening will be stabilized in that facility’s Emergency Department and then transferred to an appropriate facility for further treatment.
3. Staff located at off-site clinics in the Delaware Valley (“DV”) may be treated at their local urgent care centers. The injured, ill or exposed Medical Personnel should notify the Workers’ Compensation Manager and Employee Health Services of the location of the urgent care center and treatment plan prescribed by the physician for proper follow-up care if needed. Associates working in partner hospitals in the Delaware Valley may be referred to their primary care physician. Pennsylvania Medical Personnel must request a certification from a physician within 72 hours of exposure, which certification will state whether a significant exposure (defined as direct contact with blood or bodily fluids of a patient in a manner which is capable of transmitting HIV) occurred. See 35 Pa. Stat. § 7606; id. §7603. This certification may not be completed by a physician for him/herself or for her/her employees. See id. §7606.
4. Staff located in New Jersey may be treated at their local urgent care centers. The injured, ill or exposed Medical Personnel should notify the Workers’ Compensation Manager and Employee Health Services of the location of the

urgent care center and treatment plan prescribed by the physician for proper follow-up care if needed.

5. For Northeast Florida, for conditions that are life threatening or emergent, staff should be sent to the nearest emergency room or 911 contacted depending on the severity. Injured or exposed Medical Personnel whose condition is stable and can be treated appropriately in a clinic setting should follow-up with a designated provider through Employee Health Services. To find an occupational health or nearest urgent care center please visit Nemours.net at: <http://home.nemours.net/hr.health-wellness/onsite-nurses.html> under Medical Care for Associates and click on the Florida location tab.
6. Injured or exposed Medical Personnel whose condition is stable and can be treated appropriately in a clinic setting should follow-up with a designated provider through Employee Health Services. In Orlando, find your nearest urgent care center or visit: <https://centracare.org/florida/locations/orlando/>.
7. Injured or exposed Medical Personnel are responsible to immediately notify his / her supervisor and Employee Health of his / her exposure, illness or injury.
 - a. Employee Health or the Patient Flow Supervisor (PFS) will discuss the injury with the Associate and determine how emergent the need for care is and manage it appropriately.
 - b. Employee Health is available by phone to assist the PFS, if needed.

PROCEDURE

1. First Aid at the site:
 - a. Whenever an exposure, injury or illness occurs, remain calm and perform standard first aid; i.e., apply pressure to an area that is bleeding, flush contaminant from a wound, immobilize a painful limb, etc.
2. Report the injury:
 - a. Medical Personnel notifies his / her immediate supervisor on duty of the illness, injury or Blood Borne Pathogen (BBP) exposure.
 - b. Medical Personnel completes **both** the First Report of Injury (“FROI”) form and **Blood Borne Pathogen (“BBP”) Exposure Protocol** found on NemoursNet.
 - c. FROI and BBP Exposure Protocol forms must be sent to:
 - i. Employee Health in DE at 53-4424, Monday through Friday, 7 am – 4 pm and fax both forms to Employee Health at AIDHC. In **DE fax #302-651-6759**.

- ii. Employee Health in FL at 57-4409, Monday through Friday, 8 am – 4 pm and fax both forms to Employee Health at NCH. In **FL fax #407-650-7742.**
 - iii. Notify Workers' Compensation Manager at 53-6980, Monday through Friday, 8 am – 4 pm. **ALL LOCATIONS fax to #302-298-7230.**
3. Seek Medical Treatment, if needed.
4. Follow-up care:
 - a. Discuss with Employee Health how to manage care for treatment during normal business hours.
 - b. All follow-up care will be coordinated through the workers' compensation carrier and the Workers' Compensation Manager but Employee Health may monitor the care and evaluate the patient as needed.
 - c. The injured Associate is responsible to attend all scheduled appointments and to advise the Workers' Compensation Manager and Employee Health and his / her supervisor of any changes in restrictions or treatment plan.
5. Return to work:
 - a. Transitional duty: Associates with on-the-job injuries may be given permission to return to work, but with restrictions. If this occurs, Nemours will make every effort to assign duties, consistent with the restrictions, even if it needs to be in a different department or on a different shift. This will be coordinated by the Workers' Compensation Manager, the Department Director, Employee Health Services, the Associate and the Health Care Provider.
 - b. If necessary, HR Business Partners will assist in this temporary assignment.
 - c. Return to Full Duty: When the injured Medical Personnel are recovered from his / her injury and able to work without restriction, he / she will be returned to his / her regular unit and shift.

Documentation

Documentation of injury, illness or exposure, and treatment and work restrictions will be maintained by the Workers' Compensation Coordinator and Employee Health Services.

Post Exposure Evaluation and Follow-Up

1. All Medical Personnel who have occupational exposure will be offered medical evaluation, Hepatitis B vaccination series, and post-exposure evaluation follow-up, including prophylaxis.

2. The above-named evaluations and procedures are:
 - a. Made available at no cost;
 - b. Made available at a reasonable time and place;
 - c. Performed by or under the supervision of another licensed health care professional.
 - d. All laboratory tests are conducted by an accredited laboratory.

3. The Hepatitis B vaccine is made available to all Medical Personnel who have occupational exposure. The vaccine series is offered and initiated at the pre-placement physical examination or within 10 days of assignment unless the Medical Personnel has previously received the complete Hepatitis B vaccination series, antibody testing has revealed immunity, or the vaccine is contraindicated for medical reasons.
 - a. If the Medical Personnel initially declines vaccination but at a later date chooses to accept the vaccination, it is made available at that time free of charge. A declination form will be signed at the initial offering.
 - b. To ensure that all Medical Personnel are aware of our vaccination program, it will be addressed during new hire orientation and in the annual mandatory training.

4. Post-exposure evaluation and follow up for Medical Personnel
 - a. The Nemours First Report of an Injury form is completed which includes documentation regarding route(s) of exposure and the circumstances under which the exposure event occurred.
 - b. The Medical Personnel's chart will contain identification and documentation of the source of exposure ("source patient") unless it can be established that identification is infeasible.
 - c. The source patient's blood will be tested as soon as feasible to determine HBV, HCV, and HIV infectivity and the results documented in the patient's chart only. Employee Health will document the Associate injury, illness or exposure in the ReadySet system. It is highly recommended that testing occur immediately after the event.
 - d. Informed Consent is not required to test a patient's blood during an exposure event in Delaware or Florida.
 - i. The patient's Attending Physician, Physician-in-Training, or the Physician's designee and/or care provider will notify the patient and/or parent / legal representative of the reason for testing as quickly as possible.
 - ii. The patient's Attending Physician, Physician-in-Training, or the Physician's designee and / or care provider will place the order for patient testing.

- iii. Outpatient and Discharged Exposure Events – If possible, the testing will occur immediately after the event and before the patient is discharged from ambulatory, outpatient, or hospital setting. For discharged exposure events, the patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will contact the parent / legal representative to request to have the patient brought back for testing.
- e. In Pennsylvania, the source patient’s physician must receive a copy of the written certification of significant exposure. The physician must also make a good faith effort to notify the source patient of the significant exposure and seek the source patient’s voluntary informed consent to test.
- f. Employee Health Services will assist parties, as deemed necessary.
- g. If the Source Patient and / or parent / legal representative refuses testing, Employee Health Services will consult the legal department to determine action abiding with the state law of the patient’s residence, which normally involves obtaining a court order. See 16 Del. C. §715(d)(4) (Delaware); Fla. Stat. §381.004(2)(h)(10)(e) (Florida); 35 Pa. Stat. §7608(b) (Pennsylvania).
- h. Source Patient blood will be screened for HIV status using the rapid HIV test available in the hospital laboratory, however, the rapid HIV test may not be available for exposures that occur in the ambulatory or outpatient testing. All reactive tests will be confirmed through appropriate tests at a Reference Laboratory.
- i. When the Source Patient is already known to be positive for HIV, a viral load test will be performed to assist in determining HIV disease progression.
- j. Results of the Source Patient’s testing are made available to the exposed Medical Personnel, who will also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the Source Patient.
 - i. Inpatient Exposure events – The patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will inform the patient and / or parent / legal representative about testing.
 - ii. The patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will place the order for patient testing.
 - iii. Outpatient and Discharged Exposure Events – If possible, the testing will occur immediately after the event and before the patient is discharged from ambulatory, outpatient, or hospital setting. For discharged exposure events, the patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will contact the parent / legal

representative to request to have the patient brought back for testing.

- k. For Delaware residents – if the patient or parent / legal representative refuses testing, the hospital may petition the Court of Chancery for an order compelling the patient to provide a sample for testing (see 16 Del. C. §715(d)(4)).
- l. For residents of states other than Delaware – if the patient and / or parent / legal representative refuses testing, Employee Health Services will consult the appropriate departments to determine action abiding with the state law of the patient's residence.
- m. Results of the Source Patient's testing are made available to the exposed Associate, Student, Volunteer, Contracted Employee or Community Member of the Hospital Medical Staff who is also informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. Collection and Testing of Blood for HBV, HCV and HIV Serological Status

- a. The exposed Medical Personnel's blood is collected as soon as feasible. This will be determined by Employee Health on a case-by-case basis.
- b. If the Medical Personnel consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample is preserved for at least 90 days. If within 90 days of the exposure incident the Medical Personnel elects to have the baseline sample tested, such testing is done as soon as feasible.
- c. If the Medical Personnel does not consent to testing, the Medical Personnel will be asked to sign a declination form for baseline and follow-up testing.

6. Post-Exposure Prophylaxis as Recommended by the U.S. Public Health Service

- a. Post-exposure prophylaxis to HBV, when medically indicated, is provided by Employee Health Services (See summary below).
- b. Post-exposure prophylaxis to HIV is discussed with the Medical Personnel by the Employee Health Services nurse or the Medical Director of Employee Health Services physician. Per CDC guidelines, the prophylactic medication will be provided as soon as possible after the exposure, but no longer than 72 hours. The initial dose will be administered in Employee Health, to allow time for the workers' compensation carrier to arrange follow up with an Infectious Disease specialist to handle the full course of prophylactic medication.

SUMMARY OF POST-EXPOSURE PROPHYLAXIS FOR PERCUTANEOUS OR PERMUCOSAL EXPOSURES TO HEPATITIS B VIRUS FOR HEALTH CARE WORKERS

Treatment, When Source Patient is found to be:

Exposed Person	HBsAg Positive	HBsAg Negative	Source Unknown
Unvaccinated	HBIG x1 plus one HB vaccine dose	HB Vaccine	HB Vaccine
Previously Vaccinated	Test Exposed Person for HBsAb: 1. If adequate, no treatment 0.If inadequate, give 1 HB vaccine booster dose	No Treatment	Same as for HBsAg Positive
Known vaccine Non-responder	HBIG x2 or HBIG x1 plus 1 dose of HB vaccine	No Treatment	If known high-risk source*, treat as if source is HBsAg Positive
Vaccine Response	Test Exposed	No Treatment	Test Exposed
is Unknown	Person for HBsAb:		Person for HBsAb:
	1. If inadequate, give HBIG x1 plus HB vaccine booster dose		1. If inadequate, give HB vaccine booster dose
	2. If adequate, no treatment		2. If adequate, no treatment
Known vaccine Non-responder	HBIG x2 or HBIG x1 plus 1 dose of HB vaccine	No Treatment	If known high-risk source*, treat as if source is HBsAg Positive
Vaccine Response is Unknown	Test Exposed Person for HBsAb:	No Treatment	Test Exposed Person for HBsAb:

	1. If inadequate, give HBIG x1 plus HB vaccine booster dose		1. If inadequate, give HB vaccine booster dose
	2. If adequate, no treatment		2. If adequate, no treatment

HBIG dose = 0.06 ml/kg IM

HB vaccine dose adults greater than 19 years old = 1.0ml IM given in deltoid (see package insert for vaccine doses for children and infants).

*Patients with acute, unconfirmed viral hepatitis, patients with Down's Syndrome, patients on hemodialysis, persons of Asian origin, male homosexuals, and users of illicit intravenous drugs are considered high risk for having Hepatitis B virus.

Reference for recommendations: Morbidity and Mortality Weekly Report Recommendations and Reports No. RR-18. Recommendations of the Advisory Committee on immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). December 26, 1997.

7. Counseling

- a. Support following occupational exposure is initiated by the staff in the Employee Health Service. If additional counseling is necessary, the Medical Personnel will be referred to a professional who specializes in this area.
- b. The Medical Personnel who incurs an exposure incident will be given reference material and educational resources pertaining to occupational exposure. This information will also be available in Spanish.

8. Evaluation of Reported Illnesses, Injuries or Exposures

- a. Information provided to the Health Care Professional responsible for the Medical Personnel (Employee Health Services nurse or physician) has access to:
 - i. The OSHA Regulation concerning Bloodborne Pathogens;
 - ii. A description of the exposed Medical Personnel's duties as they relate to the exposure incident;
 - iii. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - iv. Results of the Source Patient's blood testing, if available;
 - v. All medical records relevant to the appropriate treatment of the Medical Personnel, including vaccination status.

9. Physician or Health Care Professional's Written Opinion

- a. The Medical Personnel will be provided a copy of the evaluating health care professional's written opinion within 15 days of the evaluation by the treating physician.
- b. The physician or health care professional's written opinion for Hepatitis B vaccination is limited to whether Hepatitis B vaccination is indicated for the Medical Personnel, and if they have received such vaccination.
- c. The post-exposure evaluation and follow-up is limited to the following:
 - i. Informing the Medical Personnel of the results of the evaluation.
 - ii. Informing the Medical Personnel about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- d. All other findings or diagnoses remain confidential and are not included in the written report.

Patient to Patient or Medical Personnel to Patient Bloodborne Pathogen Exposure Event

1. Patient Breast Milk Exposure (wrong milk / wrong patient) – please refer to Nursing Procedure for Breast Milk at each site.
2. Bloodborne Pathogen Exposures:
 - a. The patient and / or parent / legal representative will be notified of the event by the Attending Physician as quickly as possible. Refer to Hospital Risk Management policy on Disclosure of Adverse Events.
 - b. An Midas Incident Report will be completed by the injured, ill or exposed Medical Personnel online which includes documentation regarding the route(s) of exposure and the circumstances under which the exposure event occurred.
 - c. The exposed patient's chart will contain identification and documentation of the source of the exposure unless it can be established that identification is infeasible.
 - d. The exposed patient's blood is tested as soon as feasible to determine HBV, HCV, and HIV infectivity and the results documented. It is highly recommended that testing occur immediately after the event. If the exposed patient does not consent to testing, a Declination Form for baseline and follow-up testing will be signed by the patient and / or parent / legal representative.
 - e. Patient Hepatitis B immunization status is also reviewed.
 - f. If the Source Patient or Medical Personnel is known, that person's blood will also be tested to determine HBV, HCV, and HIV infectivity.
 - g. Informed Consent is not required to test blood during an exposure event. However, the exposed patient's Attending Physician, Physician-in-Training

- or the Physician's designee will notify the patient(s) and / or parent / legal representative(s) of the reason for testing as quickly as possible.
- h. Support and counseling following an exposure event is initiated by the Attending Physician. Other Departments will be contacted, as needed.
 - i. Patient blood will be screened for HIV status using the rapid HIV test available in the hospital laboratory. All reactive tests will be confirmed through appropriate tests at a Reference Laboratory.
 - j. When the Source Patient is already known to be positive for HIV, a viral load test will be performed to assist in determining HIV disease progression.
 - k. The Attending Physician will provide test results to the patient(s) and / or parent / legal representative, as well as information of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - l. Post-exposure prophylaxis to HBV, when medically indicated, is provided by the Attending Physician (see Appendix A).
 - m. Post-exposure prophylaxis to HIV is discussed and provided by the Attending Physician.

Procedure for Follow-up after an Occupational Exposure

1. Notify Employee Health or Nursing Supervisor immediately of the exposure. Employee Health will immediately determine if post-exposure prophylaxis should be offered.
2. The exposed Medical Personnel must be evaluated for immunity to Hepatitis B virus (HBV) infection and date of last Tetanus shot, and is encouraged to obtain baseline human immunodeficiency virus (HIV) antibody and Hepatitis C virus (HCV) antibody.
3. All supervisors without access to the computerized order entry system should contact the Nursing Supervisor to facilitate ordering of the necessary tests.
4. A First Report of an Injury Form must be completed at the time of exposure, or as early as feasible and sent to Employee Health Services.
5. The Source Patient's blood must be tested for Hepatitis B surface antigen, Hepatitis C nucleic acid, and human immunodeficiency virus antibody. Informed Consent for testing:
 - a. Informed Consent is not required to test a patient's blood during an exposure event. However, the patient's Attending Physician, Physician-in-Training, or the Physician's designee and / or care provider will notify the patient and / or parent / legal representative of the reason for the testing as quickly as possible. In Pennsylvania, the patient's physician must

make a good faith effort to obtain informed consent from the patient and / or parent / legal representative.

- b. Inpatient Exposure Events – The patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will inform the patient and / or parent / legal representative about testing.
 - c. Outpatient and Discharged Exposure Events – If possible, the testing will occur immediately after the event and before the patient is discharged from ambulatory, outpatient, or hospital setting. For discharged exposure events, the patient’s Attending Physician, Physician-in-Training, or the Physician’s designee and / or care provider will contact the parent / legal representative to request to have the patient brought back for testing.
 - d. Employee Health Services will assist parties, as deemed necessary.
 - e. For Delaware residents – if the patient or parent / legal representative refuses testing, the hospital may petition the Court of Chancery for an order compelling the patient to provide a same for testing (16 Del. C. §715(d)(4)).
 - f. For residents of states other than Delaware – if the patient and / or parent / legal representative refuses testing, Employee Health Services will consult the appropriate departments to determine action abiding with the state law of the patient’s residence.
 - g. For residents of states other than Delaware – if the Source patient resides in a state other than Delaware, and the parent / legal representative continues to refuse consent for testing, Employee Health Services and Risk Management will provide the appropriate follow-up according to the state law of the patient’s residence.
6. The Source Patient or individual’s blood will be assayed by a rapid presumptive HIV antibody test. Post-exposure prophylaxis (presumptive antiviral treatment) recommendations will be based on the risk factors of the Source Patient, the circumstances of the exposure, and the results of the presumptive HIV test.
 7. Employee Health Services will contact Medical Personnel to discuss the implications of the various laboratory test results as they are reported.
 8. Identification of the Medical Personnel will be by their social security number on the lab result reports. It is essential that all of the above instructions be followed correctly to maintain correlation of the test results with the exposure event.
 9. If the Source Patient’s definitive tests are positive for any of the blood borne agents (HBV, HCV, or HIV) the Medical Personnel should be retested after 6 weeks and on a periodic basis thereafter (e.g., 3 and 6, following the exposure) to determine if the transmission has occurred.
 10. During the first 6 – 12 weeks following the exposure, the period within which most persons infected with HIV are expected to seroconvert, the Medical Personnel will be offered counseling by the designated Employee Health

Physician or Employee Health Nurse about the risk of infection and urged to follow current U.S. Public Health Service recommendations for preventing transmission of the HIV virus. The Infection Prevention and Control Manager and Physician Chairman of the Infection Prevention and Control Committee shall consult as necessary.

11. If the blood / body fluid source is unknown, decisions regarding follow-up will be made on an individual basis by the Employee Health Physician or Employee Health Nurse. The Infection Prevention and Control Manager and the Physician Chairman of the Infection Prevention and Control Committee shall consult as necessary.

Medical Record Keeping

1. Nemours establishes and maintains an accurate record for each Medical Personnel staff member with occupational exposure. This record includes:
 - a. The name and social security number of the Medical Personnel, Associate, Student, Volunteer, Contracted Employee or Community Member of the Nemours Medical Staff.
 - b. A copy of the Medical Personnel's Hepatitis B vaccination status including dates of all the Hepatitis B vaccinations and any medical records relative to their ability to receive vaccination.
 - c. A copy of all results of examinations, medical testing and follow up procedures;
 - d. The employer's copy of the health care professional's written opinion; any declination form signed by the Medical Personnel, Associate, Student, Volunteer, Contracted Employee or Community Member of the Hospital Medical Staff indicating their refusal to have blood drawn and tested.
 - e. The records are maintained for at least the duration of employment plus 30 years.

Confidentiality

1. Nemours ensures that the patient's and all Medical Personnel's medical records are:
 - a. Kept confidential;
 - b. Are not disclosed or reported without the patient's and/or Medical Personnel's express written consent to any person within or outside the workplace except as required by the OSHA regulation or as may be required by law.

Responsibility

1. Department Heads

- a. Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- b. Ensure that hand washing facilities and instant hand sanitizer are accessible to Medical Personnel and that they follow hand hygiene techniques.
- c. Ensure that Standard Precautions are followed by the Medical Personnel in their department by monitoring techniques on a continuous basis.
- d. Make accessible to all Medical Personnel an adequate supply of personal protective equipment in various sizes.
- e. Department supervisors ensure that sharps, containers and red bags are in adequate supply and accessible to all Medical Personnel in areas where infectious waste is generated.

2. Employee Health Services

- a. The Employee Health Services nurse or physician provides post-exposure follow-up and testing.
- b. Employee Health Services documents and maintains records required by the OSHA Standard (December 6, 1991) and this policy.

RELATED DOCUMENTS

Nemours Policy #2.1.51: Workers' Compensation

REFERENCES

Florida: Florida Statutes, Chapter 440

Delaware: Delaware Statutes Title 19, Chapter 23

New Jersey: NJSA Title 34, Chapter 15

Pennsylvania: 77 P.S. Section 411

OSHA Regulation: 29 CFR, Section 1904.35

DEFINITIONS

Authorized Provider – A healthcare provider designated by the workers' compensation carrier to care for an injured or ill Medical Personnel.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry – Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Medical Personnel – Associates, Students, Volunteers, Contracted Employees; Contracted Employees are not covered by the Nemours workers' compensation insurance.

Occupational Exposure – Skin, eye, mucous membrane or percutaneous (piercing of the skin barrier) contact with blood or other potentially infectious materials that may result from the performance of an Associate, Student, Volunteer, Contracted Employee or Community Member of the Hospital Medical Staff duties.

OSHA – Occupational Safety and Health Administration of the U.S. Department of Labor is the federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

Other Potentially Infectious Materials (OPIM) – All body fluids, secretions and excretions except sweat, regardless of whether they contain visible blood; non-intact skin; mucous membranes; any unfixed tissue or organ (other than intact skin) from a human; HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-containing culture medium or other tissues from experimental animals infected with HIB or HBV.

Work-Related Injury – An injury that occurs during the process of performing the normal functions of the job.

APPENDIX

Appendix A – Updated Job Titles

Appendix B – When There is a Blood Borne Pathogen Exposure

Appendix C – When There is a Communicable Disease

Appendix D – BBP Exposure Protocol

Appendix E – First Report of Injury Form

To access the appendices, please scroll below.

Appendix A – Job Titles

Allergist
OR Tech
Allergist Immunologist
Allergy Specialist
Anesthesia Assistant
Anesthesia Technician
Anesthesiologist
ARNP
Assoc. Hematology/Oncology
Athletic Trainer
Audiological Technician
Audiologist Staff
Biomedical Equipment Tech
Breastfeeding Peer Counsel
CAD Tech
Cardiac Cath Tech
Cardiac Care Coordinator
Cardiac Equipment Tech
Constable
Cast Tech
Cath Lab
Dental Assistant
Division Chief
Child Life Activity Coordinator
Child Life Specialist
Clinic Liaison
Urgent Care Staff
Clinical Assistant
Clinical Audiologist
Clinical Dietitian
Clinical Lab Tech Supervisor
Clinical Psychologist
Diabetes Educator
Fellow
Pharmacy- All Levels
CRNA
Sleep Tech
CT Technologist
Dental Lab Technician
Dietary Technician
MRI Tech
Echo Sonographer
ECMO Coordinator
ECMO Core Specialist
ED Tech
Electrophysiology RN
Emergency Logistic Technician
EMT
First Assist
Forensic Nurse Examiner
Genetics Counselor
Hand Therapist
Health Educator
Histotechnician
Histotechnologist
Imaging Engineer
Infection Preventionist
Interventional RAD Tech
Interventional Radiologist
Language Interpreter
IV Therapy Nurse
Orthopedic Tech
Orthoptist
Orthotics/Prosthetics Tech
Patient Care Tech
Patient Relations Rep
Perfusionist
Phlebotomist
Physical Therapist- all levels
Physicians- all titles
Physician Assistant
Polysomnography Tech
Pulmonary Function Tech
RAD Tech
Resp Equipment Tech
Resp Therapist
RN- Nurse Managers- all nurse titles
Security
Social Work- all levels
Surgical Support Tech
Surgical Tech
Urgent Care Staff
Ultrasonographer
Ultrasound Tech
Nurse Practitioners
Nurse Managers
Patient Flow Supervisor
Pathology Assistant/Tech
Patient Flow Coordinator
Phlebotomist
Respiratory Therapist-Transport
EEG Tech
Mental Health Counselor
Surgeons- All Divisions
Psychiatrist
Chaplain
EMT
Occupational Therapist
Ophthalmic Tech
Staff Intensivist
Transport Nurse
SWAT Nurse
Surgeon
Sonographer
LPN- all levels
Massage Therapist
Medical Assistant
MRI Technologist
Music Therapist
Nuclear Med Tech- all levels
Nursing Assistant
Patient Service Rep- all levels

WHEN THERE IS A BLOOD BORNE PATHOGEN EXPOSURE

START HERE ↓

STEP 1:
Associate notifies his/her immediate manager/supervisor on duty of the suspected Blood Borne Pathogen (BBP) exposure.

STEP 2:

During Business Hours

1. The manager/supervisor directs Associate to go the Employee Health office or, if Associate is at a satellite location, to call Employee Health for assistance in completing the necessary forms. (See Employee Health contact details, right.)
2. Associate completes the First Report of Injury (FROI) form.
3. Associate completes the Blood Borne Pathogen Exposure Protocol form.

After Hours

1. The Associate's manager/supervisor helps the Associate to complete the two forms listed above.
2. Associate faxes the completed forms to Employee Health.
In the Delaware Valley: Fax to (302) 651-8759
In Florida: Fax to (407) 650-7742
3. The Associate's Manager/Supervisor calls the Employee Health After Hours contact – or the Employee Health Medical Director if needed. (See Employee Health contact details.)

FIND FORMS AND INFORMATION ON NEMOURSNET:



IMPORTANT: All questions will be answered and next steps provided by the Employee Health staff or Medical Director.

HOW TO CONTACT EMPLOYEE HEALTH:

DELAWARE VALLEY

During Business Hours

CALL: 53-4424
7 A.M. TO 4 P.M., MON.–FRI.
Email: employeehealth3@nemours.org

After Hours

CALL: (302) 293-2869
Nursing Supervisor

EMPLOYEE HEALTH MEDICAL DIRECTOR:

(AVAILABLE 24/7)
Demetrios Zeretos, DO
Cell: (302) 502-6625
Alt: (302) 562-6880

HOW TO CONTACT EMPLOYEE HEALTH:

FLORIDA

During Business Hours

CALL: 57-4409
8 A.M. TO 4 P.M., MON.–FRI.
Email: employeehealthORL@nemours.org

After Hours

ORLANDO:
CALL: 57-4420
Patient Flow Supervisor (PFS)

JACKSONVILLE:

CALL: 55-3600
PLEASE ASK FOR ADMINISTRATOR ON-CALL

PENSACOLA:

CALL: 59-4700
PLEASE ASK FOR ADMINISTRATOR ON-CALL

EMPLOYEE HEALTH MEDICAL DIRECTOR:

(AVAILABLE 24/7)
Aaron Green, MD
Cell: (302) 494-1899
Alt: (302) 632-0573
Work: (302) 947-4437

WHEN THERE IS A COMMUNICABLE DISEASE EXPOSURE

START HERE ↓

STEP 1:
Associate notifies his/her immediate Manager/Supervisor on duty of the suspected communicable disease exposure.

STEP 2:
The Manager/Supervisor confirms suspected communicable disease diagnosis with Infection Prevention & Control (see contact details, right) OR the [Infectious Disease Physician-on-Call](#).

If NO: Manager reports back to the Associate that there was no exposure. No further steps are required.

If YES: The Manager/Supervisor alerts Associate to go or call the Employee Health office for assistance in completing the necessary forms. If after hours call the After Hours contact for assistance. (See Employee Health contact details, right.)

STEP 3:
1. The Employee Health staff or Associate's manager/supervisor helps the Associate complete the two required forms:

- First Report of Injury (FROI) form
- Communicable Disease Exposure Protocol form for their exposure type

2. Associate faxes the completed forms to Employee Health.
 In the Delaware Valley: Fax to (302) 651-4759
 In Florida: Fax to (407) 650-7742

FIND INFECTIOUS DISEASE PHYSICIAN-ON-CALL:

FIND FORMS AND INFORMATION:




CONTACT INFORMATION:

DELAWARE VALLEY

INFECTION PREVENTION & CONTROL:
 Tara White, Manager
 Work: (302) 651-4420 or 53-4420
 Cell: (302) 377-5594

DURING BUSINESS HOURS:
 CALL: 53-4424
 7 A.M. TO 4 P.M., Mon.-Fri.
 Email: employeehealth3@nemours.org

AFTER HOURS
 CALL: (302) 293-2869
 NURSING SUPERVISOR

EMPLOYEE HEALTH MEDICAL DIRECTOR:
 (AVAILABLE 24/7)
 Demetrios Zerefos, DO
 Cell: (302) 502-6625
 Alt: (302) 562-6880

CONTACT INFORMATION:

FLORIDA

INFECTION PREVENTION & CONTROL:
 Melissa Gallant, Manager
 Work: (407) 650-7946 or 57-7846
 Cell: (407) 221-8970

DURING BUSINESS HOURS:
 CALL: 57-4409
 8 A.M. TO 4 P.M., Mon.-Fri.
 Email: employeehealthORL@nemours.org

AFTER HOURS
ORLANDO:
 CALL: 57-4420
 PATIENT FLOW SUPERVISOR (PFS)

JACKSONVILLE:
 CALL: 55-3600
 PLEASE ASK FOR ADMINISTRATOR ON-CALL

PENSACOLA:
 CALL: 59-4700
 PLEASE ASK FOR ADMINISTRATOR ON-CALL

EMPLOYEE HEALTH MEDICAL DIRECTOR:
 (AVAILABLE 24/7)
 Aaron Green, MD
 Cell: (302) 494-1899
 Alt: (302) 632-0573
 Work: (302) 947-4437

IMPORTANT: Direct all questions to the Employee Health staff or Medical Director.

Appendix D

Management of Illness or Exposure to Disease
Communicable/Infectious

IC 46.31
ATTACHMENT 10

Blood Borne Pathogen Exposure Protocol

Associate Name _____	Dept. _____
Exposure Date _____	MR# _____
SourcePatientName _____	DOB _____

EXPOSED ASSOCIATE		
Immediately:		
<ul style="list-style-type: none"> Wash punctures or cuts thoroughly with soap and water. If splashed on face or skin, Flush exposed areas (e.g. nose, mouth, or skin) with copious amounts of water. Irrigate eyes with clean water, saline or other sterile irrigant. 		
Did you get stuck or cut by a sharp object that had been in contact with another person's body fluids or did another person's body fluids come in contact with your non-intact skin or mucous membranes (nose, mouth or eyes)? What type of device caused the injury? _____	YES	NO
Was the body fluid, blood, or cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic or other fluid visibly bloody? Manufacturer of Device? _____	YES	NO
If you answered NO to <u>either</u> of these questions, this is not considered an exposure to blood borne pathogens (BBP). No further testing or treatment related to BBP is indicated.		
If you answered YES to either question, please sign below and contact your Supervisor/Manager and Employee Health. After hours, contact the Nursing Supervisor (Delaware Valley) or the Patient Flow Coordinator or Nursing Supervisor (Florida) for evaluation. **Refer to Blood Borne Pathogen Exposure Contact Sheet (pdf) below. Have your supervisor/manager complete the section below.		
Associate Signature: _____		Date: _____
SUPERVISOR/ MANAGER/PATIENT FLOW COORDINATOR:		Completed?
Name: _____ Date: _____		
Identify source for testing and ask the source patient's physician to enter the order for the post-exposure blood work. Hepatitis B Surface AG Assay (CPT 87340), Hepatitis C AB Test (CPT 86803), and HIV-1/HIV-2 AB Screen w/reflex WB (CPT 86703).		YES
If the patient declines, may still use blood already in the lab. If the source is an infant (birth to 12 months the mother can be tested.		NO
If the source patient's blood will be drawn by the physician or nurse on the unit, contact the lab to identify the correct colored tube tops to use.		
If the source patient is known to be HIV positive or tests positive for HIV, the exposed Associate's blood will be drawn per protocol orders in Employee Health (or at an alternative site based on location of the Associate), as soon as possible (next business day, if after hours) for baseline testing. Routine follow up testing is scheduled for 6 weeks, 3 months and 6 months post exposure.		YES
Have Associate complete the section above. Print and send to EH.		NO
Complete First Report of Injury and send to Leave Manager for Workers Compensation.		YES
		NO

Forward completed form to Employee Health

In the Delaware Valley, FAX to: (302) 651-6759

In Florida, FAX to: (407) 650-7742

Employee Health Representative Completing Review: _____

Date: _____

Follow-up Required: _____

Follow-up Testing:

(6 weeks)

(3 months)

(6 months)

**[Blood Borne Pathogen Exposure Contact Sheet](#)

APPENDIX E



Nemours First Report of Injury or Occupational Illness Fax
Complete and FAX Form to Employee Health Services.

In Delaware Valley: (302) 651-6759

In Florida: (407) 650-7742

Date and time of accident: _____ Location of injury: DV FL PA NJ

Name of Injured Worker: First _____ MI _____ Last _____ Sex: M/F: _____

Associate's Home Address (Street/City/State/Zip): _____

Work phone: _____ Cell phone: _____ Lawson ID: _____

Date of Hire: _____ Date of Birth: _____ Social Security No. (required): _____

Did injury/illness cause loss of time beyond day or shift of accident? _____ First date for lost time: _____

Associate Department: _____ Occupation: _____

Hourly Wage: _____ Time Shift started: _____

Describe in full how the accident occurred. Relate the events, which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident to include any objects or substances involved and tell how they were involved. Give details on all factors, which led or contributed to the accident.

Nature of the injury (name part of body affected – i.e. fractured left leg, bruised right thumb etc.):

Exposure: Patient MR # _____ type of device used _____ PPE Worn _____

INITIAL TREATMENT

- No Medical Treatment
- Minor: By Employer
- Minor: Clinic / Hospital If Yes; Where: _____
- Emergency Care If Yes; Where: _____
- Hospitalized > 24 hours
- Future Major Medical / Lost time anticipated

Associate manager/supervisor Name: _____ Phone: _____

I authorize The Nemours Foundation and workers' compensation carrier or its management representatives to be furnished with any information and facts regarding this work injury, included reports and records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for follow up. This information is to be used for the purpose of evaluating and handling my claim for work injury as a result of an accident occurring on or around the above noted date of work injury.

Associate signature: _____ Date: _____

Do Not Complete Below This Line (for HR Workers Compensation Manager only)

Signature of person authorized to sign for Nemours: _____

Title (authorized person): Workers Compensation Manager _____ Phone: (302) 651-6980 _____

Date report received: _____