


## COBB COUNTY COMMUNITY SERVICES BOARD

<b>Policy # 3034</b>	<b>Employee Occupational Exposures including Needle Sticks</b>
<b>Origination Date: January 4, 2001</b>	
<b>Revision Date: March 18, 2005; September 6, 2006; June 6, 2007; October 15, 2008; September 18, 2009; August 5, 2010; January 18, 2011, October 8, 2012, September 24, 2013, March 7, 2016, April 2, 2018</b>	
<b>Reviewed Date: August 12, 2019</b>	
<b>Approved:</b> 	
<b>Foster Norman, Executive Director</b>	

### **POLICY:**

It is the policy of the Cobb County Community Services Board that injuries and exposures to blood and body fluids including employee needle sticks be reported immediately so prompt medical attention and follow-up treatment can be provided. The agency will follow OSHA Blood borne Pathogens Standards for needle stick safety.

### **INTRODUCTION:**

What is a needle stick? A “needle stick” means a break in the skin from a needle or other “sharp” such as a scalpel. The most serious infections are HIV, HBV, and HCV.

#### Prevention Strategies

1. Always use safety devices and sharp containers that are closable, puncture resistant and leak proof.
2. Explain procedure to individual to gain their cooperation and avoid potential movement during the procedure.
3. Place a sharps disposal container close to the procedure site and at a height that the top of the container can be seen.
4. Dispose of sharps immediately after use.
5. Never recap needles.
6. Avoid over filling sharps containers.

### **PROCEDURE:**

#### **1. Initial steps for occupational exposure incident and post exposure follow-up are:**

##### a. Needlestick

1. To help reduce the risk of viral infections from occurring, do not apply pressure to the wound; allow it to bleed freely.
2. Wash the wound with soap and water.

##### b. Wounds and Skin Sites

Wash area with soap and water and mucous membranes should be flushed with water (this includes abrasions, bites, cuts).

##### c. Nose, Mouth and Eyes exposures

Flush splashes to nose, mouth, and eyes with water.

#### **2. Responsibilities for Immediate Care:**

- a. Notify the program nurse and/or the Director of Nursing (DON).
  - b. Notify the Site Supervisor/Director of Nursing or designee immediately of the occupational exposure.
  - c. The Site Supervisor or designee should arrange coverage for the injured employee to leave the work site within (2) hours of the incident.
  - d. The injured employee is encouraged to travel to the nearest emergency care center where a medical physician can assess the exposed injury.
  - e. The Site Supervisor or designee should call the Georgia Department of Administration Services (DOAS) # 1-877-656-7475 to report an injury claim. This is considered worker's compensation. Notify the Human Resources worker compensation representative after making a claim.
- 3. Responsibilities when the Source Individual's status is known**
- a. If the Source Individual status is **known** for HIV, HBV, HCV, the Site Supervisor or designee is responsible for calling the information to the emergency care center in which the employee is being assessed.
  - b. **The name of the Source Individual must be held confidential**
- 4. Responsibilities when the Source Individual status is unknown**
- a. If the Source Individual status is **unknown** for HIV, HBV, HCV, the nurse in charge needs to **obtain permission from the individual and/or guardian to draw blood sample.**
  - b. If the Source Individual refuses to give consent to testing, then the individual's request must be respected.
- 5. Procedure for drawing the Source Individual's blood.**
- a. Draw a blood sample for HBV, HCV, and HIV. Before drawing the HIV ask the Source Individual if he/she knows what HIV means and if they know what the risk factors are for developing HIV.
  - b. Document HIV discussion in the individual's clinical chart. Very important!
  - c. Complete a lab requisition form (do not use individual's name) but list 10 random numbers other than the individual's CID# and write the same numbers on tube of blood.
  - d. **Do not include any other lab requests on the Source Individual's lab requisition, only HIV, HBV, and HCV.**
  - e. Call the lab and make them aware of the confidential blood work that is being sent and request that the blood work results be sent to the DON via *hand delivery* at 1758 County Services Parkway, Marietta, GA 30008.
  - f. Ask lab not to document lab results of HBV, HCV and HIV on source individual's chart.
  - g. Send a copy of the Source Individual's lab requisition to the Director of Nurses to file.
- 6. Procedure for obtaining lab work from blood that is already drawn**
- a. When the Source Individual refuses to consent to having blood drawn, notify two physicians of the incident and the reason for obtaining lab results. Then both physicians must give permission to test the drawn blood for HIV, HBV and HCV. Both the individual requisition (ordered lab work and the request for HIV, HBV and HCV) are written on a separate requisition.
  - b. Then follow the procedure as stated above (6.c., d., e., f.) The DON will notify site of the ordered test results. The requisition with the HIV, HBV and HCV will not be sent to the site. HIV, HBV and HCV are not placed in the individual's chart. The results of the test will be kept in the employee's medical file.

7. For needle stick injuries a Sharps Injury Log will be completed by the DON. *Attachment A*
8. In needle stick injuries a Sharps Injury Report will be completed by the Site Supervisor or designee and sent to the DON. *Attachment B*
9. A Post Exposure Follow-up Form will be completed by the DON. *Attachment C*
10. When the employee refuses treatment, including follow-up treatment
  - a. If an employee refuses to seek treatment for a needle stick injury then the employee will sign a declination form. *Attachment D*
  - b. If an employee seeks treatment but refuses to take recommended medication then the employee will sign a declination form. *Attachment D*
11. When the Source Individual's lab work is positive for HIV, HBV and HCV
  - a. Every attempt will be made to locate the Source Individual
  - b. When the Source Individual is contacted, ask the person to give a name of a medical physician so the test results can be faxed to that physician.
  - c. If the Source Individual does not have a physician then have the individual go to the Health Department to get the results of the test. Remember all acute HBV, HCV and HIV results are reportable illnesses, CDC Nationally Notifiable Infections Conditions U.S. 2013, and must be reported within 7 days of the findings.
12. All Source Individuals are privileged to know their test results regardless of the findings.
13. All Source Individuals who want knowledge of their testing should call the Director of Nursing.
14. The treating physician at the affiliated emergency care center will evaluate risk, utilizing the information available at time of reporting and offer prophylactic treatment based on perceived risk. Following the initial visit to the emergency care center the employee is followed by a worker's compensation physician.

***Related Policies: This plan/policy should be used in conjunction with the following policies:***

- a. Infection Control Plan – Policy #3021***
- b. Exposure Control Plan – Policy #3037***

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**SHARP INJURY LOG**

<b>DATE</b>	<b>TYPE OF DEVICE</b> e.g., syringe, needle, lancet, etc.	<b>BRAND NAME OF DEVICE</b>	<b>WORK AREA WHERE INJURY OCCURRED</b>	<b>BRIEF DESCRIPTION OF HOW THE INCIDENT OCCURRED</b>

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**SHARP INJURY REPORT**

Name \_\_\_\_\_

Work Location \_\_\_\_\_

Location of incident \_\_\_\_\_

1. Job Category:  MD  Nurse

RN  LPN  CNS

Counselor  Other

2. Explain where injury occurred: \_\_\_\_\_

3. Source individual identified?  No  Yes  Unknown  N/a

4. Was the injured employee the original user of the sharp item?  No  Yes  Unknown  N/a

5. The sharp item was  Contaminated  Uncontaminated  Unknown

6. The sharp item was used for  Injection, IM, subc, dermal  Blood draw  Unknown

7. The injury occurred  During use of item  Before use of item  Item left in an inappropriate place  While putting into disposal  container  After disposal, item protruding  Other: \_\_\_\_\_

Employee # \_\_\_\_\_  
Date of injury \_\_\_\_\_  
Time of injury \_\_\_\_\_

8. What device caused the injury? \_\_\_\_\_  
Brand/Manufacturer of product: \_\_\_\_\_

Safety device  Not a safety device

9. Location of injury?  Head, where \_\_\_\_\_

Arm, where \_\_\_\_\_

Chest, where \_\_\_\_\_

Abdomen, where \_\_\_\_\_

Back, where \_\_\_\_\_

Leg, where \_\_\_\_\_

Thigh, where \_\_\_\_\_

Hand, where \_\_\_\_\_

Finger \_\_\_\_\_

Thumb \_\_\_\_\_

Palm \_\_\_\_\_

# of gloves \_\_\_\_\_

no gloves \_\_\_\_\_

10. Injury was  Little or no bleeding  Skin punctured, some bleeding  Deep stick/cut, or profuse bleeding

11. The employee was  Right handed  Left handed

12. Other comments \_\_\_\_\_

13. Follow-up education done \_\_\_\_\_

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POST EXPOSURE FOLLOW-UP

Employee

Name \_\_\_\_\_ # \_\_\_\_\_

1. The employee was seen by \_\_\_\_\_  
 Emergency Room  
 Other,

2. Was the employee vaccinated against HBV before the exposure?  
 1 dose  
 2 doses  
 3 doses  
 Antibodies tested  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Was the employee pregnant?  
 Yes trimester \_\_\_\_\_  
 No  
 N/A  
 0 1 2 3

4. Results of baseline tests:

Path	Test	Result	Date
HBV	HbsAg	0 pos 0 neg 0 not tested	____
	HBeAg	0 pos 0 neg 0 not tested	____
	AntiHBS	0 pos 0 neg 0 not tested	____
HCV	AntiHCV	0 pos 0 neg 0 not tested	____
	EIA	0 pos 0 neg 0 not tested	____
	AntiHCV	0 pos 0 neg 0 not tested	____
HIV	supp	0 pos 0 neg 0 not tested	____
	AntiHIV	0 pos 0 neg 0 not tested	____
	AntiHCV	0 pos 0 neg 0 not tested	____

5. List all post-exposure treatment/prophylaxis given to the employee.

6. List results of any employee follow-up tests.

7. Other comments: \_\_\_\_\_

Source Individual

1. Was the source individual identified?  
 Source known and tested  
 Source known but not tested  
 Source not known

2. Was the source individual positive for the pathogen below? Before exposure?

Path	Test	Result	Date
HBV	HbsAg	0 pos 0 neg 0 not tested	____
	HBeAg	0 pos 0 neg 0 not tested	____
	AntiHBS	0 pos 0 neg 0 not tested	____
HCV	AntiHCV	0 pos 0 neg 0 not tested	____
	EIA	0 pos 0 neg 0 not tested	____
	PCR	0 pos 0 neg 0 not tested	____
HIV	AntiHIV	0 pos 0 neg 0 not tested	____
	RNA	0 pos 0 neg 0 not tested	____
	#CD4	count _____ 0 not tested	____
Other	Load	RNA copies/ml 0 not tested	____
	Antigen	0 not tested	____
	Other	_____	____

3. Check all that apply to source individual:

- Blood product recipient
- Injection drug user
- Elevated liver enzymes
- Hemophilia
- Sexual high risk behavior
- Dialysis
- Other,

4. If source individual was HIV pos, what treatment has he/she received?

- unknown
- AZT
- 3TC
- ddI
- IDV
- Other,

5. Additional comments

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### MEDICAL TREATMENT WAIVER

Employee

Supervisor:

Work Location:

Date of Injury

Description of Injury

I, (PRINT NAME) \_\_\_\_\_, employee of the Cobb County Community Services Boards, hereby acknowledge that medical treatment was offered to me. I have declined medical treatment at this time for my work related incident.

I understand that should I decide that medical treatment is needed, I will notify my immediate supervisor who will call the incident in to the Department of Administrative Services (DOAS); and I will follow procedure to obtain approved medical treatment.

Employee Signature

Date:

Witness (PRINT NAME)

Witness Signature

Date: