Bloodborne Pathogen Exposure – Supervisor’s Role

In the event of an exposure incident, taking the steps listed below is essential to reducing the risk of illness associated with the exposure. The employee should get to a designated medical facility within two hours of the exposure.

It is best to discuss this entire procedure with staff before an incident occurs, so they are aware of the process. Knowing what to do helps to ease the situation and provide some control over, what seems to be, an uncontrollable situation.

- Emergency First Aid – if not able to do so, direct to a designated medical facility immediately.
  - Puncture/open wound exposure: Wash affected area immediately and thoroughly with water and antibacterial soap. Apply band-aid or bandages. If all that is available is hand sanitizer, they may use this until they get to a medical facility.
  - Eye splash: Flush eyes thoroughly for 15 minutes. Remove contact lenses and do not reinsert until the health care provider gives approval. Disposable lenses should be discarded.
  - Other mucous membrane splash: Flush affected area for 15 minutes.
  - Contact with intact skin: Wash thoroughly with soap and water.

- Inform the staff person to go to a designated medical facility for immediate follow-up. This should be within two hours of the incident.

- What to tell the staff person:
  - Reassurance is key – explain that accidents can happen and there are steps they need to follow to ensure they are doing everything they can to reduce any risks. Remain calm and confident in what you tell them to do. They are looking to you for guidance.
  - Steps to follow: 1) first aid; 2) get to medical facility; 3) they will be asked to explain the incident and need to share their Hepatitis B status; 4) a blood sample will be taken and counseling will be provided to include discussion of post-exposure prophylaxis; 4) the patient will be contacted to discuss receiving a blood sample as well.
  - Consider calling the clinic ahead of time, so they know the staff person is coming. This will also provide some reassurance to the employee, when they get there.
  - Direct them to fill out an Accident and Injury Report Form for further follow-up internally. Plan on following up with them on this step as they may forget to do so.

Example of Post-Exposure Discussion:

Employee: “I just stuck myself and I’m not sure what to do.”

You: “It’s okay. I’m here to help you through the process. It’s important we do the following steps to ensure you receive the best care. I need you to thoroughly wash the area with antibacterial soap and water and apply a band-aid. Are you able to do that?”

Employee: “I already did.” Or “I already left the house and I’m in my car, so I just used hand sanitizer.”

You: “Good. Now I need you to go to <specific medical facility>, and they will want you to tell them what happened. They will also want to know if you’ve had the Hep B series, and if you know your titer status. They will discuss any risks involved with the exposure. The patient may be contacted to receive a blood sample from them as well. Are you able to go to the clinic right now?”

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