

Management of Healthcare Personnel Exposed to Bloodborne Pathogens

POLICY 3.3
Patient Care
Management of Healthcare
Personnel Exposed to
Bloodborne Pathogens
Issued: 9/1992
Last Approval: 05/2025

Office of Origin: Occupational Health Services (OHS)

I. PURPOSE

- A. To provide guidance and direction for testing, counseling, medical treatment and follow-up of healthcare workers who have sustained exposure to blood or body fluids.

II. REFERENCES

- A. [HEIP Policy 1.1 Standard Precautions and Transmission-Based Isolation](#).
B. Environment of Care [Policy 3.1.1](#) Bloodborne Pathogens Exposure Response, Prevention and Control Plan
C. OSHA Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule, 29 CFR 1910.1030

III. DEFINITIONS

- A. Bloodborne Pathogens (BBP): Microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
B. Bloodborne Pathogens (BBP) Exposure: Refers to contact with blood or other potentially infectious materials that can occur through various routes, including needlesticks, cuts from contaminated sharps, or contact with mucous membranes (eyes, nose, mouth) or broken skin.
C. Healthcare personnel (HCP): Refers to all UCSF Medical Center Hospital staff, Medical Staff, Advanced Practice Providers, contracted staff, learners, volunteers, and vendors, regardless of employer. This includes campus-based staff who provide services to or work in UCSF Medical Center patient care or clinical areas
D. Sharp: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident including but not limited to needle devices, scalpels, lancets, broken glass, broken capillary tubes, drills, and burs.
E. Sharps Injury: Any injury caused by a sharp including but not limited to cuts, abrasions, or needlesticks

IV. POLICY

- A. All HCP are expected to adhere to Standard and Transmission-based Precautions as described in the [Hospital Epidemiology and Infection Prevention \(HEIP\) Policy 1.1 Standard Precautions and Transmission-Based Isolation](#). This includes use of appropriate barriers and sharps with engineered safety features to reduce the risk for exposure to blood and body fluids.
B. When an exposure occurs, the procedures outlined in this policy will be followed.

V. PROCEDURES (See Appendix A for a summary of steps)

- A. **First Aid: Clean the area that was contaminated**

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1. Needlestick/cuts/broken skin: Wash wounds and contaminated skin with soap and water for 3-5 minutes
1. Eye splash: Remove contact lenses (if used). Rinse eyes with copious amounts of tap water or saline for 3-5 minutes
2. Splash to mouth/nose (mucous membranes): Rinse mouth with tap water or saline for 3-5 minutes

B. Notify the Needlestick Exposure Hotline provider by calling (415) 353-STIC (7842)

1. HCP are responsible for initially contacting the Occupational Health Services (OHS) Needlestick Exposure Hotline to report any bloodborne pathogen exposures, such as needlesticks, cuts, blood splashes, or human bites which break the skin.
2. HCP should report exposures immediately to ensure timely assessment of the exposure and to facilitate source patient testing.
3. When calling the Hotline, choose option #1 to speak with the operator. Be prepared to provide the operator with:
 - a. the nature of the exposure (needlestick, splash, bite, etc.)
 - b. two contact telephone numbers
 - c. the source patient's full name, date of birth, and medical record number
4. The Needlestick Exposure Hotline Clinician will triage exposures by phone and initiate medical treatment, including post-exposure prophylaxis, when appropriate (e.g., when the source of the exposure is known to have HIV and/or is considered high-risk).
5. The Needlestick Exposure Hotline follows treatment recommendations from the Centers for Disease Control and Prevention (CDC) in the documents from the National Clinician Consultation Center Post-Exposure Prophylaxis Guidelines
<https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

C. Report the exposure to your supervisor. Complete the Incident Report Employee Event using the [Incident Reporting Platform \(RL Solutions\)](#).

1. Explain the details of the exposure to your Manager/Supervisor (investigation of the injury).
2. The manager/supervisor completes the following:
 - a. Review with the employee:
 - i. Review tasks being performed during the event
 - ii. Identify potential contributing factors
 - iii. Discuss with the employee how the injury could have been avoided
 - iv. Develop a corrective action plan to prevent future harm
 - b. In CareLinks, enter the Incident Reporting Platform (RL Solutions)

- i. Choose Employee Event
- ii. Complete the Incident Report (IR) form if it has not already been filed
- iii. If you are being alerted and the IR form was completed by the injured employee or witness, ensure that the IR form is complete and document the steps outlined under “a. Review with the employee.”

D. Baseline and follow-up testing

1. Contact the Needlestick Exposure Hotline Coordinator at (415) 353-4341 to make an appointment for follow-up BBP testing. **This is necessary for all blood or body fluid exposures.**
2. The HCP will be contacted by the daytime Hotline Clinician to schedule an appointment for baseline testing.
3. Additional follow-up BBP testing may be recommended by the Hotline Clinician.

E. Source patient testing

1. When there is an identified source patient, a Hotline Clinician will provide the source patient’s Clinical Team with instructions on consent and source patient testing.
2. When there is a significant exposure, as determined by the Needlestick Hotline Clinician, the source will be requested to consent to HIV testing. Testing will also be performed for Hepatitis B and C.
3. Exposed HCP should not initiate source patient testing.
4. If a source patient is being discharged before the Hotline Clinician can coordinate testing, the Hotline Clinician may request that the treatment team or Attending Physician counsel and consent the source patient.
5. A blood sample of the source patient will be sent to the lab and held for Occupational Health Services.

F. Reporting

1. An exposure summary statement will be provided to the HCP after baseline testing is completed on the HCP and source patient.
2. An annual reporting summarizing bloodborne pathogen exposures will be prepared by Occupational Health Services and presented to the UCSF Medical Center Infection Prevention Committee.

VI. RESPONSIBILITY

- A. Questions about the implementation of this policy should be directed to Occupational Health Services.

VII. HISTORY OF POLICY

- A. First approved 9/1992, last reviewed 5/2025

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VIII. APPENDIX A: Steps to follow after a possible bloodborne pathogen (BBP) exposure

1) Clean the area that was contaminated		<p>Wash or rinse for 3-5 minutes</p> <ul style="list-style-type: none"> • Needlestick/cuts/broken skin: Wash wounds and contaminated skin with soap and water • Eye splash: Remove contact lenses (if used). Rinse eyes with copious amounts of tap water or saline. • Splash to mouth/nose (i.e., mucous membranes): Rinse mouth with tap water or saline.
2) Notify the Needlestick Exposure Hotline	(415) 353-STIC (7842)	<p>Be prepared to provide:</p> <ul style="list-style-type: none"> • The nature of the exposure (needlestick, splash, bite, etc.) • Two contact telephone numbers • The source patient's full name, date of birth, and medical record number <p>You will be provided counseling regarding infectious risks from the exposure and the need for post-exposure prophylaxis.</p> <p>The Exposure Hotline will set up BBP testing of the source patient. Do not initiate source patient testing yourself.</p>
3) Report the exposure to your Manager/Supervisor using the Incident Report Platform	Incident Report platform	<p>Explain the details of the exposure to your Manager/Supervisor.</p> <p>Your Manager/Supervisor will complete additional steps.</p>
4) During business hours, contact the Needlestick Exposure Hotline Coordinator to set up lab testing	(415) 353-4341	<p>Your baseline and follow-up BBP testing will be set up by the Coordinator if indicated.</p>
5) Exposure Summary Statement		<p>You will be provided an exposure summary statement by Occupational Health Services.</p>

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