

Home Health Foundation, Inc.

SUBJECT: MANAGEMENT OF OCCUPATIONAL EXPOSURES AND INJURIES

For the purpose of this policy, the Agency adheres to the Center for Disease Control definition of occupational exposure.

PURPOSE: To provide medical evaluation and treatment in the event of an occupational exposure or injury.
To prevent the transmission of disease among employees, patients, families and caregivers.

Definitions:

- ***Occupational Exposure:*** “Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of a Health Care Worker (HCW) duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.
- ***Mucous Membrane Exposure:*** Contact of mucous membranes (e.g. - eyes, nose, or mouth) with the fluids, tissues or specimens listed in Occupational Exposure.
- ***Sharps Injury Exposure:*** An exposure event occurring when any sharp penetrates the skin. This term is interchangeable with “percutaneous injury”.

POLICY

All Agency employees will be required to comply with post exposure/injury evaluation and follow-up of occupational exposure to blood or other potentially infectious agents as defined above.

Medical evaluations and follow-up care including procedures, bloodwork, and prophylactic treatment will be provided at no cost to the employee or to the source (patient.) Chemoprophylaxis if prescribed is provided at no cost to the employee.

All occupational exposures and injuries must be immediately reported to his/her supervisor or manager. The exposure or injury is reported utilizing the “Bloodborne Pathogen Injury Report” (Attachment #1). Worker compensation forms: “Employee Incident Report and Supervisor’s Investigative Report are completed by the employee and manager and forwarded to Human Resources. Human Resources will log and track the information in compliance with OSHA recordkeeping standards.

The employee will be evaluated immediately for treatment and follow-up care for all occupational exposures and injuries at one of the following locations:

- Lawrence General Occupational Health, 25 Marston Street, Ste. 204, Lawrence, MA
- Lowell General Occupational Health, 10 Research Place, Ste. 200, Chelmsford, MA
- Anna Jaques Occupational Health, 24 Morrill Place, Amesbury, MA
- Exeter Hospital, 6 Hampton Road, Exeter, New Hampshire (for employees reporting to and working out of the Seacoast office only)

If after business hours, the employee is to seek treatment at the nearest Emergency Department. Any refusal of evaluation and/or treatment will be documented in writing and maintained in the employee's health file.

Occupational exposures are coordinated by the Infection Control Nurse or designee. In the event of an exposure or injury, the Infection Control Nurse will interview the employee to determine the circumstances of the exposure/injury and complete a "Bloodborne Pathogen Injury Report – Attachment #1".

The Infection Control Nurse will facilitate follow-up testing of the **source patient** if known. The process includes:

- a) Obtaining order from patient physician for source testing for Hepatitis B Surface Antigen, Hepatitis C Antibodies and HIV lab work. Request that physician fax lab order/requisition to the designated laboratory.
- b) Contact source patient, explain process and obtain verbal consent. If the patient refuses source testing, the refusal will be documented and the occupational health facility notified.
- c) Notify occupational health center that source testing will take place.
- d) Schedule the clinician to draw the source patient's blood and take to the hospital where the occupational health center is located.
- e) The patient's primary physician will receive the lab results and will communicate the lab result information to the patient.

Massachusetts law Chapter 84 of the Acts of 2012 (in effect July 26th, 2012) removed the requirement to obtain written informed consent prior to HIV testing. The law now allows for verbal consent from the individual being tested.

When an order is received to perform an HIV test on an individual, the expectation is that the individual is provided information regarding the purpose of the test.

PROCEDURE
OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASE

- 1) The following is a list of those disease exposures that require surveillance management and medical follow-up:
- a) Meningococcal Infections (Bacteremia, Meningitis)
 - b) Pertussis
 - c) Rubella (German Measles)
 - d) Rubeola (Measles)
 - e) Scabies
 - f) Tuberculosis
 - g) Varicella (Chickenpox)

Medical follow-up will be done by contracted occupational health center or private physician.

- 2) Work Restriction Related to Communicable Diseases
- a) The Occupational Health Center or the employee's primary physician will determine the duration of restriction from work along with the Agency utilizing the CDC Guideline for Infection Control in Health Care Personnel 1998. A copy is maintained by the Infection Control Nurse.
 - b) All reportable communicable diseases will be reported to the Department of Public Health and surveillance will be instituted as indicated.

Responsibility: Visiting Staff, Infection Control Nurse, Human Resources
Distribution: Leadership

CEO Signature:	<hr style="border: none; border-top: 1px solid black; width: 100%;"/> <div style="text-align: right; margin-top: 10px;">____/____/____ Date</div>
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