


Invasive Incidents:

INVASIVE INCIDENT (NEEDLESTICK) PROCEDURE	<p>PENNSTATE Milton S. Hershey Medical Center College of Medicine</p> 
Hershey Medical Center – Hospital Administrative Manual	Policy Number: SH-1
Revised for Student Health	Effective: May, 2002
Authorized: Darrell G. Kirch	
Approved: James Herman	

PURPOSE

- To insure appropriate treatment and follow-up are provided.
- To insure the care provided is in compliance with Commonwealth of Pennsylvania Act 148.
- To insure the patient (source) is not charged for additional laboratory tests when a student (victim) sustains an invasive incident.
-

DEFINITIONS

Invasive Incident: Any incident or injury, which results in penetration through the skin, contact with mucosal membrane or extended exposures to skin, which is chapped, abraded or afflicted by dermatitis.

Significant Exposure: According to the center for Disease Control, and adopted in Pennsylvania State Law #148 known as the Confidentiality of HIV-Related Information Act, a “significant exposure” is defined as follows:

Direct contact with blood or body fluids of a patient in a manner, which is capable of transmitting Human Immunodeficiency Virus, including, but not limited to, a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membranes, or contact of skin (especially when the exposed skin is chapped, abraded or afflicted with dermatitis or if the contact is prolonged or involves an extensive area) with blood, tissues, or other body fluids to which universal precautions apply, including: a) semen, vaginal secretions, or other body fluids contaminated with visible blood, because these substances have been implicated in the transmission of HIV infection; b) cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid, because the risk of transmission of HIV from these fluids has not yet been determined; and c) laboratory specimens that contain HIV (e.g., suspensions of concentrated virus).

Source/Patient: Person or known location from whom or where the blood or body fluid originated, and to which the victim/student was exposed.

Victim/Student: The person exposed to the blood or body fluid.

High Risk: A source/patient who is known to be or exhibit one of the following:

- Known HIV seropositivity
- Previous history of hepatitis or deferred as a blood donor
- Known elevated liver enzymes
- Known homosexual male
- Known history of having had multiple blood transfusions prior to 1984
- Known IV drug user (current or past)
- Known hemophiliac
- Known sexual partner of any of the above

POLICY STATEMENT

All Medical Center employees, hospital volunteers and students sustaining an invasive incident will report to Employee Health during hours of operation, and to the Emergency Department when Employee Health is closed, for immediate treatment and as directed to the Employee Health Department for follow-up care.

All care and treatment of invasive incidents will be in accordance with the Confidentiality of HIV Related Information Act 148 and as outlined in the following procedure. Refer to Follow-up of Non-Medical Center Health Care Providers Exposed to Transmittable Disease (HR-17) if a non-medical center health care provider sustains an invasive incident.

PROCEDURE

The victim/student sustaining an invasive incident will:

1. Clean the site of exposure with soap and copious amounts of water.
2. Notify supervisor/designee
3. Obtain his/her own HMC ID card and if available, the name of or any identifying information on the source/patient. (See High Risk Definition)
4. Report promptly to Employee Health during hours of operation. If Employee Health is closed the student should report promptly to the Emergency Department check in area and inform the clerk of your need for service resulting from an invasive incident.
5. Report to Employee Health Department within 24 hours or next work day as directed when employee uses emergency Department services.

The Emergency Department/Employee Health will:

1. Provide the victim/student with the Employee Health Referral Form for an Invasive Incident to complete while waiting to be seen by the Emergency Physician/Employee Health nurse.
2. Evaluate and certify the incident exposure status as significant or non-significant and complete the Certification of Significant Exposure on the back of the Employee Health Referral Form for an Invasive Incident.
3. Determine risk status:
 - a) Obtain any known laboratory blood test results (Hepatitis B surface antigen (HbsAg), Hepatitis C Antibody, Liver function tests (LFTs), and HIV on the source/patient and assess for any high risk factors by:
 - b) Reviewing the Employee Health Referral Form for an Invasive Incident.
 - c) Obtaining completed lab results on the source/patient from the Clinical Laboratory.
 - d) Consulting with the source/patient's attending physician or resident who may have direct access to the medical record.
4. Provide wound care, tetanus prophylaxis and preventative measures for Hepatitis B, C and HIV according to the Needlestick Treatment Protocol Note: before giving treatment.
5. Refer to the hospital policy Antiviral Prophylaxis for Employees sustaining "exposure" to Human Immunodeficiency Virus if source/patient is known HIV positive or high risk for HIV.
6. Obtain two (2) large red top tubes of blood from the victim/student **before HBIG is given**. Label specimens with name and HMC number of the victim/student. Send to lab with completed Miscellaneous Lab slip, for future orders provided by Employee Health nurse(s).
7. Obtain two (2) large red tubes of blood from the source/patient for future orders provided by Employee Health Nurse.
 - a) If the source/patient is an **E.D./Outpatient**, obtain written informed consent for HIV testing (Attachment I), label blood with name and hospital number of the source/patient, and send to the lab with completed Miscellaneous Lab Slip.
 - b) If the source/patient is an **inpatient**, give the victim/student the "source" laboratory requisition slips with instructions to deliver the slips to the A.M. lab collection box on the unit where source/patient is located, or deliver to his/her immediate supervisor. The Employee Health nurse(s) will obtain written informed consent on all inpatient sources and victim/employees.
8. Refer all victim/students to the Employee Health Department for follow-up care.

The Emergency Department Clerk will: (when Emergency Department is used)

1. Register the victim/student for Emergency Department charges only.
2. Retain a copy of the student's Emergency Department Treatment Form and the completed Employee Health Referral Form for an Invasive Incident for the Employee Health nurse(s).

The Employee Health Department will:

1. Obtain the Employee Health Referral Form for an Invasive Incident, a copy of the Emergency Department Treatment Form and a copy of the Treatment Report from the Emergency Department clerk each working day morning.
2. Counsel and obtain informed consent for HIV testing from the victim/student in accordance with Confidentiality of HIV Related Information Act 148. Obtain Consent for Disclosure of Confidential HIV Testing if HIV information is to be disclosed to any source other than Employee Health. The informed consent for HIV testing must be obtained and specimen available for testing from the victim/student before obtaining consent for HIV testing or ordering lab test on specimen of the source/patient.
3. Counsel and obtain informed consent for HIV testing and Consent for Disclosure of Confidential HIV Testing from the source/patient or responsible family member/guardian.
4. Order appropriate laboratory studies for source/patient and victim/student as per Employee Health Physician's Standing Orders for Invasive (Needlestick) Protocol. The HIV test results of the source/patient will only be disclosed to the victim/employee or designee if the victim/employee HIV test result is negative.
5. Review Hepatitis B Vaccination and response status of Student and follow instructions of post-exposure prophylaxis to Hepatitis B protocol.
6. Assess laboratory findings of patient/source for both Hepatitis C and ALT tests and instruct employee/victim as to appropriate follow-up per HCV antibody testing protocol. (i.e. repeat HCV testing in 4 and 6 months).
7. Provide victim/student follow-up services including but not limited to:
 - a) Administer immunizations specified on the Employee Health Physician's Standing Orders for Invasive (Needlestick) Protocol.
 - b) Refer for Anti-HIV therapy per established policy.
 - c) Schedule and obtain consents for 6-16-24 week HIV testing following the significant high-risk invasive incident.
 - d) Counsel student with multiple incidents to identify and correct causative factors.
 - e) Document all actions and results as appropriate.
 - f) Refer all HCV seroconverters to The Milton S. Hershey Medical Center hepatology services for consideration of therapy.

PERSON RESPONSIBLE FOR REVIEW AND UPDATE

Employee Health Nurses

Revised: 1/15/02

Hospital Administrative Manual	Policy Number: SH-1
Invasive Incident (Needlestick) Procedure	Effective: May, 2002

**COLLEGE OF MEDICINE*UNIVERSITY HOSPITAL
THE MILTON S. HERSHEY MEDICAL CENTER**

SHARPS SAFETY

DATE: June 12, 2002
TO: Class of 2004
FROM: Dr. Beth Wallen, Student Health Director

Now that you are ready to embark on clinical rotations and will, for the rest of your career, be in direct contact with patients, I would like to take this opportunity to remind you to be very careful around body fluids, needles, and any other sharp instruments.

I don't need to remind you of the risks of incurring an invasive incident (particularly with regard to HIV). You need to be careful not only for yourself but for others, including nursing staff, who may be assisting you or cleaning up after your procedure.

I would suggest the following be part of your consideration with every venipuncture, line placement, spinal tap, etc.

1. Don't recap needles.
2. Always know where every sharp is throughout the procedure.
3. Have a place on your tray, if it is a procedure, in which sharps are placed.
4. Do not place sharps on the bed even if capped.
5. When in surgery please be aware at all times of where the scalpel is, whether or not you are holding it.
6. The same applies to suturing in surgery. Retracting during surgery is a common time for invasive incidents.
7. Always dispose of sharps within the appropriate boxes made available.
8. Wear a mask/eye protection when performing, observing or assisting with any procedure where there is a potential for being splashed with blood/body fluids.
9. I repeat once again, **DON'T RECAP NEEDLES.**

I think you should consider it equally as important as successfully completing your procedure to make sure that sharps safety is followed both for you and for anyone that may be working with you.

Thanks for giving this important safety issue due consideration.

**COLLEGE OF MEDICINE*UNIVERSITY HOSPITAL
THE MILTON S. HERSHEY MEDICAL CENTER**

June 2002

INFECTION CONTROL PRACTICES

BODY SUBSTANCE PRECAUTIONS (BSP):

BSP are safe work practices and procedures followed by all personnel for all patient care to protect patients and staff from transmitting blood-borne infections. They also prevent the spread of infection by all routes of transmission except air-borne.

Body Substances include: blood, oral secretions, urine, feces, wound or other drainage.

All employees, staff and students are expected to comply with BSP by:

Washing Hands: Wash hands before and after patient contact, when soiled, and after removal of personal protective equipment (PPE). Wash hands after each use of the toilet and before eating.

Using Personal Protective Equipment (PPE):

Gloves - wear for contact with mucous membranes, non-intact skin, moist body substances or contaminated articles.

Aprons/Gown/Coveralls - wear when clothing is likely to become soiled.

Masks - wear to protect the mouth and nose from splashing.

Glasses/Goggles/Face shields - use to protect the eyes when splashing by a body substance is likely.

USE SAFE WORK PRACTICES:

Linen – place linen wet with body substances into clear plastic bags first, Then into cloth bags.

Laboratory Specimens – transport in “zip loc” bio-hazard plastic specimen bags.

INFECTIOUS WASTE:

Sharps: dispose needles and other sharps into designated containers without recapping them.

Fluid Filled Containers: place these into heavier red biohazard bags for transport to Central Processing.

Other Infectious Waste: place all other infectious waste into red bio-hazard bags for incineration.

RESPIRATORY ISOLATION:

Respiratory Isolation is used to prevent the spread of air-borne communicable diseases such as tuberculosis and chickenpox. Place the patient into a private room with the door closed. Put a respiratory isolation sign on the door and chart. Everyone entering the room must wear masks.

STEPS TO A SAFE WORKPLACE

1. Plan your task in advance.
2. Perform your task safely.
3. Know the location of Personnel Protective Equipment in your work area.
4. Know where and how to discard disposable items.
5. Know how to clean and handle reusable items properly.
6. Discard sharps safely.
7. Obtain sufficient help.
8. Wash your hands.

Any questions, call Infection Control at 8902.