

# Infection Control Protocols

## Needle Sticks and Other Blood/Body Fluid Exposures

1. Learn and always observe Standard Precautions (Universal Precautions).
2. If you have an exposure to blood or other body fluids (e.g., needle stick, cut), immediately clean the wound with soap and water.
3. Exposed oral and nasal mucosa should be decontaminated by vigorously flushing with water. Exposed eyes should be irrigated with clean water or sterile saline. Eyewash facilities can be accessed quickly in the emergency department for each hospital.
4. Follow the protocol of the hospital in which the incident occurred to the fullest including all follow-up (through the hospital's Employee Health Service). It is especially important that you report your exposure to the hospital's Employee Health Service as soon as possible so that a timely evaluation can be performed. Additionally, your exposure may guide future preventive efforts (e.g., education, training, selection of devices). If prophylactic medications are indicated, it is recommended they be initiated as soon as possible after the exposure, ideally within two hours.
5. If you are uncertain of the procedures for reporting and obtaining care at the facility where your exposure occurred, call the Woodruff Health Sciences (WHSC) Needle stick Hotline for assistance at [404-727-4736](tel:404-727-4736).
6. Acute serology should be drawn to establish one's baseline antibody titers to hepatitis B virus (if you have not previously been determined to be HBsAb positive [immune to Hepatitis B]) and, if indicated, to HIV and/or Hepatitis C Virus [HCV] (if the source patient is HIV-positive or HCV-positive).
7. Depending on the results of one's serology and the baseline serology of the patient (from which the incident occurred), you may need follow-up serologies as per the hospital protocol where the injury occurred.
8. If the source patient is HIV-infected, the administration of post-exposure prophylaxis (PEP or "prophylactic" antiretroviral medications) to decrease the risk of patient-to-healthcare worker transmission should be strongly considered. Medications may be initiated pending results of HIV serology on the source patient. If used, these medications should be taken as soon as possible after the needle stick injury. Each hospital has a protocol and will counsel you and give advice as needed. PEP regimens are complicated; therefore, be sure that the individual who manages your exposure consults with the Hospital Epidemiologist (see list below).
9. Again, call the WHSC Needle Stick Hotline [404-727-4736](tel:404-727-4736) if you have any questions about management of the needle stick or other occupational exposure.

The following list of specific areas and/or individuals should be contacted at the facility in which the exposure occurs:

# Contacts for Infection Control Protocol

## Grady Memorial Hospital and Affiliated Sites

- Healthcare worker goes directly to Employee Health Services (EHS) – 15th floor EHS nurse will facilitate post-exposure care in collaboration with EHS doctor EHS staff will arrange for source patient testing
- EHS staff may call ID attending (on the call schedule for needle sticks) for consultation as needed.

### After hours and on weekends:

Healthcare worker should NOT go to the emergency room unless they need an emergency eye wash. Healthcare worker calls STIX Hotline ([404-616-STIX](tel:404-616-STIX)) and follow directions:

- Press 4: to be connected directly to the cell phone of the Health System Administrator HSA (who is physically present in the hospital). This cell number is: [404-319-7367](tel:404-319-7367)
- Press 5: to leave a voicemail message for the Health System Administrator. This message will be delivered immediately to their cell phone and they will return the call promptly.

HCW may also call the WHSC Needle Stick Hotline and the Grady ID attending on-call for BBF exposures will be paged. The attending will inform the HCW of reporting procedures and assist them. HSA will personally arrange for source patient testing. Rapid HIV test results should be back within the 4 -hour time frame for starting ART PEP.

If source patient is known to be HIV positive or the rapid test returns positive, the HSA will escort the HCW to the Emergency Department where they will receive care from an ED attending with consultation from the ID attending on call for BBF exposures. The HSA will contact the ID attending on call for BBF exposures. The ID attending will discuss the exposure with the ED attending (and the HCW) and make recommendations for ART PEP. The first dose of PEP will be given in the ED. Additional doses needed to last until the next business day will also be provided directly to the HCW.

If the source patient tests HIV negative, the HCW will be instructed to report to EHS on the next business day to get final lab results on the source patient (hep C, hep B sAg) and determine if additional follow-up is needed.

### Other contacts at Grady:

- Employee Health Nurse on call (from home): [404-809-7470](tel:404-809-7470)
- Susan Ray, MD cell: [404-536-8233](tel:404-536-8233) or PIC 17255

## VA Medical Center

- Report incident directly to occupational health. VA Occupational Health Injury Management Dr. Joyce Thompson, DNP, FNP-C x6471

- Teneka Hosang, PA-C (x6471)
- Receptionist (x5400)

**After hours and on weekends:**

- Contact the nurse supervisor on call (physically present in the hospital): Call hospital operator and ask for the “AOD” on call.
- The HCW is seen in Emergency Room for Treatment with follow-up in Occupational Health the next business day. This is important for OH to forward BBPE information to Emory for further follow-up

**Other contacts at VAMC:**

- Robert Gaynes, MD, Hospital Epidemiologist – cell: [770-315-3335](tel:770-315-3335)
- Rudy Tacoronit, MD, VA Occupational Health Director – x 5400
- If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline [404-727- 4736](tel:404-727-4736).

**Emory University Hospital - Midtown**

- Daytime hours, Monday thru Friday (7 am to 4 pm)
- Employee Health Service [404-686-2352](tel:404-686-2352)

**After hours, and on weekends:**

- Healthcare worker calls Exposure Pager (PIC 11917) or calls the WHSC Needle Stick Hotline ([404-727-4PEM](tel:404-727-4PEM)).
- If WHSC Needle Stick Hotline called, the on-call OIM nurse practitioner will be paged (PIC 50464). The Occupational Injury Management (OIM) nurse practitioner will facilitate immediate post- exposure care. Healthcare worker should go to OIM during the next business day to have baseline labs drawn.

**Other contacts at Midtown:**

- Jesse Jacob, MD – cell: [404-402-5110](tel:404-402-5110)

If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline [404-727-4736](tel:404-727-4736).

**Emory University Hospital**

- Daytime hours, Monday thru Friday (7 am to 4 pm) Employee Health/ Occupational Injury Management Office 1364 Clifton Road, Room D219
- Occupational Injury Management (Worker's Compensation) [404-686-8587](tel:404-686-8587)
- Employee Health Services [404-686-8589](tel:404-686-8589)

**After hours and on weekends:**

- Occupational Injury Management (Worker's Compensation) [404-686-8587](tel:404-686-8587)
- Employee Health Services [404-686-8589](tel:404-686-8589)

- Healthcare worker calls **Exposure Pager (PIC 13084)** or calls the WHSC **Needle Stick Hotline (404-727-4PEM)**. If WHSC Needle Stick Hotline called, the on-call OIM nurse practitioner will be paged (PIC 50464). The OIM nurse practitioner will facilitate immediate post-exposure care.
- Healthcare workers should go to OIM during the next business day to have baseline labs drawn.

#### **Other contacts at EUH:**

- Jay Varkey, MD – PICC 12084

**If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline [404-727-4736](tel:404-727-4736).**

#### **Children's Healthcare of Atlanta (CHOA) (Egleston or Scottish Rite)**

- Any needle sticks or blood borne pathogen exposure is referred to the **24/7 hotline [404-785-7777](tel:404-785-7777)**. This is staffed by an employee health nurse who will provide guidance to students.
- Employee Health Digital Pager 1-800-682-4549 or Needle Stick Hotline (ext. 4444 at Egleston and ext. 824444 at Scottish Rite)

Other contacts at CHOA (if students cannot reach employee health nurse via hotline or pager)

- Employee Health Digital Pager [1-800-682-4549](tel:1-800-682-4549) or Needle Stick Hotline (ext. 4444 at Egleston and ext. 824444 at Scottish Rite)
- Andi Shane, MD – cell: [404-354-7692](tel:404-354-7692) or office [404-727-9880](tel:404-727-9880)
- Infectious Disease Service Team on Call – pager: [404-785-7778](tel:404-785-7778)

**If you are unable to contact any of the above individuals, call the WHSC Needle Stick Hotline [404-727-4736](tel:404-727-4736).**

## **Financial considerations of accidental needle sticks**

The cost of the follow-up and necessary medications may be borne by Emory University Affiliated Hospitals or may need to be submitted through the student's health insurance. Any uncovered costs will be covered through the Office of Medical Education & Student Affairs if the procedures outlined above are followed.

For medical students and students in the health professions, initial evaluation of the exposure should be as explained above. Following this initial evaluation, all incidents and follow-up for exposures occurring at a hospital should be reported by the student within 4 days to the Registrar, [Ms. Mary Kaye Garcia 404-712-9921](mailto:Ms.MaryKayeGarcia@emory.edu).

## **Conversions**

PPD tuberculin skin tests will be performed every year (at a minimum) or at the time of exposure for medical students. Those with PPD conversions will be referred to an

appropriate physician in the University Health Services for follow-up. Expense of drugs, x-rays, and laboratory testing will be covered as long as protocol is followed.

## **Students Infected with HIV, Hepatitis B, Hepatitis C**

Emory University School of Medicine requires any student who is infected with Human Immune Deficiency Virus (HIV), Hepatitis B virus “e” antigen positive, or Hepatitis C virus to notify the Executive Associate Dean for Medical Education and Student Affairs of his/her positive status so that the School may help to define any limitations necessary on clinical rotations and make such accommodations as may be reasonable to permit the student’s continued matriculation.

The Executive Associate Dean for Medical Education and Student Affairs, or his/her designee, will make recommendations for students continued education on a case-by-case basis, utilizing the best currently available scientific knowledge and any established recommendations from the U.S. Centers for Disease Control and Prevention and other applicable governmental guidelines regarding what, if any, limitations need to be applied to clinical activity for persons with the given condition. In conducting this evaluation and making such recommendations, the Executive Associate Dean will consult with the student, the student’s personal physician, student affairs deans and others, including faculty of the School of Medicine, as determined appropriate to assist in this individualized judgment. Within the parameters of existing law, the student’s confidentiality will be maintained during this process.

Reasonable efforts to assist the student in completing the requirements for an M.D. degree will be made by the School of Medicine. In addition, the student will be offered counseling concerning the options for the future selection of a career pathway in the profession of medicine.

## **More Specific Guidelines on Students Infected with Blood-Borne Pathogens**

Students should be allowed to complete the M.D. degree if at all possible with an effort by all to maintain confidentiality to the degree that it is possible.

In such instances, the clinical department chairs need not be notified of the name of an individual student involved or the type of blood-borne pathogen involved. However, the Clerkship Director for the Departments of Surgery, Obstetrics/Gynecology, Emergency Medicine and any other Clerkship Directors (if indicated) will be informed of the name of the individual student so that any special assignments can be made if indicated. If the student is Hepatitis B “e”-antigen positive, the Clerkship Director will be given that data.

Students will be carefully counseled concerning their potential risk to patients and their risk to themselves. They will be instructed to be punctilious in the use of universal precautions and up-to-date hospital infection control techniques. They will be referred to appropriate physician caregivers for optimal follow-up and therapy. The student will also be counseled carefully about future career plans based on current medical and legal data.

Invasive procedures considered as potential risks for health care workers-to-patient transmission by the Centers for Disease Control and Prevention will be strictly avoided by students who are Hepatitis B “e”- antigen positive. Students with other known blood-borne pathogens will be advised on a case-by-case basis. In general, because of

their lack of experience, students with HIV or HCV infections will be advised like HBV-infected students. Recommended practices include double gloving and not performing any procedures that have been previously identified as associated with a risk of provider-to-patient HBV transmission.

The student will be allowed to withdraw without penalty from any clinical setting that the student feels might present a risk for infectivity.

HIV-positive students should undergo screening for Tuberculosis every six to twelve months and receive pneumococcal vaccine, annual influenza vaccine, and other appropriate preventive immunizations.

The student's condition will be re-evaluated at least annually by the Executive Associate Dean for Medical Education and Student Affairs to determine if any additional limitations are indicated. The student's viral load, CD4 count and clinical status as well as the regimen of anti-retroviral therapy that is being employed can be useful in assisting in any decision making by the medical school if the student will allow the Executive Associate Dean to discuss the results with his/her healthcare provider.

Students who fail to show a response to Hepatitis B vaccination by serologic means will be counseled to see a physician to determine their Hepatitis B antigen status and to see if they are Hepatitis B "e"-antigen positive. If they are "e"-antigen positive, they will be encouraged to report this finding to the Office of the Executive Associate Dean, Medical Education & Student Affairs and then to be followed as per protocol.

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