

Employee True Exposure Protocol

Contact Information
Nurse Administrator:
 fax # 445-5635
 telephone # 445-4149
 pager # 866-210-0566
OHIS:
 fax # 445-2118
 telephone # 445-4038
 Location – 1st floor Yarbrough Bldg
ORMC Triage Nurse:
 telephone # 478-454-3525

Critical Information for the ORMC Triage Nurse
 1) Employee name
 2) Time and date of exposure
 3) Type of exposure
 4) Employee HBV status
 5) HBV, HCV, and HIV status of source (if known)
Important: no names or identifiers of the source person may be given.

Potential True Exposure

Employee
 1) Notify Unit Nurse/Supervisor immediately.

Unit Nurse/Supervisor
 1) Immediately assess the exposure and see that appropriate first aid is provided.
 2) Complete the Employee True Exposure Report (form 751) and briefly explain to the employee:
 a. The potential risks of a true exposure.
 b. The possible need for preventive medications; and
 c. The two hour window of opportunity if HIV medications are indicated.
 3) Following this explanation, instruct the employee to go immediately to the ORMC Emergency Department for a potential true exposure evaluation.

Employee refuses to go to ORMC

Unit Nurse/Supervisor
 1) Immediately page the nurse administrator to inform of incident and employee's decision regarding an ORMC evaluation.
 2) Fax copies of exposure report (form 751) to nurse administrator and OHIS. As time permits forward originals to OHIS.
 3) Complete and distribute CIR form per policy.

Employee agrees to go to ORMC

Unit Nurse/Supervisor
 1) Have employee sign the Referral Refusal form.
 2) Page the nurse administrator to inform of the incident and the employee's refusal to go to ORMC for evaluation.
 3) Fax copies of the exposure report (form 751) and the referral refusal form to the nurse administrator and OHIS. As time permits forward originals to OHIS.
 4) Complete and distribute CIR form per policy.

Nurse Administrator
 1) If the employee has chosen to go for an evaluation at ORMC, immediately review the completed exposure report (form 751), verify the employee's HBV status using the OHIS database, and contact the ORMC triage nurse.
 2) Explain that a CSH employee is in route with a possible true exposure and provide the critical information listed in box located at the upper right of this protocol.
 3) Complete the Staff Incident Report (form 500-14), contact Worker's Comp (WC) for a claim number, and convey this number back to ORMC.
 4) Distribute Staff Incident Report (form 500-14) per policy.

Employee
 1) Proceed to ORMC Emergency Department with or w/o assistance as indicated.

ORMC
 1) Employee submits to evaluation.

ORMC
 1) Employee does not submit to evaluation.

Employee
 1) Report to OHIS the next working day and bring all ORMC paperwork.
 2) If applicable, sign a release of information allowing OHIS to obtain any additional reports or test results from ORMC.
 3) Discuss with OHIS staff any necessary follow-up or recommendations.