



High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 616
VERSION: 1

SUBJECT: BLOODBORNE PATHOGENS POST EXPOSURE PROPHYLAXIS

PURPOSE/REFERENCES:

This protocol is outlined per the Centers for Disease Control and Prevention Guidelines for post exposure prophylaxis to HIV, Hepatitis B and C (2001, 2005) and the Cal-OSHA Bloodborne Pathogen Standard (1991) in order to provide an exposed employee with medical prophylaxis care to reduce his/her risk of sero-converting to HIV positive or of acquiring the Hepatitis B or C viruses.

"Updated Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", CDC MMWR June 29, 2001 / Vol. 50 / No. RR - 11.

"Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis." CDC MMWR September 30, 2005 / Vol. 54 / RR - 9.

POLICY:

The Employee, Supervisor (or designee), Employee Health Nurse and Physician (or designees) are to follow this protocol outlined below when an employee has reported an exposure to blood/body fluids to determine the recommended medical prophylactic follow-up treatment and to provide this treatment to the exposed employee.

Step Matrix

Step 1: Immediate Actions and Care

Exposed Person

- Ask the Source Patient to stay in the department for further instructions
- Wash exposure wound/skin area with soap and water; flush mucous membranes with water, as applicable.
- Report the exposure to the on-site supervisor or lead person

Supervisor or Lead Person

- Verify exposure,
- Provide forms packet to Exposed Person Blood & Body Fluid Exposure Report, "Q" Form ,
- Notify Employee Health Nurse/Urgent Care Clinic Charge Nurse
- Notify Source Patient of exposure and the request for testing
- Obtain Source Patient verbal consent for testing (written consent required for HIV testing if a minor, under age of 12, or incompetent adult.
- Ensure Source Patient specimens to be tested are collected.
- Complete Source Patient information on Q Form and forward to Urgent Care Clinic Provider evaluating Exposed Person
- Send Employee to designated Urgent Care Clinic as soon as possible, time is of the essence.

Employee Health Provider or designee (Urgent Care Clinic Provider)

Step 2: Determine risk associated with exposure:

- Type of fluid or substance: blood, body fluid, or tissue (See Table)
- Type of exposure: percutaneous (sharp injury) or mucous membrane

Step 3: Evaluation of Source Person:

- **Assess risk that source person may have HBV, HCV and HIV:** lab test results available, risk factors such as intravenous drug abuse, and high-risk sexual behavior.
- **Test known sources:** order Hepatitis tests (, HBsAg, , HCV Ab), HIV antibody test
- **Assess unknown sources:** for risk of HCV, HBV and HIV (e.g. general pediatric clinic versus HIV clinic exposure site)
- **Do not test** discarded needles or syringes for HBV, HCV and HIV

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Step 4: Evaluation of the Exposed Person:

- **Assess immunity for Hepatitis B:** history of vaccination and vaccination response.
- **Assess Pregnancy status:** Offer immediate pregnancy testing to women of childbearing age (if not known to be pregnant)

Step 5: Performance of Baseline Testing of Exposed Persons

Baseline testing for all exposed persons:

- Baseline for Hepatitis B: HBsAg, HbsAb Baseline for Hepatitis C: HCV antibody
- Baseline for HIV: HIV antibody; Pregnancy Test, Urine (Females of child bearing age)

Baseline testing for exposed persons taking HIV medications:

- Complete Metabolic Panel (includes baseline liver function tests)
- CBC with differential
- Urinealysis

Step 6: Selecting post-exposure prophylaxis:

- **HIV:**
 - See CDC Guidelines for recommended HIV post-exposure prophylaxis for percutaneous injury or mucous membrane and non-intact skin exposures, Obtain result of pregnancy test, if performed, before calling HIV PEP Hotline
 - Call HIV PEP Hotline for expert consultation: 1-888-HIV-4911 or 1-888-448-4911
 - Select prophylaxis regimen to be offered to exposed person
 - Provide counseling regarding the medications
- **Hepatitis B:** See CDC Guidelines on treatment with HBV vaccine and HBIG, **Hepatitis C:** Prophylaxis is not recommended.
- **Tetanus:**
- **Provide counseling** specific to the exposure and prophylaxis,

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Step 7: Administration of post-exposure prophylaxis:

- **For percutaneous injury:** give tetanus vaccine (Adult Td or T. or Tdap as indicated) for tetanus prone wound or wound contaminated with feces or saliva per guidelines.
- **Hepatitis B:** As indicated, write order for and give HBIG and initial dose of hepatitis B vaccine, preferably within 24 hours (obtain consent) or up to 7 days after exposure.
- **Hepatitis C:** none recommended
- **HIV:** Per CDC Guidelines, and expert consultation recommendations, initiate PEP *Immediately*, ASAP. Time is of the essence. PEP can be given up to 36 hours after exposure. If after 36 hours call the HIV Post Exposure Hotline for expert consultation
- Write a prescription for administration of the first dose and a prescription for the rest of the remainder of the prophylactic medications. Complete labeling of medication containers per pharmacy protocol if additional dose(s) is to be given before prescription can be filled in Pharmacy (See Needlestick Kit Algorithm).

Step 8: Counseling of Exposed Person

- **Prevention of secondary transmission:** Advise exposed person to use precautions to prevent secondary transmission of HBV, HCV and HIV during a 6-month follow-up period. This will include sexual abstinence or safe sex, avoidance of blood or other body fluid or tissue donation, and avoidance of sharing of personal items such as toothbrushes and razor blades, and avoidance of breastfeeding.
- **Need for prevention of pregnancy:** Advise exposed persons to avoid pregnancy during 6-month period of treatment and follow-up testing.
- **Employee Health Service Follow-up:** If the exposed person is an HDRHC employee and if the initial evaluation and treatment did not occur with Employee Health Service involvement, advise the exposed person to notify the Employee Health Service on the next business day.

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Step 9: Follow-up visits:

- **Advise** exposed person of the recommended schedule of follow-up visits and testing **Follow-up for Hepatitis B**
 - If exposed person has been given hepatitis B vaccine, test for antibody HBsAb 1-2 months after third dose.
 - If exposed person has not been given hepatitis B vaccine: test for development of hepatitis B infection: HBsAg and unless previously vaccinated for HBV.
- **Follow-up for Hepatitis C**
 - Test ALT, HCV antibodies and HCV RNA viral load 4 to 6 weeks after exposure
 - If HCV antibodies are reactive, confirm by supplemental tests using recombinant immunoblot assay (RIBATM)
 - Test ALT, HCV antibodies and HCV RNA viral load 4 to 6 months after exposure
- **Follow-up for HIV**
 - Exposed person to return to Employee Health Clinic within 72 hours after exposure, to check for drug toxicity by symptoms.
 - Exposed person to return in 2 weeks and 4 weeks for lab testing for drug toxicity: urinalysis, CBC, liver function tests.
 - HIV antibody testing at 6 weeks, 3 months and 6 months after exposure. If symptoms of acute retroviral syndrome develop at any time, test for HIV antibody at that time. Symptoms include fever, rash, myalgia, lymphadenopathy, fatigue, and malaise.

Step 10: Counseling at time of follow-up:

Reinforce need for exposed person to use precautions to prevent secondary transmission of HBV, HCV and HIV during the follow-up period. This will include sexual abstinence or safe sex, avoidance of blood donation, and avoidance of sharing of personal items such as toothbrushes and razor blades, and avoidance of breastfeeding and pregnancy.

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Step 11: Documentation:

For all actions taken in the management of occupational blood and body fluids exposures, document such actions on the appropriate employee health medical record forms.

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