2026 Regional Clinician Guide: *Occupational Bloodborne Pathogen Exposures (BBPEs)*

THIS GUIDE IS CREATED AND ANNUALLY REVIEWED BY THE LM BBP CLINICIAN GUIDE WORKGROUP AND IS A SUPPLEMENTAL ITEM TO THE LM REGIONAL EXPOSURE CONTROL PLAN. CONTACT EHS FOR ANY QUESTIONS/COMMENTS/FEEDBACK.

BBP Quick Guide as of EPIC TogetherCare

Since our transition to Epic TogetherCare, the process for responding to colleague bloodborne pathogen (BBP) exposures has been updated. All exposures will follow the Trinity Health workflow, including the use of **paper forms to request source patient labs.**

Review the steps below to ensure you understand the new protocol.

- **Full guidance:** Spirit → Employee Health.
- **Important:** Employee Health Services (EHS) will no longer have direct access to Epic.
- Source testing order form can be found on EHS on Spirit.

Colleague BBP/OPIM* exposure response protocol

***Other potentially infectious materials (OPIM)** include certain bodily fluids and materials that may transmit bloodborne pathogens. Materials not considered OPIM—unless visibly contaminated with blood—include urine, feces, sweat, tears, non-dental saliva, vomitus, nasal secretions, sputum and breast milk.*

Colleague instructions

1. Provide immediate care after exposure.
Wash needlestick or sharp injuries with soap and water; flush splashes to the nose, mouth, or skin with water; irrigate eyes with clean water, saline, or an eyewash station (remove contact lenses if worn). Perform applicable steps for 10–15 minutes each.

2. Report the exposure.
Notify your supervisor and record the source patient's name, unit and date of birth.

3. Seek immediate post-exposure evaluation.
You must obtain medical evaluation as soon as possible.

- **LUMC:** During *business hours*, call EHS at 708-216-1170; you may be instructed to report to EHS. *After hours and on weekends*, you may report to the Emergency Department (ED).
- **GMH and MNH:** Report directly to the ED.
- **OR colleagues unable to leave the bedside,** the source patient care team completes the paper lab requisition, collects HIV/Hepatitis B/Hepatitis C samples, sends requisition and specimens to the lab, and ensures all form fields and contact information are completed.

4. Complete required reporting.
Submit a Trinity Health Employee Incident Report (THEIR) report within 24 hours. Follow up with EHS within 72 hours of the exposure.

Supervisor instructions

Notify the source patient's unit that source lab testing is required.

Clinician instructions (ED and EHS)

During the initial evaluation of the exposed colleague:

- Confirm BBP exposure.
- Contact the source patient's unit to request source testing.
- At MNH, GMH and *after hours* at LUMC, mark "ED" on the paper requisition so results are routed appropriately.

In the ED:

- All exposed colleague documentation remains in Epic.
- At the end of the encounter, securely fax initial notes and labs to EHS.

Source patient care team responsibilities

When notified by EHS, ED or a supervisor:

- Complete the paper Source Patient Lab Requisition (Spirit → EHS).
- Collect HIV, Hepatitis B and Hepatitis C samples.
- Send the paper requisition and specimens to the lab.
- Ensure all fields are complete, including contact information for reporting results.

If a critical result is reported, the attending physician must:

- Notify the source patient.
- Document in Epic that the patient was informed, counseled and referred for follow-up care.

EHS Clinic Hours & Contact Numbers

LUMC:

Phone: 708-216-1170

Fax: 708- 216- 7853

Monday 7:30 a.m.-7:30pm

Tuesday -Thursday 7:30am 4:00p.m.

Friday 7:30 am -12noon

MNH:

Phone: 708-783-3427 or 708-783-5675

Fax: 708-783-6565

Monday – Thursday 6:30 am – 4 pm

Friday 8 am – 12 noon

GMH:

Phone: 708-538-4971 or 708-538-4974

Fax: 708- 538-4343

Monday – Thursday 7:30 am – 5 pm

Friday 8 am – 12 noon

BBP Exposure Criteria and Initial Exposure Triage

Exposures to blood, visibly bloody body fluids, tissue, or other potentially infectious material (OPIM)*,

TREATMENT OF EXPOSURE – Immediate:

- ✓ Percutaneous Injuries (punctures, lacerations) – Wash with Soap and Water for 10-15 minutes.
- ✓ Non-intact Skin (open abrasions, cuts). *Intact skin is an effective barrier and contact with blood does not need to be reported.* Wash with Soap and Water for 10- 15 minutes.
- ✓ Mucous membranes (splashes to eyes ,mouth, etc.): Flush extensively with water or saline for 10-15 minutes.
- ✓ AVOID chemical cleansers that irritate the skin (Alcohol, hydrogen peroxide, Betadine or other chemical cleansers). Avoid "milking" or squeezing out needle stick injuries or wounds. Squeezing the wound merely increases blood flow to the exposure site and potentially increasing the risk of systemic exposure if viral pathogens are present in the source fluid.

* OPIM (Other Potentially Infectious Materials)- Unless visibly bloody, these body fluids are NOT considered infectious for blood borne pathogens: feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus, breast milk.

Potentially infectious body fluids include:
Blood
Body fluids containing visible blood
Semen
Vaginal Secretions
Cerebrospinal fluid
Synovial fluid
Peritoneal fluid
Pericardial fluid
Amniotic fluid

Special circumstances: Any direct contact (i.e. contact without barrier protection) to concentrated virus in a research laboratory or production facility is considered exposure that requires clinical evaluation.

For human bites, the clinical evaluation must include the possibility that both the person bitten and the person who inflicted the bite were exposed to blood borne pathogens.

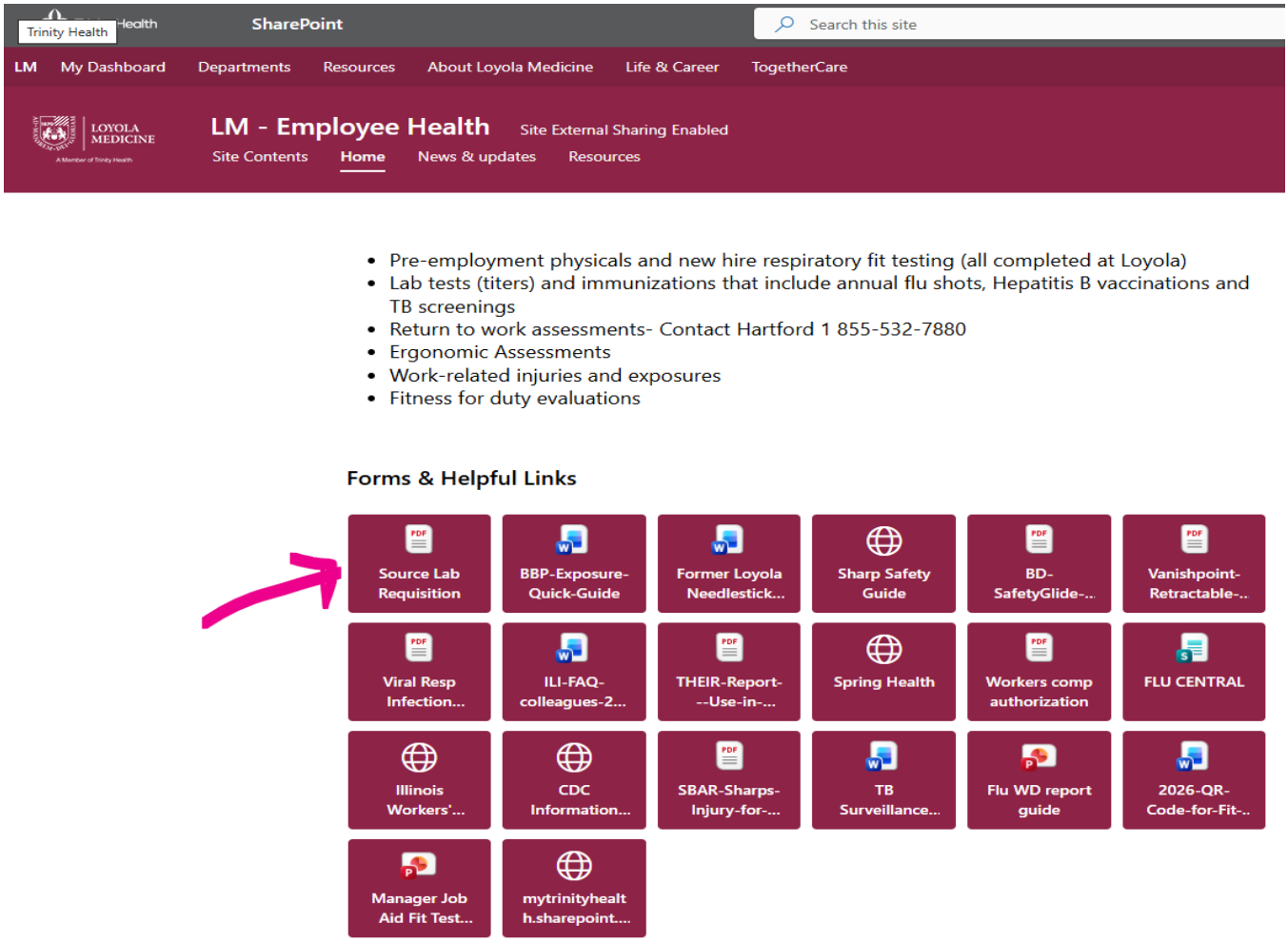
Source Patient Lab Paper Requisition: Updated in 2026

DO NOT USE EPIC TO ORDER SOURCE PATIENT LABS! Use paper source lab requisition, found on Spirit Employee Health- see screenshots below.

If a patient care team on a unit is alerted that Source patient testing is needed for a colleague bloodborne pathogen exposure, the care team is asked to:

1. Print the Source Form from Spirit Employee Health (that is where the current version is located).
2. Complete ALL sections of the form (critical step as lab cannot run samples if form not completed in entirety).
3. Collect and label samples as instructed on the form.
4. Send paper form and samples to Lab as soon as possible after the alert/notification.
5. If you are the injured colleague, do not collect the source samples yourself.

The alert/notification that source patient labs are needed for an occupational exposure, will typically come to the unit from EHS, ED, OR, or nursing manager.



SAMPLE (print most current version from SPIRIT Employee Health)

LOYOLA MEDICINE

Clinical Laboratory Services
SOURCE PATIENT Requisition

Lab Use Only	v. 4/30/26
Receipt Time:___________________	
Initials:_______________________	

Complete every section of this form, include call-back extension as LAB cannot place orders without all information.

SOURCE PATIENT Information	Specimen Information
Patient name:_______________ DOB:_______________ Location (ward/unit):_______________ Campus: ☐LUMC ☐ MNH ☐ GMH Source Patient Attending:_______________ (Legible first and last name needed)	Collect Date:_______________ Collect Time:_______________ LUMC: ☐ Gold SST (2) MNH/GMH: ☐ Lavender (1) AND Gold SST (1) Collected by:_______________ Call-back extn._______________ **Label tubes with: "SOURCE", attach source patient label, cross-out MRN**

Submitting/Collecting Department	ICD-10 Code
Submitter: Employee Health Collect. Dept.: ☐ER ☐OR ☐Unit:_______________ Location: ☐LUMC ☐ MNH ☐ GMH Ordering Provider: Malgorzata Hasek, MD	Z20.821: Contact with and (suspected) exposure to potentially hazardous body fluids/History of potential exposure

LUMC — LABORATORY Notification of Source Patient Results (*All Results*)	GMH & MNH
Source patient attending is notified following the laboratory critical result policy and associated escalation procedures. **AND** Employee Health phone: 708-216-1170 During weekday working hours: Mon 7:30am-7:30pm Tues-Thurs 7:30am 4:00pm Fri 7:30am -12 noon **AFTER HOURS** ED is notified *upon request from ED* following the laboratory critical result policy and associated escalation procedures.	ED is notified following the laboratory critical result policy and associated escalation procedures. **AND** Source patient attending is notified following the laboratory critical result policy and associated escalation procedures.

LUMC — Source Patient Evaluation	GMH/MNH
HIV 1/2 Antibody & Antigen (HIVABG) (LAB9142, Gold) HBV surface antigen (HBSAG) (LAB8951, Gold) HCV Antibody (HCVAB) (LAB10240, Gold)	**GMH:** Rapid HIV 1/2 Antibody (LAB10239, Lavender and Gold) **MNH:** Rapid HIV 1/2 Antibody & Antigen (LAB10264, Lavender and Gold) **GMH & MNH** HBV surface antigen (HBSAG) (LAB8951, Gold) HCV Antibody (HCVAB) (LAB10240, Gold)

Additional Information

- Laboratory faxes Source Patient Testing Requisition to Employee Health
  - (LUMC 708-216-7853) (GMH 708-538-4343) (MNH 708-783-6565)
- Source patient attending must notify source patient of **reactive** results.
  - The attending must also document in the source patient's EPIC patient chart that the patient was informed, counseled, and referred to appropriate follow-up care.
- For additional information, refer to the Employee Exposure Guide posted on the Employee Health Spirit Page.

SAMPLE

Clinician Quick References (including hyperlinks)

1. EHS LUMC clinic (708)- 216- 3156 (during open hours) & SPIRIT Employee Health
2. USPHS: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, 2025
3. CDC Best Practices for Occupational Exposure to Blood
4. National PEP line: National Clinician Consultation Center and (PEP) line 1-888-448-4911
5. Core Concepts - Occupational Postexposure Prophylaxis - Prevention of HIV - National HIV Curriculum
6. UpToDate: Management of health care personnel exposed to HIV
7. OSHA standard Bloodborne pathogens 1910.1030
8. OSHA Q&A regarding evaluation timing and offering labs to exposed employee

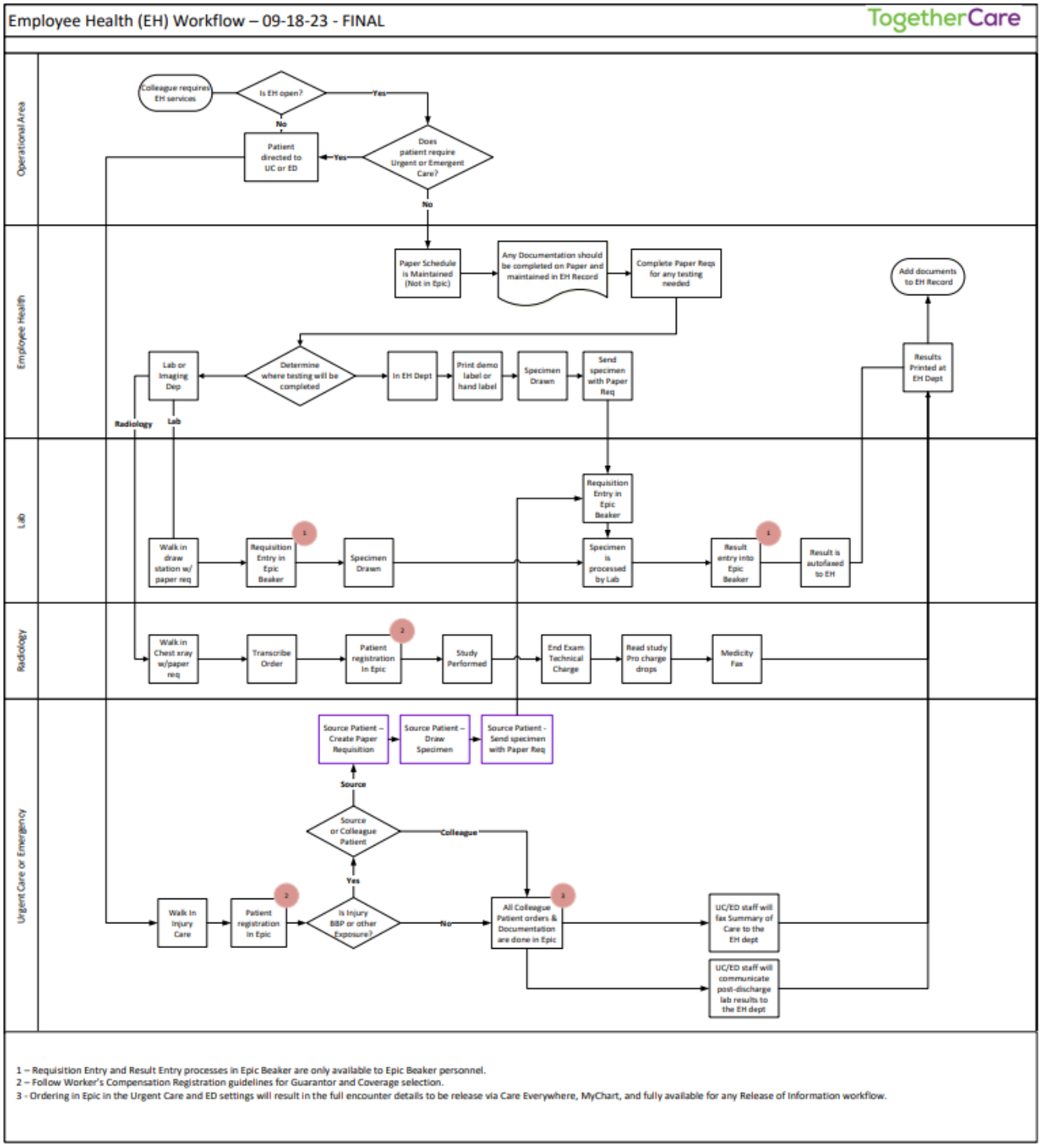
Applicable Policies and Procedures

1. OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
2. OSHA Fact Sheet OSHA FACTSHEET BLOODBORNE PATHOGENS EXPOSURE INCIDENTS:OSHA FACTSHEET PPE
3. Illinois Infectious Disease Testing Act and Illinois HIV Confidentiality Act
4. TH Employee Health EPIC TC algorithm
5. LM IPC Exposure Control Plan: see BBPE Quick Guide and BBPE Clinician Guide
6. LM Employee Health Blood Borne Colleague Exposure Workflow - Updated for Epic TogetherCare Implementation (Regional)
7. LM Critical Test Results: Read Back and Reporting (TST 001)

Conversion rates after exposure: HIV, Hepatitis B and C

HIV Conversion after HIV positive exposure risk	
Exposure	Risk
Needle stick	0.3% (1/300 chance)
Mucous Membrane Exposure	0.1% (1/1000 chance)
Small amount of blood splash to intact skin	No risk
Urine (not bloody) splash to skin or mucous membranes	No risk
Hepatitis B conversion after Hepatitis B exposure risk	
Exposure	Up to 30% (3/10 chance) greater if Hbe antigen +
Mucous Membrane Exposure	Risk not quantified
Hepatitis C conversion after Hepatitis C exposure risk	
Needle stick	1.8% (~2/100 chance)
Mucous Membrane Exposure	Risk not quantified

TH EPIC TogetherCare Employee Health Workflow

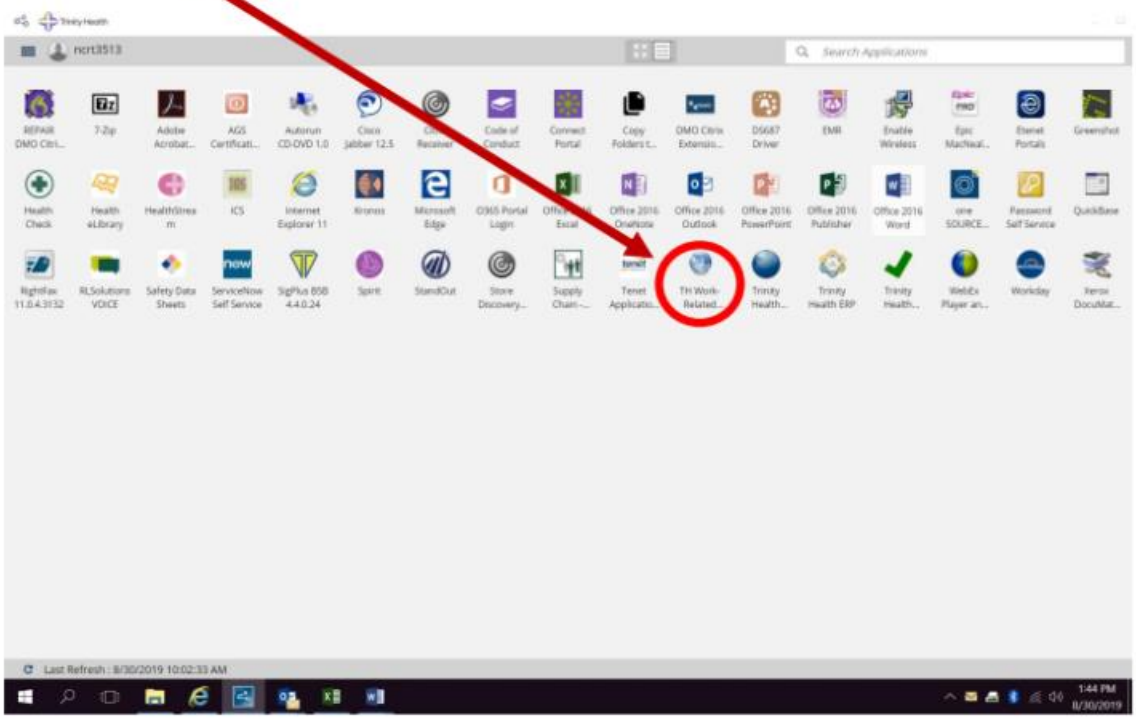


Colleague THEIR report

Colleague should complete THEIR report within 24 hours of injury.

You are REQUIRED to complete this online form for all employee injuries within 24-hours.

1. **Have your Loyola 7-digit Employee # ready**
2. **Click**



3. **COMPLETE THE QUESTIONNAIRE BY ANSWERING ALL QUESTIONS THOROUGHLY, INCLUDE DETAILS**
   - **describe exactly how injury happened**
   - **if lifting injury, what were you lifting, approx. weight**
   - **if needlestick, brand/model/size of sharp**
   - **If there was a witness, give full name, department they work in and contact information**

4. The system sends a message once the incident report has been submitted stating:
   "Thank you for submitting your incident. For your reference the following is the tracking number for this incident:(number listed- 7600W…..). Please be sure to click the Logout button near the top right corner of the screen"

Neonate as Source Patient

1-For Neonate patients (up to 28 days old): Check maternal serology in prenatal care for HIV, Hep B S antigen, and Hep C antibody if done, and use as a reference.

2- If mother is high risk and not available (IV drug user, HIV Positive, Hep B S antigen positive): Send HIV Qualitative PCR on baby as per protocol, can be used a reference if it was done. Send hep C antibody: can be used in baby as a screening test (reflects mother's serology), if positive send Hep C PCR at 3 months, repeat at 6 months.

3- If mother is hep B S antigen positive and baby received Hep B IG and vaccine, can send for Hep B PCR, do Hep B S antigen and antibody if patient received all doses of vaccine. This applies to premature babies too.

Preferred HIV PEP (LM Formulary)

Truvada® (emtricitabine 200 mg/tenofovir disoproxil fumurate 300 mg) one tablet by mouth daily for 28 days

PLUS

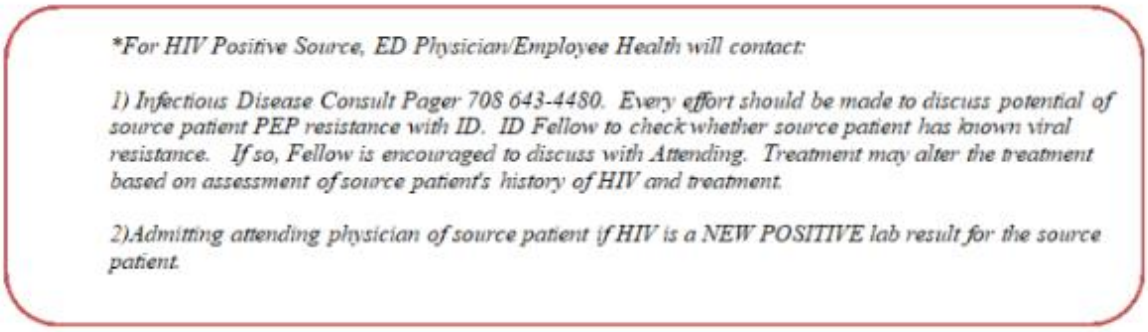
Tivicay® (dolutegravir 50mg) one tablet by mouth once daily for 28 days

See table below for special circumstances.

Group	Preferred§/ Alternative¶	Regimen
Healthcare personnel without conditions specified below	**Preferred**	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Bictegravir/emtricitabine/tenofovir alafenamide • Dolutegravir PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
	Alternative	**Boosted Protease Inhibitor PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Darunavir and cobicistat OR darunavir and ritonavir PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
Pregnancy; expert consultation recommended¶	**Preferred**	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Bictegravir/emtricitabine/tenofovir alafenamide • Dolutegravir PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
	Alternative	**Boosted Protease Inhibitor PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Darunavir and ritonavir (twice daily) PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
Moderate renal dysfunction (creatinine clearance 30–49 mL/min); expert consultation recommended¶	**Preferred**	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Bictegravir/emtricitabine/tenofovir alafenamide • Dolutegravir PLUS tenofovir alafenamide PLUS (emtricitabine OR lamivudine§§)
	Alternative	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Dolutegravir PLUS dose-reduced tenofovir disoproxil fumarate*** PLUS (emtricitabine OR lamivudine§§) **Boosted Protease Inhibitor PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Darunavir/cobicistat/tenofovir alafenamide/emtricitabine • Darunavir and ritonavir PLUS (tenofovir alafenamide OR dose-reduced tenofovir disoproxil fumarate***) PLUS (emtricitabine OR lamivudine§§)
Severe renal dysfunction (creatinine clearance <30 mL/min) and on hemodialysis; expert consultation recommended¶	**Preferred**	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Bictegravir/emtricitabine/tenofovir alafenamide • Dolutegravir PLUS tenofovir alafenamide PLUS (emtricitabine OR dose-reduced†††† lamivudine)
	Alternative	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Dolutegravir PLUS dose-reduced tenofovir disoproxil fumarate PLUS (emtricitabine OR dose-reduced†††† lamivudine) **Boosted Protease Inhibitor PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Darunavir/cobicistat/tenofovir alafenamide/emtricitabine • Darunavir and ritonavir PLUS (tenofovir alafenamide OR dose-reduced†††† tenofovir disoproxil fumarate) PLUS (emtricitabine OR dose-reduced†††† lamivudine)
Severe renal dysfunction (creatinine clearance <30 mL/min; not on hemodialysis); expert consultation recommended¶		Consult HIV specialist
Hepatic impairment (Child-Pugh A or B); expert consultation recommended¶	**Preferred**	**Integrase Strand Transfer Inhibitors PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Bictegravir/emtricitabine/tenofovir alafenamide • Dolutegravir PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
	Alternative	**Boosted Protease Inhibitor PLUS Two Nucleoside Reverse Transcriptase Inhibitors** • Darunavir and cobicistat OR darunavir and ritonavir PLUS (tenofovir alafenamide OR tenofovir disoproxil fumarate) PLUS (emtricitabine OR lamivudine)
Hepatic impairment (Child-Pugh C); expert consultation recommended¶		Consult HIV specialist

LINK

HIV Positive Source



**For HIV Positive Source, ED Physician/Employee Health will contact:*

1) Infectious Disease Consult Pager 708 643-4480. Every effort should be made to discuss potential of source patient PEP resistance with ID. ID Fellow to check whether source patient has known viral resistance. If so, Fellow is encouraged to discuss with Attending. Treatment may alter the treatment based on assessment of source patient's history of HIV and treatment.

2)Admitting attending physician of source patient if HIV is a NEW POSITIVE lab result for the source patient.

Box 1. Resources for expert consultation for Human Immunodeficiency Virus (HIV) Post-exposure Prophylaxis (PEP)

Expert consultation can be made with local experts or through the following resources:

Antiretroviral Pregnancy Registry at http://www.apregistry.com; telephone: 800-258-4263; fax: 800-800-1052; email: sm_apr@apregistry.com

National Clinician Consultation Center (UCSF) Post-Exposure Prophylaxis Hotline at 888-448-4911.

FDA (for reporting unusual or severe toxicity to antiretroviral agents): http://www.fda.gov/medwatch; telephone: 800-332-1088

The CDC's Cases of Public Health Importance (COPHI) coordinator (for reporting HIV infections in HCP and failures of PEP) at telephone number 404-639-2050.

HIV/AIDS Treatment Information Service at http://aidsinfo.nih.gov/.

LINK

Hepatitis B Surface Antigen Positive Source

HEPATITIS B SURFACE ANTIGEN POSITIVE SOURCE (For ED/Employee Health)

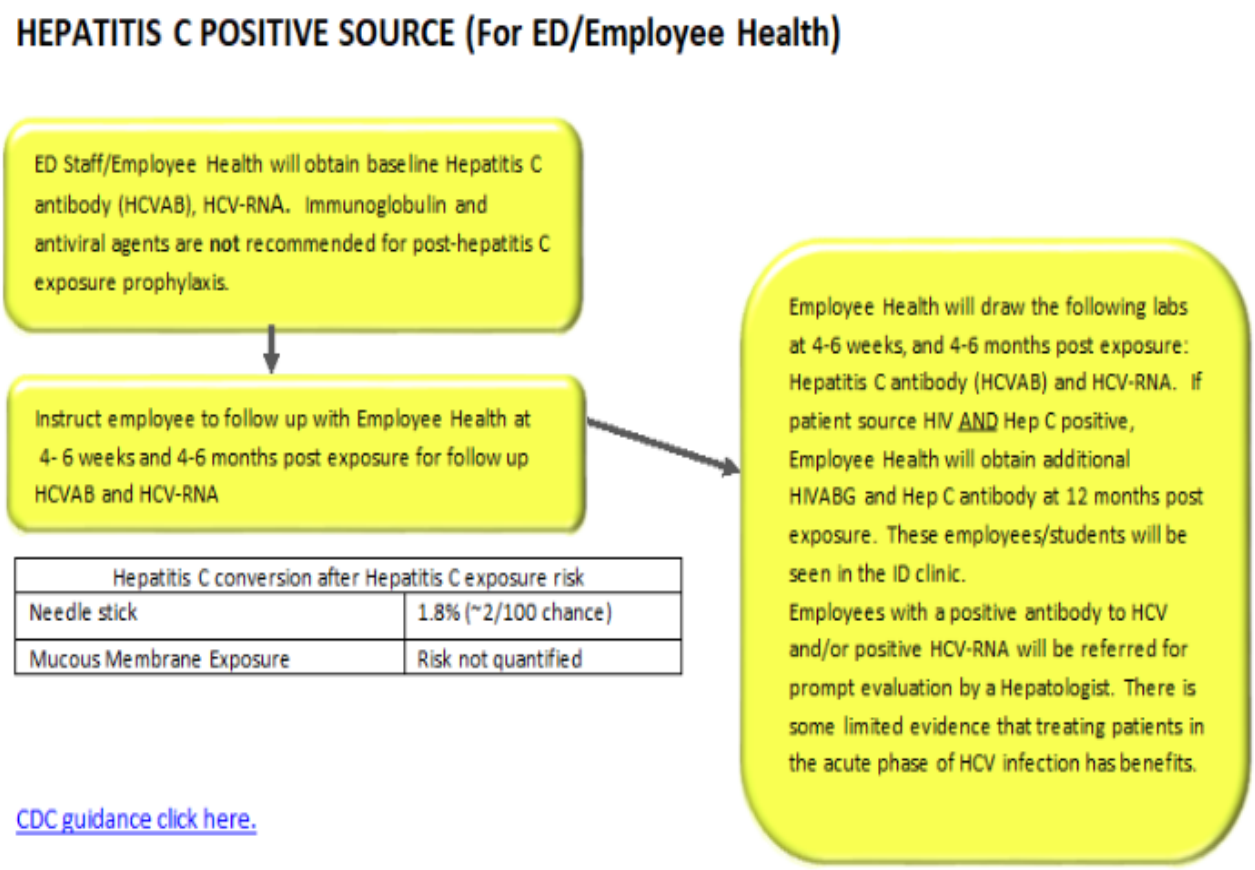
For vaccinated clinicians (who have written documentation of a complete HepB vaccine series) with anti-HBs of 10 mIU/mL or more: No postexposure prophylaxis for HBV is necessary, regardless of the source patient's HBsAg status. (LINK)

This table showcases postexposure testing, postexposure prophylaxis, and postvaccination serological testing guidance for health care providers and clinicians, depending on their vaccination status.

HCP status	Post-exposure testing		Post-exposure prophylaxis		Post-vaccination serologic testing
	Source patient	HCP testing	HBIG	Vaccination	
Documented responder after complete series	No action needed				
Documented non-responder after two complete series	Positive/unknown	—	HBIG x2 separated by 1 month	—	n/a
	Negative	No action needed			
Response unknown after complete series	Positive/unknown	<10 mIU/mL	HBIG x1	Initiate revaccination	Yes
	Negative	<10 mIU/mL	—	Initiate revaccination	Yes
	Any result	≥10 mIU/mL	—	—	—
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	—	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

Hepatitis B conversion after Hepatitis B exposure risk	
Exposure	Up to 30% (3/10 chance) greater if Hbe antigen +
Mucous Membrane Exposure	Risk not quantified

Hepatitis C Positive Source

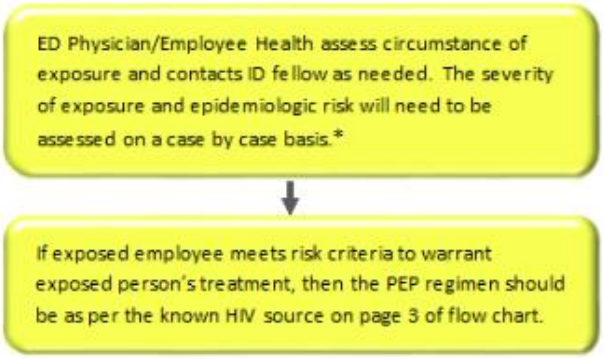


CDC guidance click here.

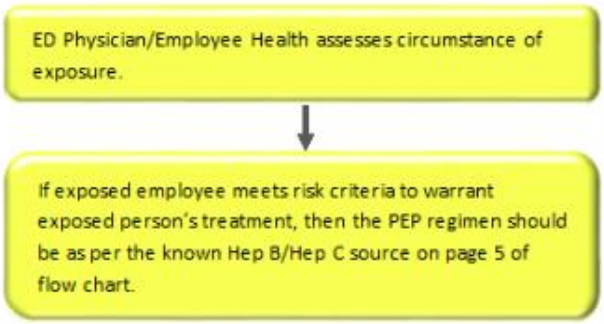
Unknown Source

UNKNOWN SOURCE (For ED/Employee Health)

For Unknown HIV:



For Unknown Hepatitis (Hep B and Hep C):



*See "Clinician References" section above for useful references to aid in clinical decision making.

LUMC & Offsite Outpatient Settings

- ✓ If a possible BBP exposure has occurred, clean site 10-15 minutes. See page 5 above (*BBP Exposure Criteria and Initial Exposure Triage)*
- ✓ Safely hand off source patient.
- ✓ Note source patient name, DOB and location (Unit).
- ✓ Notify supervisor that possible BBP exposure has occurred. Supervisor should notify Unit where Source patient is located, that Source Testing is needed.
    - Source patient's care team should complete paper Source Lab requisition found on SPIRIT -> Employee Health, and send source samples and paper Lab form, to Lab as per the instructions on the form.
- ✓ Exposed colleague should seek evaluation with Employee Health Services (EHS) or Emergency Department (ED) if after hours (see below).
- ✓ Colleague should complete THEIR report within 24 hours, and follow up with EHS within 72 hours of the injury.

During EHS open hours (see page 4 above for hours):

- ✓ LUMC Employee Health Services (EHS) should be contacted during EHS open hours. All other times are considered "after hours". *During working hours, call 708-216-1170 and state you may have had a BBP exposure*. It will be determined if an exposure occurred, and further guidance will be provided.
- ✓ *Lab will notify EHS fax of source results* (see Source Lab form for instructions by campus).
- ✓ *Source patient care team is responsible to order Source patient Labs.*
    - Source patient's care team should complete paper Source Lab requisition found on SPIRIT -> Employee Health, and send source samples and paper Lab form, to Lab as per the instructions on the form.
    - As instructed on form, when source patient Attending is notified that Source patient has a non-negative result, Attending should document, in the source patient's EPIC chart:
        - Patient has been notified and counseled about results and referred to the *appropriate specialist.*

During EHS closed hours/ "after hours"

- ✓ Injured colleague should seek evaluation in the Emergency Department (ED).
- ✓ *Lab will notify EHS fax, source patient's Attending, and ED (upon ED's request) with results* (see Source Lab form for instructions by campus).
- ✓ *Source patient Attending/care team is responsible to order Source patient Labs.*
    - Source patient's care team should complete paper Source Lab requisition found on SPIRIT -> Employee Health, and send source samples and paper Lab form, to Lab as per the instructions on the form.
    - As instructed on form, when Attending is notified that Source patient has a non-negative result, Attending should document in the source patient's EPIC chart:
        - Patient has been notified and counseled about results and referred to the *appropriate specialist.*

- ✓ **LUMC clinician (ED or EHS), if BBP exposed colleague presents for care**
  - **During EHS hours:**
    - Injured colleague should call EHS (see instructions above). Visit may be able to occur via tele-health (colleague will receive instructions).
    - During EHS open hours, EHS is the primary site providing the initial evaluation visit/labs, and HIV PEP prescription, HBIG, etc., if indicated.
    - Lab Beaker system auto-reports all source lab results to EHS secure fax. EHS reviews fax every open business day.
    - If injury occurred during off-hours, EHS contacts injured colleague on next business day, schedules a follow up visit with colleague to review case, lab results, and any case specifics and follow up that may be indicated.
    - Assures EHS medical record of BBP injury follows OSHA BBP standard requirements, including but not limited to, providing source lab results, issuing the Hepatitis B written medical opinion, etc.
    - Case manages EHS medical record to assure compliance with current HCP BBP exposure clinical guidelines, and OSHA BBP standard requirements.
    - Manages THEIR report proceedings and OSHA log procedures, related to the injury case.
  - **After hours in ED:** Occupational Injury Fast Track (avoid colleague waiting in waiting room, privacy concern, etc.)
    - Colleague is registered using Workers Compensation registration. Exposed colleague care continues to be documented in EPIC TogetherCare as per the TH algorithm (see page 10 above)
      - Determine if BBP exposure criteria are met (see page 5 above), if yes, proceed with:
      - Ask about last tetanus immunization status (when appropriate for mechanism of injury)
      - Offer EXPOSED lab panel (HIV, Hepatitis B and C status)
      - Counsel on risk of transmission (see chart next pages)
    - Provider-patient informed decision making regarding HIV PEP, HBIG, and any other prescriptions of services.
    - Source patient Labs, see algorithm page 10 above, are ordered via paper Lab requisition, completed by the Source patient's care team.
    - Review Source patient lab results
    - If HIV PEP started, also obtain CMP stat, CBC with differential stat, and pregnancy test (if female childbearing years)
    - HIV PEP should be started within 2 hours of the injury but can be up to 72 hours. See clinician quick references list, above on page 8.
    - If in ED, ED should fax all initial visit documentation, to Employee Health for further follow up and case management of the occupational injury (see TH algorithm page 10 above).
    - Refer the patient for Employee Health follow up, next business day.

LUMC Afterhours when injured colleague does not leave bedside

Injured colleague

- ✓ Perform first aid of your wound as soon as injury occurs. Wash needlestick or sharp injuries with soap and water; flush splashes to the nose, mouth, or skin with water; irrigate eyes with clean water, saline, or an eyewash station (remove contact lenses if worn). Perform applicable steps for 10–15 minutes each.
- ✓ Report the exposure. Notify your supervisor and take a note of the source patient's name, unit and date of birth.
- ✓ Seek care as soon as possible (EHS, or ED after hours). At all times, injured colleague has the opportunity to obtain care from Employee Health Services (EHS), or Emergency Department, if EHS is closed, rather than continue at the bedside.
- ✓ Important! Complete THEIR report and contact LUMC EHS by the next business day to avoid any billing charges.

If in OR: circulating OR nurse

- ✓ Notify EHS of colleague injury, or when EHS closed, colleague has option to seek care in the ED.

  LUMC: 708-216-1170
  Monday 7:30 a.m.-7:30pm
  Tuesday -Thursday 7:30am 4:00p.m.
  Friday 7:30 am -12noon

- ✓ Request Anesthesia Care Team/accepting Team (i.e. ICU, PACU), to draw Source labs – use PAPER SOURCE lab requisition posted on Spirit Employee Health. Complete all sections of the form. Use patient label, cross out MRN, and write "source". See screenshot below.
- ✓ Send source blood samples to Lab with the paper requisition.
- ✓ If patient is known HIV and/or Hepatitis positive, colleague should report to EHS, and when EHS is closed, report to ED.

Emergency Department (afterhours), if injured colleague presents for care

- ✓ See section above, page 19, *LUMC clinician (ED or EHS), if BBP exposed colleague presents for care*

Source Attending:

- ✓ As instructed on form, when Attending is notified that Source patient has a non-negative result, Attending should document in the source patient's EPIC chart:
  - Patient has been notified and counseled about results and referred to the appropriate

Employee Health Services (during open hours):

- ✓ See section above, page 19: *LUMC clinician (ED or EHS), if BBP exposed colleague presents for care; During EHS hours*


FROZEN
REFRIGERATE
ROOM TEMPERATURE
BIOHAZARD
SOURCE
SOURCE

MNH and GHM locations

- ✓ If a possible BBP exposure has occurred, clean site 10-15 minutes. See page 5 above (*BBP Exposure Criteria and Initial Exposure Triage)*
- ✓ Safely hand off source patient.
- ✓ Note source patient name, DOB and location (Unit).
- ✓ Notify supervisor that possible BBP exposure has occurred. Supervisor should notify Unit where Source patient is located, that Source Testing is needed.
    - Source patient's care team should complete paper Source Lab requisition found on SPIRIT -> Employee Health, and send source samples and paper Lab form, to Lab as per the instructions on the form.
- ✓ Exposed colleague should seek evaluation with Employee Health Services (EHS) or Emergency Department (ED) if after hours (see below).
- ✓ Colleague should complete THEIR report within 24 hours, and follow up with EHS within 72 hours of the injury.

- ✓ **Seek BBPE injury evaluation in Emergency Department**
    - **After hours in ED:** Occupational Injury Fast Track (avoid colleague waiting in waiting room, privacy concern, etc.)
        - Colleague is registered using Workers Compensation registration. Exposed colleague care continues to be documented in EPIC TogetherCare as per the TH algorithm (see page 10 above)
            - Determine if BBP exposure criteria are met (see page 5 above), if yes, proceed with:
            - Ask about last tetanus immunization status (when appropriate for mechanism of injury)
            - Offer EXPOSED lab panel (HIV, Hepatitis B and C status)
            - Counsel on risk of transmission (see chart next pages)
        - Provider-patient informed decision making regarding HIV PEP, HBIG, and any other prescriptions of services.
        - Source patient Labs, see algorithm page 10 above, are ordered via paper Lab requisition, completed by the Source patient's care team.
        - Review Source patient lab results
        - If HIV PEP started, also obtain CMP stat, CBC with differential stat, and pregnancy test (if female childbearing years)
        - HIV PEP should be started within 2 hours of the injury but can be up to 72 hours. See clinician quick references list, above on page 8.
        - If in ED, ED should fax all initial visit documentation, to Employee Health for further follow up and case management of the occupational injury (see TH algorithm page 10 above).
        - Refer the patient for Employee Health follow up, next business day.

References:

1. Kofman AD, Struble KA, Heneine W, Gayle B, de Perio MA, Okasako-Schmucker DL, So CN, Anderson LE, Stone EC, Henderson DK, Kuhar DT. 2025 US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis in Healthcare Settings. Infect Control Hosp Epidemiol. 2025 Sep;46(9):863-873. doi: 10.1017/ice.2025.10254. Epub 2025 Sep 15. PMID: 41569270; PMCID: PMC12616222.
2. Best Practices for Occupational Exposure to Blood | Dental Infection Prevention and Control | CDC
3. CDC Responding to HBV Exposures in Health Care Settings (link)
4. 2025 Core Concepts - Occupational Postexposure Prophylaxis - Prevention of HIV - National HIV Curriculum
5. Testing of source patients after potential exposure of health care personnel to hepatitis C virus — CDC guidance, United States, 2020 (link)
6. PEP line: National Clinician Consultation Center (link)
7. OSHA BBP standard 1910.1030 (link)
8. OSHA FACTSHEET BLOODBORNE PATHOGENS EXPOSURE INCIDENTS:OSHA FACTSHEET PPE
9. Resources for Reducing Bloodborne Pathogen Exposures in Healthcare Settings: Quick references to keep healthcare personnel safe from bloodborne pathogens. **PDF**
10. TH TogetherCare Employee Health Workflow version 09-18-23

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