Policy Statement

Bloodborne Pathogen Exposure Prevention and Management:

USF Health follows current CDC recommended guidelines, including Standard Precautions, for the prevention of occupational exposures to bloodborne pathogens (BBP). All reported BBP exposures are evaluated and managed in accordance with the current CDC recommended post-exposure prophylaxis (PEP) guidelines.

All Residents and Fellows (Residents) are required to report BBP exposures to their supervisor and to follow the policies/procedures of the affiliated organization where the exposure occurred and USF Health’s Exposure Control Plan. The USF Medical Health Administration (MHA) office and/or the Infectious Disease Fellow “on-call” are to be notified immediately if the exposure occurs in a USF Health ambulatory care clinic or other clinical site outside of an acute care facility. All Residents who report a BBP exposure are required to submit the USF Worker’s Compensation Forms and are highly encouraged to complete the recommended post-exposure follow-up protocol as instructed. If the Resident fails to complete follow-up testing after repeated attempts at obtaining follow-up testing by the affiliate’s Employee Health and/or the MHA office, documentation of failure to comply with the follow-up protocol will be documented in the Resident’s BBP Exposure file.

Residents are responsible for following the appropriate infection prevention measures, including CDC’s Standard Precautions and the use of engineering and work practice controls, to minimize the risk of exposure and transmission of bloodborne pathogen infections from patients to healthcare workers and from healthcare workers to patients.

All Residents are required to be immunized with the Hepatitis B vaccine, unless it is contraindicated, and provide verification of immunity to the Hepatitis B virus with a “Positive” Hepatitis B surface antibody titer. All residents without evidence of immunity must submit documentation of their HBsAg status.

Residents are provided BBP exposure prevention and management education and training initially during orientation and annually thereafter through lectures, grand rounds, and/or online training programs. A laminated orange card, “Exposure Contacts at USF Clinical Affiliates”, is attached to their ID badge clip and distributed at orientation to ensure all Residents know how they can obtain prompt evaluation and treatment for a BBP exposure that occurs at any of the major USF Clinical Affiliates in the Tampa Bay area.
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<tr>
<th>Hospital Based</th>
<th>Ambulatory Care Setting</th>
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| **Regular Business Hours** | Contact Hospital’s Employee/Occupational Health Department | Contact Linda Lennert, RN (Beeper: 216-0153)  
-OR-  
Dr. Ana Velez, M.D. (Beeper: 332-8156) |
| **After Regular Business Hours** | Contact Hospital’s Evening/Night Nursing Supervisor  
If no nursing supervisor available, contact Infectious Disease physician-on-call at 974-2201 (USFPG answering service) | Contact Infectious Disease physician-on-call at 974-2201 (USFPG answering service) |

**Responsible Party**  
Graduate Medical Education  
Ensures residents are provided with BBP exposure prevention and management guidelines at orientation and annually thereafter.  
Medical Health Administration Office  
Coordinates the BBP education and training programs and the Hepatitis B vaccination program to meet OSHA and Clinical Affiliate requirements. Provides the laminated Orange Exposure Contact Cards. Coordinates BBP exposure follow-up protocols that occur at affiliated facilities.  
Resident  
Responsible for following Standard Precautions and other required infection control measures to minimize the risk of a BBP exposure. Report all BBP exposures and submit all required forms in accordance with policy.  
Healthcare Workers Infected with HIV, HBV and/or HCV

The purpose of this policy is to outline the required administrative management of residents/fellows who are infected with one or more of the bloodborne pathogens. The University of South Florida recognizes its duty to minimize the risk of transmission of bloodborne pathogens (BBPs) by residents and fellows employed by USF. USF also recognizes its duty to provide a study and work environment which is free from discrimination. This Policy has been developed to ensure that USF acts in a manner consistent with these two duties.

Blood exposure to a patient is of equal medical significance as a BBP exposure to a healthcare worker and must be reported and documented so prophylaxis and/or timely treatment can be offered to the patient in accordance with current CDC guidelines for an exposed healthcare worker.

Infected Residents are not prohibited from participating in patient-care activities solely on the basis of a blood borne pathogen infection. Each case will be evaluated and handled on an individual basis according to the Society for Healthcare Epidemiology of America (SHEA) guidelines released March, 2010 and the Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students released July 6, 2012. SHEA provides different recommendations for healthcare workers infected with the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV), and/or the Human Immunodeficiency Virus (HIV) because different viral loads of each pathogen require different surveillance measures and have different levels of risk. These guidelines reflect the importance of patient safety as well as provider privacy and medical confidentiality. Accordingly, an evidence based protocol, which assures decisions that are consistent with current practice and confidentiality of the resident, will govern the decisions relating to resident participation in invasive clinical activities.

Reasonable accommodations, when requested, will be made in accordance with the Americans with Disabilities Act Amendments of 2008 with the understanding that reasonable accommodations are highly dependent on the nature of the training program. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of an educational training program, imposes an undue and/or unreasonable hardship on USF and/or the clinical training site, or fails to eliminate or substantially reduce a direct threat to the health or safety of others.

Residents who develop one of these bloodborne pathogen infections are ethically bound to report their infections to the USF College of Medicine through the Graduate Medical Education (GME) office and the USF Medical Health Administration (MHA) office and to engage in the processes outlined by this policy. The confidentiality of all information about HIV, HBV, or HCV serostatus will be maintained pursuant to State and Federal laws. Depending on the activities to be undertaken at each location or affiliated site, the Vice Dean of GME or Director of GME or the MHA office is authorized to disclose a resident or fellow’s BBP status on a need-to-know basis and such disclosure generally includes some
supervising attendings and/or faculty and affiliated institutions and clinical sites. If necessary, however, other supervisors and/or faculty may be notified that the individual has a bloodborne infection or that the resident is “sharps restricted”, but they will not be informed of the particular disease. The clinical sites where residents or fellows train also may have additional reporting requirements depending upon procedures and activities to be performed by the Resident and Residents are expected to follow all policies, procedures and reporting requirements of USF affiliated institutions and clinical sites.

The Vice Dean of GME or Director of GME will ask the USF Health Advisory Committee to formally initiate the USF Health Procedure for those Residents infected with a Bloodborne Pathogen where oversight is required. The Vice Dean or Director of GME will request the Dean of the College of Medicine to appoint individuals to the USF Health Advisory Committee on a temporary and ad hoc basis to include: the Program Director of the involved program, a representative from Infectious Diseases, the Medical Director(s) of the involved hospital(s), and at least one representative of the House Staff Advisory Committee. The USF Health Advisory Committee will make a recommendation to the Dean regarding the individual protocol for the resident and will serve as the monitoring and oversight body. The USF Health Advisory Committee will function in a confidential manner and all records will be maintained as individual health care records of the individual. Decisions regarding restriction of invasive clinical activity, ongoing monitoring program, counseling of the resident and patient notification will be made by the Dean of the College of Medicine.

**Procedure**

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<tr>
<th>Responsible Party</th>
<th>Action</th>
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<tr>
<td>Resident</td>
<td>Notify the Vice Dean or Director of GME and the USF MHA office of BBP infection. Adheres to the principles of Standard Precautions at all times to decrease the risk of acquiring or transmitting BBPs.</td>
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<tr>
<td>Vice Dean or Director of GME</td>
<td>Activates USF Health Advisory Committee (if required).</td>
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<tr>
<td>USF Health Advisory Committee</td>
<td>Review all pertinent information and formulate recommendations for the Dean regarding restriction of clinical activity, on-going monitoring program and notification of patients (if required). Monitor health status of resident and recommend changes in the resident monitoring protocol as appropriate.</td>
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Dean, College of Medicine

USF Medical Health Administration

Notify resident of Committee recommendations.

Provide immunizations, post-exposure follow-up and maintains records for employees

APPROVED:

Vice Dean, Graduate Medical Education

Dean, College of Medicine

c:p&p\blood borne exposure

REVIEWED – 6/05; 10/11; 10/13
REVIEWED, APPROVED – 8/2008; 10/2013