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Reference Number:	603-05-DD
Title of Document:	Policy for Management of Occupational Exposures of Health Care Personnel to Potential Bloodborne Pathogens
Date of Issue:	April 8, 1991
Date of Last Revision:	May 19, 2022 (**REVISED**)
Effective Date:	May 19, 2022
Applicability:	DDSN Regional Centers
Reference:	Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis June 29, 2001 MMWR and updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis

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Purpose:

DDSN must make available to its' health care personnel (e.g., all employees, students, contractors, attending clinicians, public safety workers, or volunteers) a system that includes written protocols for prompt reporting, evaluation, counseling, treatment and follow-up of occupational exposures that might place health care personnel at risk for acquiring a bloodborne infection. This policy is based on U.S. Public Health Service Guidelines for the management of health care personnel who have occupational exposure to blood or other body fluids that might contain Hepatitis B virus (HBV), Hepatitis C Virus (HCV) or Human Immunodeficiency Virus (HIV).

All DDSN facilities must assure that these guidelines are followed regardless of who handles the actual exposure incident. This includes healthcare facilities off the facility campus. To comply with the OSHA Bloodborne Pathogen Standard, the final responsibility to make sure the procedure is correctly followed is assumed by the facility where the exposure occurs.

Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, Hepatitis B vaccine and for HIV postexposure prophylaxis (PEP).

General:

Hepatitis B virus (HBV), Hepatitis C virus (HCV) and HIV are all similarly transmitted in blood or other potentially infectious material. They are referred to as bloodborne pathogens. All can be transmitted through percutaneous injury (e.g., needle stick or cut with a sharp object), open wound, non-intact skin (e.g., chapped, abraded, weeping) or mucous membrane contact with infectious blood or other potentially infectious material. HBV is more likely to be contracted than HIV. Exposure prevention remains the primary strategy for reducing occupational bloodborne pathogen infections; however, occupational exposures will continue to occur.

Policy:

I. Potentially Infectious Materials

A. The Center for Disease Control and Prevention (CDC) has defined the following body fluids as potentially infectious for bloodborne pathogens:

- Blood
- Body fluids containing visible blood
- Semen
- Vaginal secretions
- Tissues
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid.

B. The following fluids are not considered infectious for blood borne pathogens unless visible blood is present:

- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Vomitus
- Saliva
- Urine

II. Factors to Consider in Assessing the Need for Follow-up of Occupational Exposures

A. Type of exposure

- Percutaneous (sharps) injury
- Mucous membrane exposure
- Non-intact skin exposure
- Bites resulting in blood exposure to either person involved

B. Type and amount of fluid/tissue

- Blood
- Body fluids containing blood
- Potentially infectious fluids or tissue (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids)
- Direct contact with concentrated virus (e.g., in a lab)

C. Infectious status of the source

- Presence of HBsAg
- Presence of HCV antibody
- Presence of HIV antibody

D. Susceptibility of the exposed individual

- Hepatitis B vaccine and vaccine response status
- HBV, HCV, and HIV immune status

III. Exposure Management for Health Care Personnel (HCP)

A. Treatment of the exposure site.

1. Wash exposed area immediately with soap and water.

2. Flush mucous membranes with water.

3. Administer first aid as needed.

B. Informed consent for HIV/HBV/HCV testing (Appendix A).

1. Before testing for HIV/HBV/HCV is initiated, the Health Care Personnel must sign an informed consent.

2. Informed consent for consumers who are source persons will be obtained prior to testing for HIV when possible. Informed consent is not required however for HIV testing of the source person as per S.C. Code Ann. § 44-29-230 (2018) if the exposed person is Heath Care Personnel.

C. Complete the Employee Blood/Body Fluid Exposure Summary form (Appendix B).

D. Evaluation of the occupational exposure source.

1. Known sources

- Test known sources for HBsAg, anti-HCV and HIV antibody
  * Direct virus assays for routine screening of source patients are not recommended
  * Consider using a rapid HIV antibody test
  * If the source person is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary
- For known sources whose infectious status remains unknown (e.g., the source person refuses testing), consider medical diagnoses, clinical symptoms and history of risk behaviors
- Do not test discarded needles for bloodborne pathogens

2. Unknown Sources

- For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection
- Consider the likelihood of bloodborne pathogens infection among the patients in the exposure setting

E. Management of Exposures to the Hepatitis B Virus (see Appendix C).

F. Management of Exposures to Hepatitis C (see appendix D).

G. Management of Exposures to HIV (see updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HIV and Recommendations for Postexposure Prophylaxis at http://stacks.cdc.gov/view/cdc/20711).

1. Health Care Personnel exposed to HIV should be evaluated within hours after exposure.

2. Health Care Personnel should be tested for HIV at baseline to establish their infection status at the time of exposure.

3. If the source person is seronegative for HIV, baseline testing or further follow-up of the exposed person normally is not necessary.

4. If the Health Care Personnel is considered for HIV Post Exposure Prophylaxis (PEP), the evaluation should include current medications being taken and any underlying medical conditions or circumstances (pregnancy, breast feeding, renal or hepatic disease) that might influence drug selection.

5. PEP regimen should be determined based upon guidelines in Box 1, page 36 of the Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure for Propylaxis.

6. PEP is recommended after HCP exposure to a source person with a known HIV infection or a source person who is likely HIV infected. Treatment should be initiated as soon as possible.

7. PEP should be decided on a case-by-case basis if the source person's infection status is unknown at the time of exposure.

8. Situations for which expert consultation for HIV PEP is advised (see Appendix F).

9. PEP is potentially toxic. The Health Care Personnel should be monitored for drug toxicity by testing at baseline and again two (2) weeks after starting PEP. This will be done by the physician ordering the PEP.

    a. CBC, renal & hepatic function tests
    b. If a protease inhibitor is used monitor for hyperglycemia
    c. If IDV is used, monitor for crystalluria, hematuria, hemolytic anemia and hepatitis

IV. **Confidentiality**

A. Confidential postexposure management will be conducted on any person exposed to blood borne pathogens.

B. Confidential postexposure management records for employees will be maintained for the duration of employment plus 30 years per OSHA regulation.

V. **HIV counseling pre-test and post-test**

A. All persons must be counseled before and after receiving HIV-testing.

B The exposed person will receive counseling and support from appropriate DDSN staff initially and as needed during the post exposure management phase.

C. The health care professional's written opinion of the exposure incident must be provided to the exposed employee within 15 working days of the incident. (Appendix G)

VI. **State Accident Fund**

A. Covered expenses that result from occupational exposures will be paid by the State Accident Fund.

B. The State Accident Fund is entitled to documentation, lab results, progress notes, etc., to adequately verify claims and expenses. The requested information will be provided in a confidential manner.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page "Current Directives" at: https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives

Attachment A: Consent for HIV/HBV/HCV Testing

Attachment B: Employee Blood/Body Fluid Exposure & Testing Summary

Attachment C: Management of Exposure to the Hepatitis B Virus

Attachment D: Management of Exposure to the Hepatitis C Virus

Attachment E: Health Care Professional's Written Opinion for Employees