

Occupational Bloodborne Pathogen Exposure Protocol

Proper treatment and recording of any potentially infectious exposure should begin **as soon as possible**.

(Potential bloodborne pathogen exposure could include the following: needle stick, cut, splash, abrasion or exposure to blood, tissue or bodily fluids.)

1. **Perform basic first aid:** Clean the wound, skin, or mucus membrane immediately with soap and running water. Don't squeeze or "milk" the blood from the wound. If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes, or use an eye wash station.
2. **Notify your supervisor immediately.**
3. **Report the occurrence:**

	Non-UK Employee or Student Please contact the Office of Infection Prevention and Control (IPAC) in the event of a Bloodborne Pathogen Exposure (859) 323-6337	
Please follow these guidelines to report the exposure and schedule an appointment:	UK Employee	UK Student <i>Regardless of Location</i>
If exposure happens between 8:00 am – 4:30 pm Monday - Friday	Call Workers' Care at 1-800-440-6285 . Workers' Care will schedule an appointment at Employee Health located in the University Health Service building.	Call 323-APPT (2778) to schedule an appointment at Employee Health located in the University Health Service building.
If exposure happens between 4:30 pm – 8:00 am or on a weekend or Holiday	Call Workers' Care 1-800-440-6285 . Workers' Care will report the incident and will connect you with the UHS MD on call who will provide a consultation and determine the risk of exposure.	Page the UHS MD on call at 323-5321 . The UHS MD will provide a consultation and determine the risk of exposure.

When speaking with Workers' Care or the appointment line, inform them **immediately if it is a high risk exposure** (i.e. the source patient is HIV+, Hepatitis B+ or C+.)

4. **Do not have your own blood drawn:** Your blood tests will be ordered by Employee Health personnel.
5. **Fill out the "Physician Order Form and Miscellaneous Lab-" slip:**
 Enter the **source patient's** name, DOB, Date/Time collected and collector's name.
 Enter the **source patient's** name and DOB on the tube stickers provided and label **each tube** (The lab will not accept the blood if the tubes are not properly labeled). The white copy is to go to the lab and the yellow copy goes back into the **red envelope** for you to take to your **Employee Health visit**.
6. **Have the source patient's blood drawn:**

If the source patient is a Hospital Patient	If the source patient is a Kentucky Clinic Patient
The RN or Phlebotomist responsible for the patient will draw the blood: (1) Purple Top and (2) Gold Tops, place blood tubes in a bag and send blood and lab request to lab central receiving.	The source patient may be escorted to the Kentucky Clinic lab along with the lab request.

(If you have questions about the blood call the lab @ 323-5432 or if using the tube system, tube to station # 161.)

7. **Fill out the "Source Patient Information-" slip and place patient stickers on both copies:**
 If the source patient is not known, write "unknown" at the name.
 Enter the dates, **source patient's** Attending MD and select the type of the exposure.
 The white copy (or electronic copy) will go to Medical Records and discarded upon the source patient's discharge; both the **white** and **yellow** copy goes back into the **red envelope** for you to take to your **Employee Health visit**.
8. **Fill out an incident report on-line at:** <http://careweb.mc.uky.edu/psn/>.