I. Purpose:

To define the process to ensure that health care personnel exposed to or potentially exposed to blood borne pathogens are evaluated and, when indicated, offered effective post exposure prophylaxis in an appropriate time frame, and receive appropriate follow-up.

It is the further purpose of this policy and procedure to ensure that post-exposure care is delivered in a respectful and confidential manner and that both clinical and psychosocial support is available to the exposed individual at no cost.

II. Policy:

An exposed individual, regardless of title, function, or payroll status will have access to initial care at the location in which the exposure occurred. If an individual is exposed at Bellevue Hospital, initial care will be provided by Bellevue Hospital. If an individual is working at NYU Langone Medical Center or NY VA Harbor Healthcare System, Manhattan Campus when exposure occurs initial care will be provided there.

Medical assessment and treatment of occupational exposures to blood-borne pathogens will be available 24 hours/day, 7 days a week.

Staff that is exposed to blood or other body fluids with risk of transmission of blood borne pathogens, including HIV will receive timely medical evaluation and will be offered post-exposure prophylaxis if indicated.

Staff is required to report exposure to supervisor immediately. Department heads are required to provide coverage and relieve staff of duty so exposed person can obtain timely medical attention. Medical assessment should optimally be completed and therapy started if indicated within two (2) hours post-exposure.

There will be no cost to the exposed individual for any care, tests or medication related to an occupational exposure when provided at the facility in which the exposure occurred or the facility in which the exposed individual is employed.

An exposed worker may choose to obtain care from other providers or facilities, but is required to report the injury where and when it occurred.
III. **Scope:**

This policy applies to all health care personnel who come into contact with blood or body fluids at Bellevue Hospital. This includes:

- Employees
- Non-employee members of the Medical Staff
- Non-employee house staff, rotating through Bellevue from an affiliated institution,
- Medical, Dental, Nursing and other Allied Health Students or staff working at Bellevue.
- Other individuals who are working at Bellevue Hospital through agreements with other organizations.

If there is uncertainty as to whether the exposed individual is in one of these categories, he / she will be managed as if they are covered by this policy.

IV. **Procedure**

A. **Reporting, First Aid, Initial Evaluation**

1. Staff that suffers an exposure or potential exposure to blood or body fluids and their supervisor will take immediate steps for any necessary first aid for the injury as follows:

   a. Wash the wound or affected area with soap and water. Do not squeeze.
   b. Notify supervisor of the injury immediately, if possible. The supervisor will relieve the exposed worker from duty immediately so that he/she can obtain medical care.
   c. Employees, students, volunteers or anyone working at Bellevue Hospital at the time he/she is exposed regardless of title, function or payroll status, report immediately to Bellevue OHS (Occupational Health Service) located in the H building (hospital building) 12th floor East side (Monday-Friday 8am – 4pm) or to the ED (Emergency Department) on the ground floor all other times.
   d. When staff arrives at OHS or the ED, they notify triage or registration staff that they have suffered an exposure. They will be seen promptly. They will not be asked to wait unless all staff is occupied with life saving cases.

2. If staff is seen in the ED all appropriate initial care will be provided, and the exposed individual will be told to report to OHS for follow-up care the next business day or as soon as possible. The ED will forward to OHS the physician note / assessment. The ED provider will also call the OHS Exposure Line, ext. 7986, and report the full name and medical record number of the exposed individual and the full name and medical record number of the source patient if known. This information will be used to ensure appropriate follow-up, monitoring and reporting.
3. If students (medical, dental, nursing or other allied health care) are seen in the
Bellevue OHS or the ED, all appropriate initial care will be provided after which the
exposed individual will be referred to Student Health Services at their respective
school for follow-up care.

V. Evaluation and Laboratory Testing of Exposed Individuals

The exposed individual should not assess his/her own risk of exposure or determine
his/her own care and must not order laboratory tests for him/herself.

The staff that provides initial care of the exposed individual, whether in OHS or the ED, will
take the following steps:

1. Assess the risk of exposure to blood borne infections including HIV, Hepatitis B,
and Hepatitis C based on the nature and severity of the exposure and information in
the source patient’s medical record (if known).

2. Obtain consent from the exposed individual for an HIV Test using Form G
Informed Consent to Perform HIV Test (see appendix 1 of this Policy or the
Bellevue Intranet Homepage under What’s New “Occupational Exposure,
Needlestick, Sharp Injury...What To Do”). Although oral consent can be obtained,
we encourage written consents in cases of occupational exposures

3. Order lab tests to document baseline immunologic status, liver function and renal
function. This is available as a lab bundle through the Quadramed CPR lab order
system:

(a) Click on “Order Entry”
(b) Scroll down and double click “Occupational Labs”
(c) Click on response #1 “Exposed Individual”
(d) The system will automatically display the necessary tests.
(e) Each test must be linked to a diagnosis. Follow the screens and select a diagnosis
for each test and click “OK”.
(f) Click “OK” again to indicate that this is the correct test and the system will advance
to the next test.
(g) Proceed in this manner through all the tests.
(h) After test orders you will be asked to indicate the pregnancy status of the patient.
Click on the appropriate response.
(i) The final screen will require you to click on an attestation that the individual has
consented to an HIV test.
(j) Click on “Accept Order Block”
(k) Your lab orders have been placed:

1. HIV 1 and HIV 2 Ab Rapid Screen with reflex to NYC DOHMH
CONFIRMATION OF POSITIVE RESULTS

2. Hepatitis C Ab
3. Hepatitis B Surface Ab
4. Hepatitis B Surface Ag with Neutralization Conf
5. Hepatitis B Core Ab, Total
6. CBC
7. LFT’s
8. Creatinine

VI. Provision Of Initial Antiviral Medications

1. The initial provider of the exposed individual will offer immediate PEP (post-exposure prophylaxis) for HIV disease, if the need for such prophylaxis is indicated by the assessment.

2. The Bellevue Pharmacy will maintain Needle Stick Medication Kits in OHS and the ED containing a three (3) day initial supply of the following PEP medications:*  
   1. Tenofovir 300 mg Sig: 1 tab daily #3
   2. Lamivudine 150 mg Sig: 1 tab BID #6
   3. Zidovudine 100 mg Sig: 2 caps TID #18

*NOTE: medications may change according to the standard of care.

Medication information is available on line through MicroMedex on the Bellevue Intranet Homepage, in the Drug Information Handbook, or by speaking to a pharmacist at the Bellevue Pharmacy, 212 562-6501, available 24 / 7.

3. OHS will provide a prescription to the exposed individual for a 4 week antiviral prophylaxis regimen if determined to be appropriate.

4. The Bellevue Pharmacy will fill only prescriptions issued by OHS which will be at no cost to the exposed individual. Prescriptions will be filled at the main pharmacy on 14 South (Hospital Building).

5. If the source patient is known or discovered to be HIV positive the ID (Infectious Disease) Consult Service should be contacted so the PEP regimen can be reassessed. ID Consult can also provide specialty care in order to assist with complications that may arise from the assessment, prophylaxis or follow-up of exposures. Neither ID Consult nor Virology Clinic provides direct consultation to an exposed individual without appropriate referral from OHS or the ED.

6. If the exposed individual receives a preliminary positive HIV test, PEP should not be given. OHS will follow up with the exposed individual to ensure he/she receives
appropriate HIV primary care. With exposed person’s agreement, HIV C&T Service (HIV Counseling and Testing Service) can be contacted to assist.

7. All BHC employees that were first evaluated by the ED must follow-up with OHS. Non-BHC employees should follow-up according to their employer’s policy and/or as directed by Workers Compensation, following their initial evaluation and care.

VII. HIV Testing of Source Patients

1. Source patient HIV testing will be coordinated by the HIV C&T Service when available and by the Medicine Attending Hospitalist Physician at all other times. They should be contacted by the medical provider involved in initial care to the exposed individual, whether that is in OHS or the ED. (The exposed individual should not contact HIV C&T Service and must not attempt to obtain consent for HIV testing from the source patient.)

A. HIV Counseling and Testing Service is generally available:

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>9 am – 9 pm</td>
<td>Beeper 917 884-6679</td>
</tr>
<tr>
<td>Saturday – Sunday</td>
<td>10 am – 6 pm</td>
<td>Beeper 917 884-6679</td>
</tr>
<tr>
<td>Non-emergent questions</td>
<td></td>
<td>212 562-8414</td>
</tr>
<tr>
<td>Non urgent messages for an in-patient counselor</td>
<td></td>
<td>212 562-4001</td>
</tr>
</tbody>
</table>

B. The Medicine Attending Hospitalist Physician on site is available at all other times and can be reached by calling the hospital operator, ext. 4311 and asking for the Medicine Hospitalist to be paged.

2. When contacting HIV C&T Service or the Hospitalist the provider for the exposed individual (OHS or ED) should indicate that this is an occupational exposure so that action will be taken immediately.

3. The OHS provider for the exposed individual will contact the source patient’s admitting team and direct them to order Hep B and Hep C testing of the source patient. Special consent from the source patient is not required for Hep B or Hep C testing.

4. The ED provider for the exposed individual will contact the HIV C&T or Hospitalist who will coordinate source patient testing. The HIV C&T Service or Hospitalist will contact the source patient’s admitting team and direct them to order Hep B and Hep C testing. Special consent from the source patient is not required for Hep B or Hep C testing.

5. HIV C&T Services trained counselor or Hospitalist will approach the source patient and will assess if patient is able to understand and therefore consent to an HIV test.

If the patient is capable of consent and agrees, the HIV C&T Service counselor or
BELLEVUE HOSPITAL CENTER
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Hospitalist will order a rapid HIV test. Consent must be documented in the patient’s medical record using the following form:

**DOH-4054 Informed Consent to Perform HIV Testing and Authorization for Release of HIV Related Information for Purposes of Providing Post Exposure Care to a Health Care worker Exposed to a Patient’s Blood or Body Fluid.** (See appendix 2 of this policy or the Bellevue Intranet Homepage under What's New “Occupational Exposure, Needlestick, Sharp Injury...What To Do”)

6. If the patient is not capable of consent (mentally incompetent, under anesthesia, etc., or deceased), the HIV C&T Counselor or Hospitalist will consult with the source patient’s care provider to learn if:

   1. the source patient has a legal guardian, legal health care proxy or surrogate.
   2. the source patient is expected to regain capacity in a reasonable time.

7. If the patient does not have capacity to consent and has a legal guardian or health care proxy, the legal guardian or health care proxy can provide consent for the HIV test immediately. In this case, the HIV C&T Counselor or Hospitalist will approach the guardian or health care proxy to obtain consent.

8. If a source patient does not have capacity to consent and does not have a legal guardian or health care proxy, and is expected to regain capacity in a reasonable amount of time we must wait and approach the source patient to request consent. A surrogate can not act in this situation.

9. If the source patient does not have capacity to consent and is not expected to regain capacity in a reasonable time and does not have a legal guardian or legal healthcare proxy, we will turn to a surrogate from the list below to request consent.

10. Consent can be obtained in person or by phone and must be documented in the source patient’s medical record. Consent can be obtained on behalf of the source patient from one of the individuals named below:

   a. legal guardian (if patient is incapacitated)
   b. legal health care proxy (if patient is incapacitated)
   c. surrogate, (if patient is incapacitated and not expected to regain capacity within a reasonable period of time and does not have a legal guardian or healthcare proxy). A surrogate is defined as the following individuals in the order listed:

      1. spouse / partner
      2. adult child
      3. parent
      4. adult sibling
      5. close friend
11. Individuals must be contacted in the order listed above. If the guardian, health care proxy or surrogate is reached and refuses consent another alternate cannot be contacted to attempt to obtain consent. However, the guardian, health care proxy or surrogate who refused can be asked again at a later time.

12. If the source patient is competent and refuses consent, or if the guardian, proxy or surrogate refuses consent, it is illegal to proceed with HIV testing. It is a violation of NYS law for a source patient to be coerced in any way into consenting to an HIV test.

13. Only if the source patient is not expected to regain capacity within a reasonable period of time, and does not have a guardian, health care proxy or surrogate, can anonymous testing be considered.

Note: When an ANONYMOUS HIV Test is performed the test and circumstances surrounding it must NOT be documented in the source patient’s medical record.

14. Anonymous HIV testing may be done without consent if the following conditions are met:
   1. The source patient is not competent to consent and is not expected to regain capacity within a reasonable period of time.

   AND

   2. The source patient does not have a legal guardian, legal health care proxy or surrogate.

15. To perform an anonymous HIV test of the source patient the HIV C&T counselor or Hospitalist must do the following:
   a. confirm that the above conditions are met and an anonymous test is appropriate,
   b. obtain blood sample from the source patient (consent is not necessary),
   c. label the tube with a blank sticker that states: “anonymous source patient test for [insert the FULL name and MR # of the exposed individual and FULL name and MR # of the source patient]”.
   d. fill out a paper lab request Form BEL100 (red, white and blue form)
   e. hand deliver sample to Pathology Accessioning, 4 E-1, and notify staff that is a “STAT” and anonymous test

15. Pathology will keep the paper request Form BEL1000, log the test and provide the test results to the OHS provider of the exposed individual. If the exposed individual received care in the ED, Pathology will call the ED and ask to speak to the provider taking care of the exposed individual and provide the results.

16. If the source patient or alternate (when appropriate) consents, the following tests will be ordered by a physician, and the HIV C&T Service or the physician responsible for the
source patient will draw blood specimens. This is available as a lab bundle through the Quadramed CPR lab order system:

(a) Click on “Order Entry”
(b) Scroll down and double click “Occupational Labs”
(c) Click on response #2 “Source Patient”
(d) The system will automatically display the necessary tests.
(e) Each test must be linked to a diagnosis. Follow the screens and select a diagnosis for each test and click “OK”.
(f) Click “OK” again to indicate that this is the correct test and the system will advance to the next test.
(g) Proceed in this manner through all the tests.
(h) After test orders you will be asked to indicate the pregnancy status of the patient. Click on the appropriate response.
(i) The final screen will require you to click on an attestation that the individual has consented to an HIV test.
(j) Click on “Accept Order Block”
(k) Your lab orders have been placed:

1. HIV 1 and HIV 2 Ab Rapid Screen with NYCDOH Confirmation (ensure that written consent is obtained using DOH-4054 Informed Consent to Perform HIV Testing and Authorization for Release of HIV Related Information for Purposes of Providing Post Exposure Care to a Health Care worker Exposed to a Patient’s Blood or Body Fluid. [See appendix 2 or the Bellevue Intranet Homepage under What's New “Occupational Exposure, Needlestick, Sharp Injury...What To Do])

2. Hepatitis C Ab
3. Hepatitis B surface Ab
4. Hepatitis B Surface Ag w/ Neutralization Conf
5. Hepatitis B Core (Total Ab)

17. Specimens will be transported by hand immediately to Microbiology Accessioning in the H Building (hospital building) 4 E 7. Transporter will sign the Microbiology HIV Log Book

18. Staff in Microbiology Accessioning will be informed that these are STAT tests to be expedited for the purpose of an occupational exposure.
VIII. **Follow-up Care**

1. After the initial care following an exposure, subsequent care and referrals will be managed by the appropriate health service.

2. When initial care is provided by the ED, the exposed individual will be directed to report to OHS on the next business day, or as soon as possible, for continuing post-exposure evaluation and care. The ED provider will also call the OHS Exposure Line, **ext.7986**, and report the full name and medical record number of the exposed individual and the full name and medical record number of the source patient if known.

3. After initially reporting the exposure to OHS the exposed individual may choose to continue care with an outside physician or facility, including NYU employees if they wish to continue care at NYU Employee Health Service.

4. Students (medical, dental, nursing and other allied professions) are expected to go to student health services after their initial care at Bellevue, unless they specifically choose not to.

5. In any case that the exposed individual does not continue care at Bellevue Hospital, OHS will obtain a completed and signed DOH Form 2557 New York State Department of Health HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV Related Information form from exposed individual. This is needed so that follow-up, monitoring and reporting can be completed.
BELLEVUE HOSPITAL CENTER
ADMINISTRATIVE POLICY & PROCEDURE

POLICY B-12: Management of Blood Borne Pathogen Exposures of Employees, Staff, Students, and Volunteers

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Director, Department of Emergency Services

Eric Manheimer, M.D.
Medical Director

Lynda D. Curtis
Senior Network Vice President / Executive Director
ANONYMOUS HIV TESTING OF SOURCE PATIENT FOR OCCUPATIONAL EXPOSURE

Is the source patient capable of consent?  

YES  
Request consent from the source patient

NO  

Does the source patient have a legal guardian (guardian) or legal health care proxy (proxy)?  

YES  
Request consent from the guardian or proxy. He/she can consent on behalf of the source patient immediately.

NO  

Is the source patient expected to regain capacity in a reasonable time?  

YES  
Wait for the source patient to regain capacity and request consent.

NO  

Does the source patient have a surrogate?  

YES  
Request consent from a surrogate in the order listed below:

1. spouse/partner
2. adult child
3. parent
4. adult sibling
5. close friend

NO  
Consider anonymous source patient testing if the following conditions are met:

1. The source patient is not expected to regain capacity in a reasonable time.
2. The source patient does not have a guardian, proxy or surrogate.

Once a guardian, proxy or surrogate is reached no other alternate can be contacted to request consent. If the guardian, proxy or surrogate refuses consent no one else can be contacted to try to obtain consent. However the person who refused can be contacted later and consent requested again.

If the source patient is competent and refuses consent, or if the guardian, proxy or surrogate refuses consent, it is illegal to proceed with HIV testing. It is a violation of NYS law for a source patient to be coerced in any way into consenting to an HIV test.
Lab Bundle:
"Occupational Labs",
#1 "Exposed individual":
1. HIV 1 and HIV 2 Ab Rapid Screen
2. Hep C Ab
3. Hep B surface Ab
4. Hep surface Ag w/ neutralization conf
5. Hep B Core Ab
Total
6. GBO
7. LFT’s
8. Creatinine

Wash wound with soap and water. Notify your supervisor. You must be relieved of duty. Go to OHS (Occupational Health Service) of the facility where the injury occurred asap (within 2 hours):
Exposed individual should not manage his/her own care and must not order laboratory tests for him/herself.
The OHS provider will do the following for the exposed individual:
1. assess risk of exposure to HIV, Hep B, & Hep C,
2. obtain consent for HIV test and document it in the medical record,
3. order baseline tests,
4. provide initial supply of prophylaxis if indicated
5. schedule follow-up in OHS.
The OHS provider will contact HIV Counseling and Testing Service (HIV C&T Service) who will offer the source patient HIV testing. HIV C&T Service: Mon-Fri 9 am–6 pm, and Sat-Sun 10 am–6 pm, beeper 917 884-6679.

1. HIV Counselor will assess the source patient’s capacity to consent to testing.
   If the source patient is capable and consents, the HIV Counselor will draw labs and order HIV test.
   If source patient refuses, it is illegal to perform HIV test.
2. The OHS provider will order Hep B and Hep C testing of the source patient. Special consent is not required.
3. The OHS provider will inform the exposed individual of source patient test results.

If source patient is not capable of consent (mentally incompetent, under anesthesia, etc. or deceased) the HIV Counselor will consult with the source patient care provider to learn the following and take the steps indicated:

Does the source patient have a legal guardian (guardian) or legal health care proxy (proxy)? If so the guardian or proxy can consent on behalf of the source patient.

If there is no guardian or proxy is source patient expected to regain capacity within a reasonable amount of time? If so, the HIV Counselor will wait and request consent from the source patient at that time.

If the source patient does not have guardian or proxy and is not expected to regain capacity in a reasonable amount of time, does the source patient have a surrogate?
A surrogate is defined as one of the following individuals in the order listed (once a surrogate responds no other surrogate can be contacted):
A. spouse/partner
B. adult child
C. parent
D. adult sibling
E. friend
The surrogate can consent on behalf of the source patient in compliance with law. Consent can be obtained in person or by phone and must be documented in the source patient’s chart.
If source patient is incompetent and guardian, proxy or surrogate refuses consent, it is illegal to perform HIV test.

ANONYMOUS HIV TEST can be done without consent only when the following conditions are met:
1. the source patient is not expected to regain capacity to consent
AND
2. the source patient does not have a legal guardian, proxy or surrogate.

ANONYMOUS HIV TEST:
HIV Counselor will do the following:
1. confirm that an anonymous test is appropriate,
2. obtain blood sample from the source patient (without consent),
3. label the tube with a blank sticker that states: “anonymous source patient test for [insert FULL name and MR # of the exposed individual],
4. fill out a paper lab request Form # BEL 100 (red, white and blue form),
5. hand deliver to Microbiology Accessioning, 4 E-7, notify staff it is a “STAT” Test & sign the HIV Log Book.

The test and the circumstances surrounding it will NOT be documented in the source patient medical record.

Pathology will keep the form, log the test and inform the ordering provider (OHS) of the results. The ordering provider (OHS) will notify the exposed individual.

Results will not be put in the source patient’s chart and source patient will not be informed of the results.
NEEDLE STICK / OCCUPATIONAL EXPOSURE
Evenings, nights and weekends [when Occupational Health Service (OHS) is closed]

Wash wound with soap and water. Notify your supervisor. Go to the ED (Emergency Department) of the facility where the injury occurred asap (within 2 hours). Exposed individual should NOT manage his/her own care and must not order labs for him/herself. The ED provider will do the following for the exposed individual:
1. assess risk of exposure to HIV, Hep B, & Hep C.
2. obtain consent for HIV test and document it in the medical record.
3. order baseline tests using the Lab Bundle for "Occupational Labs".
4. provide initial supply of prophylaxis if indicated.
5. instruct the exposed individual to follow-up in OHS.
6. call the OHS Exposure Line, ext. xxx and report the full name and MR# of the exposed individual and the full name and MR# of the source patient if known.

ID Consult is available to assist providers in assessment and care of the exposed individual. To contact the ID Consult call the page operator, ext 4311.

The ED provider will contact HIV Counseling and Testing Service (HIV C&T Service) who will offer the source patient HIV testing. HIV C&T Service: Mon-Fri 9 am - 9 pm, and Sat-Sun 10 am - 6 pm, beeper 917 884-6679. When HIV C&T is not available the ED provider will contact the Medicine Attending Hospitalist on site via page operator ext. 4311. (Exposed individual should not contact HIV C&T and must not request consent for HIV testing from the source patient.)

HIV Counselor / Hospitalist will assess the source patient's capacity to consent to testing. If source patient is capable and consents, HIV Counselor or Hospitalist will coordinate with source patient's team to draw and order labs. If source patient is competent and refuses consent it is illegal to perform HIV test.

If source patient is not capable of consent (mentally incompetent, under anesthesia, etc. or deceased) the HIV Counselor / Hospitalist will consult with the source patient care provider to learn the following and take the steps indicated:

Does the source patient have a legal guardian (guardian) or legal health care proxy (proxy)? If so the guardian or proxy can consent on behalf of the source patient.

If there is no guardian or proxy is source patient expected to regain capacity within a reasonable amount of time? If so, the HIV Counselor / Hospitalist will wait and request consent from the source patient at that time.

If the source patient does not have guardian or proxy and is not expected to regain capacity in a reasonable amount of time, does the source patient have a surrogate?
A surrogate is defined as one of the following individuals in the order listed (once a surrogate responds no other surrogate can be contacted):
A. spouse / partner
B. adult child
C. parent
D. adult sibling
E. friend

The surrogate can consent on behalf of the source patient in compliance with law. Consent can be obtained in person or by phone and must be documented in the source patient's chart.
If source patient is incompetent and guardian, proxy or surrogate refuses consent, It is illegal to perform HIV test.

ANONYMOUS HIV TEST can be done without consent only when the following conditions are met:
1. the source patient is not expected to regain capacity to consent in a reasonable time
2. the source patient does not have a guardian, proxy or surrogate.

ANONYMOUS HIV TEST:
HIV Counselor / Hospitalist will do the following:
1. confirm that an anonymous test is appropriate.
2. obtain blood sample from the source patient (without consent).
3. label the tube with a blank sticker that states: "anonymous source patient test for [insert FULL name and MR # of the exposed individual and full name and MR # of the source patient]."
4. fill out a paper lab request Form # BEL 100 (red, white and blue form)
5. hand deliver to Microbiology Accessioning, 4 E-7, notify staff it is a "STAT" Test for an occupational exposure & sign HIV Log book

The test and the circumstances surrounding it will NOT be documented in the source patient medical record.

Pathology will keep the form, log the test and inform the ED provider taking care of the exposed individual of the results.
Results will not be put in the source patient's chart and source patient will not be informed of the results.

Reference:
> NYS Public Health Law, Section 2781
> Family Health Care Decisions Act (FHCDFA)
Bellevue Hospital Center Workplace Safety

What to do in case of...
Occupational Exposure to Bodily Fluids:

1. Perform first aid.
   Wash with soap and water.
   Don’t squeeze the wound!

2. Tell your supervisor right away.

   M-F 8 am to 4 pm:
   go to Occupational Health Services, H Bldg, 12th Floor.
   All other times: go to Adult Emergency Services.