Physician
Bloodborne Pathogen
Exposure Process
Standard Precautions

- Always wear personal protective equipment (PPE) when there is a reasonable expectation of contact with blood or body fluids.
- PPE is considered: face mask, goggles, gown and gloves.
- Place PPE on at the point of patient care.
- Remove PPE when leaving the patient room (even if you just running to get a product)
- ALWAYS Wash your Hands before placing gloves on and after glove removal.
- NEVER WEAR PPE IN HALLWAY!!!
Blood borne Pathogen Exposure Prevention

- Use all available safety devices. If you are unfamiliar with activation of safety device- ASK someone

- Follow appropriate process for handing sharps and needles

- Always engage all safety devices as soon as possible after using

- Communicate plan with patients/caregivers in patient room, to prevent patient movement.
If a Blood borne Pathogen Exposure Occurs

- REPORT IMMEDIATELY (2 hour window for starting PEP)
- Wash the area with soap and water
- Notify Nursing Supervisor /Designee who will provide you with appropriate forms, complete the patient risk assessment and ensure a rapid HIV and Hepatitis Panel is ordered.
- You MUST complete the following forms:
  - Occurrence Report
  - NHSN Form
Documentation of Blood borne Pathogen Exposures

- Occurrence Report.
  Virtua Employees: Print from Vine and fill out
  Non – Virtua Employees: Complete online, then print

- Bring the following forms with you to the ED
  > source patient risk assessment (completed by Nurse Supervisor)
  > completed Occurrence Report (Virtua employee only)

- Failure to complete the appropriate forms may result in an ED bill

- If you are a Medical Student or Resident and plan to be seen in your own facility Employee Health Service, you still need to complete the forms. Send forms to Infection Prevention Compliance Manager at 303 Lippincott Dr.

- Forms packets are available on the Vine under Safety management, top left corner. There is one packet if an exposure occurs in an acute care setting and one for ambulatory care setting,
Hand Hygiene Reminders

Hands are washed with soap and water or alcohol hand gel:

- Before entering every patient room and when exiting every room and changed between patients in the same room

- Before applying gloves and after removing gloves
For any further questions please call the Infection Prevention Manager at each location:

Memorial :  46278/46899
Marlton :  56089/56379
Voorhees:  72089/74457
Corporate:  50829
Infection Prevention is Important to You and Your Patients

- Infections cost time and money
- Certain Insurers no longer paying for HAIs
- HAIs are publicly reported
- You can spread infections to others
- Infection lengthens patient’s hospital stay
- Infection Prevention- It’s ‘The Right Thing to Do’
Where to get the answers

- Infection Prevention Policies and Procedures on the Vine Click on Shared point.
- Contact Infection Preventionist at each division via Vine or operator.
- After 5 pm contact the Nursing Supervisor and if needed Infection Prevention will be reached.
Handwashing

“Hand Hygiene is the most important thing you can do to stop the spread of infection”

Handwashing with soap and water:
- Running water, soap, friction for 15 seconds, dry with a paper towel and turn water off with a paper towel.

Handwashing with alcohol-based hand rub (ABHR):
- One dab of gel and rub for 15-20 seconds until dry. Kills 99.9% of germs on your hands.

For C.diff, Norovirus or diarrheal illness-use soap and water!
Handwashing

- Before and After
  - Upon entering a patient care room/area whether you touch patient or not.
    Defined by crossing the threshold
  - Upon exiting a patient care room/area
  - Areas with curtains-defined as the curtain line
  - Before placing on gloves
  - After removing gloves
Standard Precautions

Applies to ..

- ALL patients
- ALL the time
- ALL body fluids except sweat

If it is “ooey” and “gooey“ - Don’t touch it
Put on your PPE!
AFB Precautions

- N-95 respirator must be worn when caring for all patients with tuberculosis or ruling out tuberculosis.
- Fit Testing is required!
- Negative air pressure room required.
Airborne Precautions

- Negative air pressure room is required.
- Surgical mask must be worn when entering the room of patients with the following diseases.
  - Chickenpox
  - Measles
  - Disseminated shingles

* - If you never had chicken pox do NOT go in this room
Droplet Precautions

- Private Room and Surgical mask is required before entering the rooms of patients with the diagnosis:
  - Influenza, Adenovirus, Mycoplasma pneumonia and Parvovirus
  - Group A Strep throat
  - Pertussis
  - Rubella
  - Mumps
  - Neisseria Meningitides
Quarantine Precautions

- Gowns, gloves, N-95 respirator, eye protection and head covers are required before taking care of patients with these diagnosis:
  - SARS
  - Smallpox
  - Viral Hemorrhagic Fever
Contact Precautions

- Gowns and Gloves are required before taking care of these patients with the diagnosis of:
  - Multiple Resistant Bacteria, such as MRSA, VRE, ESBL, CRE, Acinetobacter and other resistant organisms
  - clostridium difficile
  - Impetigo
  - RSV
  - Lice
  - Shingles
  - Bed Bugs
Visitors: Please Check with Nurse Before Entering

CONTACT PRECAUTIONS

WASH HANDS BEFORE ENTERING THE ROOM

Private room preferred, co-horting of patients when necessary

Gloves and gowns MUST be worn whenever entering this room and removed when leaving room.

**Equipment:** Single use/ disposable when available. Multi-use items **MUST** be cleaned before use on another patient.

**Transport:** Follow Policy

WASH HANDS WHEN EXITING THE ROOM

MAINTAIN STANDARD PRECAUTIONS AT ALL TIMES
Bloodborne Pathogens: Safe Practices

- Follow Standard Precautions
- Safely handle all needles and sharps
- Engage safe needle devices after use
- Use appropriate PPE
- Always think safety
What’s New?

- Always something new.....
- CRE-Carbapenem-resistant Enterobacteriaceae (formerly KPC but more resistant)
  - resistant to most antibiotics
  - high mortality rate
  - STRICT isolation technique-NO EXCEPTIONS!
Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

- Alert for Patients with Respiratory Illness Traveling from Arabian Peninsula
- Arabian Peninsula-Saudi Arabia, United Arab Emirates (UAE), Qatar, Oman, Jordan, Kuwait and Yemen
- Symptoms:
  - Developed fever (>100F) and acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula,
  - Close contacts of symptomatic recent traveler from this area who has fever and acute respiratory illness; or
  - Close contacts of a suspect or confirmed case.
- Immediately Isolate-AFB and Contact
Zika Virus

Frequently Asked Questions

What is Zika virus (Zika)?
Zika is a viral infection that is spread by the bite of an infected mosquito. Outbreaks typically occur in tropical Africa and southeast Asia. In May 2015, Brazil reported the first outbreak of Zika in the Americas. Zika is now present in tropical areas.

Who gets Zika?
Anyone who gets bitten by an infected mosquito can become infected with Zika.

How do people get Zika?
Zika is transmitted to people through the bite of an infected Aedes mosquito. This is the same mosquito that transmits dengue and chikungunya.

What are the symptoms of Zika?
About one in five people develop symptoms and infection is usually mild. The most common symptoms are fever, rash, joint pain or red eyes. Other common symptoms include muscle pain and headache. Symptoms usually begin 3-12 days after being bitten by an infected mosquito and last several days to a week. Hospitalization and deaths from Zika are rare.

How is Zika diagnosed?
The symptoms of Zika are similar to those of dengue and chikungunya, which are diseases caused by other viruses spread by the same type of mosquitoes. See your healthcare provider if you develop the symptoms described above and have visited an area where Zika is present. If you are at risk, your healthcare provider may order blood tests to look for Zika or other similar viruses.

What is the difference between Zika, dengue and chikungunya?
All of these viruses cause similar symptoms, but certain symptoms suggest one disease or another. Most Zika patients have skin rashes; Most dengue patients have a higher fever and more severe muscle pain; Most chikungunya patients have a higher fever and more intense joint pain in the hands, feet, knees, and back.

What is the treatment for Zika?
There is no specific treatment for Zika. Symptoms are treated by getting rest, drinking fluids to prevent dehydration and taking medicines such as acetaminophen or paracetamol to relieve fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, should be avoided until dengue can be ruled out to reduce the risk of increased bleeding.

Can people with Zika pass the illness to others?
Zika needs a vector (a means of transportation) to infect people; generally, that vector is the mosquito. However, Zika virus has been found in semen and person-to-person sexual transmission has been documented, although this is uncommon. If you have Zika, avoid mosquito bites for the first week of your illness. During the first week of infection, Zika virus can be found in the blood and passed from an infected person to another mosquito through mosquito bites. An infected mosquito can then spread the virus to other people.
How can Zika be prevented?
No vaccine or preventive drug is available at this time. The best way to prevent Zika is to avoid mosquito bites when traveling to an area where Zika is present.

- Use insect repellent. Repellents containing DEET, picaridin IR3535 and oil of lemon eucalyptus PMD provide long lasting protection against mosquitoes that may transmit virus such as Zika, dengue and chikungunya.
- When indoors, use air conditioning, window screens or insecticide-treated mosquito netting to keep mosquitoes out of the home.
- Reduce the number of mosquitoes outside the home or hotel room by emptying or routinely changing standing water from containers such as flowerpots, pet dishes and bird baths.
- Weather permitting, wear long sleeves and pants when outdoors.

For information on how best to be protected against all diseases related to travel, visiting a clinician with expertise in travel medicine is recommended before a planned trip.

What is the risk of Zika in pregnancy?
Zika can be spread from a pregnant woman to her unborn baby. There have been reports of a serious birth defect of the brain called microcephaly and other poor pregnancy outcomes in babies of mothers who were infected with Zika while pregnant. Until more is known about the link between Zika and these outcomes, CDC recommends the following special precautions:

Women who are pregnant (in any trimester):
- Consider postponing travel to any area where Zika virus transmission is ongoing.
- If you must travel to one of these areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip.

Women who are trying to become pregnant:
- Before you travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
- Strictly follow steps to prevent mosquito bites during your trip.

Where can I get more information on Zika?
- Your health care provider
- Your local health department (directory of local health departments in NJ: http://www.state.nj.us/health/lh/documents/lhdirectory.pdf)
- NJ Department of Health: http://www.nj.gov/health

This information is intended for educational purposes only and is not intended to replace consultation with a health care professional.
Adapted from Centers for Disease Control and Prevention and Pan American Health Organization.

Revised 1/16
Thank you!

- Any questions call Infection Prevention at 50829

- Click here to submit your information.