

How Would You Manage an Exposure Event?

Although rare in a dental office, an exposure to blood or bloody saliva requires fast action on the part of many people in the practice. This is truly an example of the need for preplanning and education of all staff at risk.

Just as a review, the potential routes of exposure include:

- Stick with a contaminated needle.
- Stick with a contaminated sharp object, for example, scalers, surgical instruments, and scalpel blades.
- Splash to the mucous membranes of the eyes, nose, mouth.
- Splash to non-intact skin.

While prevention should be at the top of your priority list, once the exposure occurs the clock literally starts ticking. Employees **MUST** know the correct measures to take and how and to whom to report the incident. Your practice should have a health care provider identified in advance who can provide testing of your worker and the source patient.

For ease of understanding we will address the source patient first and then move to the exposed worker. Lastly the scenario of dealing with an unknown source exposure will be reviewed.

Source Patient Testing Process

1. Dental practices must have a process identified for source patient testing. After informing the patient of the exposure, immediate access to care is necessary.
2. A Rapid HIV test is the standard of care in an exposure situation and should be utilized if available. If rapid HIV is not available, expedite the HIV test. Post exposure prophylaxis (PEP) for the exposed worker, if necessary, should begin within hours for maximum effectiveness, according to the latest CDC recommendations.
3. Hepatitis B Surface Antigen (HBsAG).
4. Anti-Hepatitis C virus (Anti-HCV)
5. The results of the source patient tests must be made available to *the physician providing treatment to the exposed employee*. Additionally, forward the results to any physician as requested by the source patient.

As a reminder, *the cost of all source patient testing is the responsibility of the practice.*

Care of the Exposed Employee

The employee should immediately wash the affected area with soap and water or flush the mucous membranes with copious amounts of water. As soon as the first step is completed the event should be reported. For the exposed employee the following steps should be followed:

- Offer testing and counseling as required by law. An incident report should be completed and authorization obtained for treatment and testing. If the exposed employee declines testing, offer the option to draw and hold blood for 90 days in the event the employee decides they want testing to be performed at a later date. If the employee declines the post exposure testing ensure a declination is signed, but keep in mind that counseling and evaluation of reported illnesses are not dependent on the employee's electing or declining baseline testing. Even if serological testing is not performed, the employee must be provided the source patient tests results. To obtain a copy of the Post Exposure Medical Evaluation authorization form, go to www.totalmedicalcompliance.com, and on the TMC Home page, click on the NCDS icon in the bottom right hand corner which will take you to the NCDS Member page
- Provide the name of the healthcare professional *treating the source patient* so that if test results from the source patient are not forwarded the HCP can obtain them.
- Forward medical records relevant to the appropriate treatment of the employee which should include the information on Hepatitis B vaccinations and titers.
- Provide documentation of the exposure incident including a description of the employee's duties as they relate to the exposure incident.
- Provide a copy of the OSHA 1910.1030- Bloodborne Pathogen Standard.

Unknown Source Exposure

All of the same standards apply to the care provided for the exposed worker as with any other known source exposure. A determination of risk of potential transfer of disease based on patient population and type of exposure should be made to determine need for post exposure prophylaxis and the following tests should be obtained initially and for up to a six month period of time:

- HIV Antibody
- Hepatitis B Surface Antigen (HBsAG)
- Anti-Hepatitis C Virus (Anti-HCV).

To save time prepare packets in advance with all of the above mentioned items. If an exposure occurs the employee can fill out the incident report and have all other documentation needed to receive post exposure care.

Confidentiality is of extreme importance in an exposure event. As a general rule, the Safety Officer is the only person who has access to the confidential medical information stored in the employees' medical file and should facilitate the care received by the exposed employee and source patient.

Hopefully an employee in your practice will never experience an exposure event, but advance planning and training can ensure care is provided to both the source patient and practice employee in timely and efficient manner.

Karen Gregory, RN is the Director of Compliance and Education for Total Medical Compliance. TMC is a private consulting company providing affordable turnkey programs and seminars for health care providers in the Southeast to achieve and maintain compliance with government safety and privacy regulations such as HIPAA, OSHA and Infection Control. A TMC consultant works in partnership with the safety and privacy officers at your location to ensure all aspects of the regulations are addressed. TMC provides on-site employee training, customized compliance manuals, office inspections and ongoing support with newsletters and customer service. Information on seminar schedules and products can be found on the TMC web site TotalMedicalCompliance.com. For additional information call 888-862-6742 or email Karen@totalmedicalcompliance.com