

**LAC+USC MEDICAL CENTER
DEPARTMENT OF INFECTION CONTROL AND PREVENTION
POLICIES AND PROCEDURES**

Subject: Bloodborne Pathogen Exposure Control Plan		Original Issue Date: 9/1992	Effective Date: May 2022
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Departments Consulted: Epidemiology, Safety Office, Employee Health Services, Infectious Disease, Pharmacy, Emergency Department	Reviewed & Approved By: Paul Holtom MD, Hospital Epidemiologist Noah Wald-Dickler MD, Associate Hospital Epidemiologist Chair and Vice-Chair, Infection Control Committee	Approved By: Brad Spellberg, MD Chief Medical Officer	

PURPOSE

To ensure all workforce members - including (and may be referred to as) employees, contractors, trainees, healthcare workers (HCW) or volunteers - with occupational exposure to blood or other infectious material receive appropriate and timely medical evaluation, counseling, and treatment.

APPLICABLE REGULATIONS & GUIDELINES

This exposure control plan is written in accordance with several regulatory standards and related policies, procedures, and guidelines including:

1. OSHA Standard 9010.1030 "Occupational Exposure to Bloodborne Pathogens"
2. California Code of Regulations Title 8 Section 5139 (8CCR §5193) "Bloodborne Pathogens"
3. DHS Policy No. 925.200: Bloodborne Pathogens Exposure Control Program (Feb 2020)
4. DHS Policy No. 925.005: Standardized Procedures & Protocols for EHS RN's and LVN's (Feb 2020)
5. United States Public Health Service Guidelines for management of exposures to HIV and recommendations for post-exposure prophylaxis (2018 update)

POLICY

Any workforce member who is exposed to needles or other sharp devices, blood products, or bodily secretions from patients should be counseled regarding the risk of the exposure and any necessary post-exposure prophylaxis. In the event of such exposures, the employee should be counseled regarding the risk of acquiring hepatitis B (HBV, HepB), hepatitis C (HCV, Hep C), and HIV and be given necessary post-exposure prophylaxis (PEP). The degree of risk and relevant prophylaxis will depend upon assessment of the type of exposure and the HCW's susceptibility to infection with bloodborne pathogens. The evaluation may require laboratory testing of the workforce member and source patient.

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Section I: DEFINITIONS

At risk: Any healthcare workforce member who sustains a skin puncture by a needle or sharp device previously used on a patient, or whose non-intact skin or mucous membrane(s) is/are exposed to blood, blood products, or bodily fluid from a patient will be considered "at risk" for Bloodborne pathogen exposure.

Bloodborne Pathogen: For the purposes of this policy, a Bloodborne pathogen is considered to be one of the potentially transmissible bloodborne viruses, specifically hepatitis B, hepatitis C, and HIV.

Post-Exposure Prophylaxis (PEP): delivery of a medication or treatment following exposure to an infectious organism or virus which greatly reduces the risk of acquiring infection.

Table 1. Relative Risk of Transmission by Exposure Route from Infected Source Patient

Percutaneous needle stick	Hep B*	Up 6-30% in unvaccinated
	Hep C	1.8%
	HIV	0.3%
Mucous Membrane Exposure (e.g., fluid splash to eye)	Hep B, Hep C	unknown, believed to be very small, but cases of transmission have been documented
	HIV	0.09%

*Also depends on hepatitis B e antigen (HBeAg) status of source patient

Section II: Pre-Exposure Methods to Reduce Bloodborne Pathogen Exposures

All healthcare facilities are required by OSHA to undertake measure to reduce healthcare worker (HCW) occupational exposures to bloodborne pathogens. Key measures required (with each discussed in this document) include:

- Yearly education of all HCWs with "reasonably anticipated" exposure to blood or blood-contaminated fluids on bloodborne pathogen transmission and means of minimizing such risks
- All HCWs must be offered HepB immunization at no cost.
- Facilities must provide certain engineering controls proven to reduce exposure to risk, such as leakproof containers to transporting blood and impervious needle/sharp disposal containers.
- Facilities must provide personal protective equipment (PPE) and HCWs must use PPE when performing procedures in which exposure to blood might is reasonably anticipated to occur. PPE consists of gloves and, where splashes/sprays/spatters of blood may occur, impervious gowns and face/eye shields.

A. Standard Precautions

As any person may be potentially infected or colonized with organisms that may be transmitted in the healthcare setting, Standard Precautions are the first step in infection prevention and will be practiced by all HCWs, at all times, and in all settings. Important components of Standard Precautions include:

- i. All HCWs will utilize Standard Precautions for every patient contact
- ii. Hands must be washed thoroughly with soap and water **for at least 20 seconds**. An approved alcohol-based hand sanitizer may be used following manufacturer's instructions.

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Hand Hygiene Indications and Basics

- a. All entries and exits from a patient room. For patient in multiple-bed rooms, hand hygiene will be performed when approaching each new patient's bed and when leaving each patient's bed.
 - b. When hands are visibly dirty or contaminated with material or are visible soiled with blood or other bodily fluids, wash hands with soap and water **for at least 20 seconds**.
 - c. If hands are not visibly soiled, an alcohol-based hand sanitizer should be used for routinely decontaminating hands in lieu of hand washing, although hand washing may be used.
 - d. Hand hygiene must be performed prior to putting on gloves and after removing gloves. **Wash hands** with soap and water in circumstances in which hands are not visibly soiled but may have been potentially exposed to blood or other potentially infectious materials.
 - e. **Wash hands** with soap and water before eating or preparing food and after using the restroom.
 - f. If exposure to *Clostridioides difficile* or other spore-former is suspected or proven, **wash hands** with soap and water instead of using alcohol-based hand sanitizer. The physical action of washing and rinsing hands is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have relatively poor activity against spores formed by these organisms.
 - g. To prevent the buildup of emollients after repeated use of an alcohol-based hand rub, washing hands with soap and water after 10 applications as recommended by certain manufacturers.
 - h. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- iii. Fluid-resistant gloves shall be worn when handling all blood and hazardous body fluids and while performing procedures with exposure potential, such as venipuncture. Gloves shall be removed, and hands washed, or a hand sanitizer used, following direct patient care with each individual patient.
 - iv. A barrier gown or disposable plastic apron shall be worn to protect clothing whenever it is likely that clothing will become soiled or wet with blood or body fluids.
 - v. Protective eye wear and surgical mask or a face shield shall be worn whenever there is the likelihood that blood or body fluids will splash into the eyes, mouth or nose.

B. Personal Protective Equipment

- i. PPE will be readily available in clinical units including gowns, gloves, masks, protective glasses or face shields.
- ii. Where feasible, procured medical equipment will incorporate sharps injury protection features and needleless systems. Procured new equipment will favor devices which reduce HCW risk for bloodborne pathogen exposure during their use.
- iii. All employees using PPE will observe the following precautions:
 - a. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - b. Remove PPE after it becomes contaminated in such a way as to avoid contact with the outer surface, and before leaving the work area. PPE shall not be worn outside clinical units.
 - c. Used PPE may be disposed of in regular trash containers, unless contaminated with blood or bodily fluids, in which case it should be disposed into red biohazardous waste bins.
 - d. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or bodily fluids, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - e. Disposable gloves should never be washed or reused. Hypoallergenic gloves are available to HCW who are allergic to latex gloves.

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- iv. After presenting manufacturer's information and completing a request form, trials of new PPE or equipment will be conducted in relevant clinical units prior to purchase and distribution. Results of these trials will be presented for assessment and purchasing decisions to the New Products Committee, whose membership includes the Safety Officer and an Infection Preventionist.
- v. When devices with engineered sharps protection:
 - a. Are not available,
 - b. Pose a safety hazard to health care workers and/or patients,
 - c. Trials do not support manufacturers' claims of reduced bloodborne pathogen exposure
 - d. Interfere with medical procedures,
 the facility shall not purchase the equipment and will institute other engineering controls to minimize the risk to HCWs and patients. Such deliberations and rationales shall be recorded by the Value Analysis Facilitator of the New Products Committee.

C. Engineering and Work Practice Control Measures

The following controls will be used to eliminate or minimize occupational exposure:

i. Sharps Containers

- a. HCWs must handle sharp instruments with extreme caution to prevent percutaneous injuries from needles and other sharp instruments.
- b. Activate the safety device of contaminated needles after use. Recapping, shearing, bending or breaking of contaminated needles is prohibited, unless no alternative is feasible or such action is required by a specific medical or dental procedure, and this procedure is performed using a mechanical device or a one-handed technique.
- c. Do not puncture mattresses with contaminated sharp devices.
- d. Discard all contaminated needles and other sharp objects in an approved sharps container.
- e. The use, maintenance, placement, availability, and design of sharps containers shall be in compliance with the facilities procedures for biohazardous waste disposal. These disposal units shall be easily accessible to the area where sharps are used, replaced when not overfilled, leak proof, puncture-resistant, rigid, properly labeled and permanently sealable. Once sharps are placed in a sharps container, the contents shall not be accessed until decontaminated.
- f. Securely seal sharps container when full and place in appropriate area for pick up.
- g. Disposable sharps shall not be reused.
- h. Place reusable sharps in metal trays for decontamination. When moving containers of sharps from the area of use, close containers to prevent protrusion or spilling of contents.

ii. Safe Medical Devices

- a. Engineered sharps injury protective devices and needleless systems shall be used whenever available.
- b. Devices and PPE that reduced the risk of HCW exposure to bloodborne pathogens or biohazardous materials will be regularly evaluated by the New Products Committee and the Infection Control Committee.

iii. Work Practices to Reduce Bloodborne Pathogen Exposure

- a. Eating, drinking, performing activities such as applying lip balm or cosmetics, or handling contact lenses is not allowed in patient care areas (such as patient rooms, hallways within ward areas, and nursing stations) where there is a reasonable likelihood of occupational exposure to potentially infectious materials, including blood.
- b. Specimens shall be transported to the lab in closed plastic bags or sealed plastic containers.
- c. Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials to soak up the fluids. Clean the area with a hospital approved germicide. Place

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absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat them as biohazardous waste.

- d. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.
- e. Reusable items shall be washed, wiped and/or disinfected or sterilized with the manufacturers recommended solution and/or transported to Central Processing area for sterilization if indicated. Gloves shall be worn during handling.

iv. **ENVIRONMENTAL CLEANING & HOUSEKEEPING**

- a. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed, prior to removal to prevent spillage or protrusion of contents during handling.
- b. Employees who have received bloodborne pathogen training can clean up spills and work surfaces such as bench tops and blood processing areas.
- c. Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood, or body fluids contaminated with blood, are handled and immediately (or as soon as safely possible) when surfaces are overtly contaminated with blood. Surfaces that may have been contaminated since the last cleaning will also be cleaned at the end of each work shift. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.
- d. Broken glassware or glass items must **not** be picked up directly with the hands. Use a mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass should be handled as biohazardous waste. Decontaminate equipment used to pick up glassware with a hospital approved germicide.
- e. Soiled linen shall be placed in laundry bags and left in the appropriate area for pick up. Linen visibly contaminated with blood will be handled using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag. Tie all linen bags with a goose neck knot.

v. **TRAINING AND EDUCATION**

All HCWs at risk for occupational exposure shall receive training at the time of initial job assignment and at least annually thereafter. Departmental and job-duty specific training in the management and handling of hazardous bodily fluids is required. HWC's area supervisor and the Departmental Safety Officer shall conduct training to assure proficiency in specialized, job-duty specific management and handling of hazardous bodily fluids.

- a. HCWs shall be appraised of changes in procedures and policies pertaining to hazardous body fluid risk management, the acquisition of new safety devices, and the implementation of new environmental controls.
- b. The manufacturer of new engineered sharps protective devices will work with the facility to train HCWs in the usage of new safety devices such that work site injuries do not occur during transition from widespread use of one sharp device to another new product.
- c. HCWs shall be appraised of Waste Management Plans.
- d. HCW annual training shall include the following:
 1. Epidemiology and symptoms of infection with bloodborne pathogens

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2. Modes of transmission of bloodborne pathogens
 3. Risk Identification (with emphasis on task-related hazardous bodily fluid exposure risk)
 4. Methods of compliance
 5. Decontamination and disposal procedures
 6. Personal Protective Equipment
 7. Emergency Procedures (after hazardous bodily fluid spill or exposure)
 8. Procedures to follow after bloodborne pathogen exposure (including reporting, initial management, and post-exposure follow-up and evaluation).
 9. Signage and Labels
 10. Interactive Question and Answer Period
 11. A written summary of this Exposure Control Plan and copies of the California Standard Reference shall be available upon demand at the annual training session. HCWs shall be advised to refer to their departmental Safety Officer or the facility Safety Office for copies of these referenced standards.
- e. Training records are completed for each employee upon completion of training and will be kept for at least three years by the employee's department. Training records include:
1. the dates of the training sessions
 2. the contents or a summary of the training sessions
 3. the names and qualifications of persons conducting the training
 4. the names and job titles of all persons attending the training sessions

E. HEPATITIS B IMMUNIZATION

Although HIV and HCV may potentially be transmitted via occupational exposures, no current vaccines exist to reduce acquisition of these two viruses. On the other hand, immunization against the Hepatitis B virus is a highly effective means of preventing infection and disease from Hepatitis B.

- i. Employee Health will provide training to employees on HepB immunizations which addresses the safety, benefits, efficacy of the HepB vaccine and its method of administration and availability.
- ii. The HepB immunization series, provided by Employee Health, is available at no cost after new employee training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. HepB immunization is encouraged unless:
 - a. An employee has documented evidence of prior HepB vaccine series receipt
 - b. An employee has HepB surface antibody (HepB s ab) bloodwork demonstrating immunity
 - c. An employee has valid medical evaluation showing that vaccination is contraindicated.
- iii. If a non-immune employee chooses to decline HepB vaccination, the employee must sign a declination form. Employees who decline HepB vaccination may request and obtain the HepB vaccine series at later date at no cost. Documentation of HepB vaccination declinations will be maintained by Employee Health.

III. POST-EXPOSURE PROCEDURES, EVALUATION, AND FOLLOW-UP

Any HCW who sustains a skin puncture by a needle or sharp device previously used on a patient, or whose non-intact skin or mucous membrane is exposed to blood, blood products or potentially infectious bodily fluid from a patient, will be considered at risk for possible bloodborne pathogen exposure. The patient's blood may be contaminated with the potentially transmissible bloodborne viruses HBV, HCV, and/or HIV.

The following sections outline the procedures and workflows for HCW's, Employee Health nurses, afterhours Emergency Department physicians, Infectious Disease Consult physicians, and LAC+USC Clinic Tower Pharmacy staff following a bloodborne pathogen exposure.

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A. EMPLOYEE or HEALTHCARE WORKER (HCW) PROCEDURE

i. Immediate First Aid and Wound Care

HCWs who experience blood or bodily fluid exposure should immediately take the following steps:

- a. Wash skin injured by needle sticks, laceration, or exposed non-intact skin with soap & water
- b. Thoroughly flush splashes to the nose and/or mouth with water
- c. Irrigate eyes with clear water, saline, or sterile irrigates for ocular membrane exposures
- d. Conduct wound care as directed by injury or accident

ii. Supervisor Reporting

- a. HCWs must report the exposure incident to their supervisor (or designee) immediately. For medical trainees, this is their Program Director.
- b. DHS employees and their supervisor will complete the Industrial Accident forms (aka "IA Packets") after medical examination.
- c. Non-DHS workforce members with a bloodborne pathogen exposure will also be provided initial medical evaluation but will receive follow-up care with their primary institution – including laboratory and follow-up testing – as outlined below in Section III.A.iii.

iii. Medical Evaluation Sites

An immediate, confidential medical evaluation (and subsequent follow-up) will be made available to all HCWs. It is also critical that timely Infectious Disease Consultation and counseling (where appropriate) are available to optimize post-exposure treatment decisions (see Section III Part D). The medical evaluation will occur at the initial treatment center and as outlined as follows:

a. For Los Angeles County DHS Employees

- Monday through Friday 7:00am to 4:30pm: report to LAC+USC Medical Center Employee Health Services, 2020 Zonal Ave IRD Building, Ground Floor, Room 22
- After hours: report to the LAC+USC Medical Center Emergency Department (ED).
- After an initial after hours ED evaluation, DHS employees will be directed for next business day follow-up with LAC+USC Employee Health Services at the above address.
- LAC+USC Employee Health Contact: lacusc-ehs@dhs.lacounty.gov or 323-409-5236

b. For University of Southern California (USC)-employed physicians and USC students:

- Monday through Friday 8:00 am to 4:00 pm: report to the USC Internal Medicine Clinic located at the USC Keck Healthcare Consultation Center II (HCC II):1520 San Pablo Street, Los Angeles, CA 90033.
- After hours: report to the Keck Hospital Evaluation and Treatment Clinic (ETC), 1520 San Pablo Street Los Angeles, CA 90033; Phone 323-442-9922. Follow-up after initial evaluation will be done with USC Internal Medicine at HCC II.

c. For U.S. Navy Personnel

- Initial visit may be provided through LAC+USC Employee Health Services or after hours in the LAC+USC Medical Center Emergency Room. Seek follow-up care at the treatment center designated by the employing facility/agency.

d. For Visiting/Rotating Residents & Fellows (non-USC or LA County employees)

- Seek care at the initial treatment center designated by the employing facility/agency.

e. For other Contractor Employees:

- Depending on contract language, initial visit may be provided through LAC+USC Employee Health Services or the LAC+USC ED.

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B. Employee Health Services (EHS) Nurse Procedure

After performing immediate first aid as per Section IIIA, during weekday business hours, DHS employees with a bloodborne pathogen exposure will be directed to Employee Health Services for evaluation.

As per DHS Policies No. 925.200 and 925.205, EHS staff will:

- i. Document the route(s) of exposure, and the circumstances under which the exposure incident occurred. Exposure details include: type of needle, gauge, presence of blood in needle, type of body fluid, depth of needle stick or description of mucosal membrane exposure.
- ii. Determine the risk of exposure and the need for additional source patient and/or HCW testing.

Table 2: Relative Risk of Infectious Fluids in Bloodborne Pathogen Exposure Evaluation

Infectious Fluids		Non-Infectious Fluids	
<ul style="list-style-type: none"> • Blood • Solid tissue • Semen • Vaginal secretions • Cerebrospinal fluid • Synovial fluid 	<ul style="list-style-type: none"> • Pleural fluid • Pericardial fluid • Peritoneal fluid (ascites) • Amniotic fluid • Breast milk 	<ul style="list-style-type: none"> • Saliva • Sputum • Nasal secretions • Feces 	<ul style="list-style-type: none"> • Urine • Sweat • Tears • Vomitus
None of the above fluids are considered infectious for bloodborne pathogen transmission unless visibly bloody.			

Not all perceived fluid exposures require additional work-up. In cases of exposure to non-infectious fluids, EHS staff will provide counseling and education to HCWs. But additional bloodwork, Infectious Disease referral/consultation & post-exposure prophylaxis are not always indicated. For high-risk needle stick and mucous membrane exposure to *infectious* fluids, proceed to next steps.

- iii. Collect the exposed HCWs blood as soon as possible and order labs as per Appendix I of DHS Policy 925.205 which include: HIV-1 Ag/Ab, Complete Metabolic Panel (CMP), and CBC. Blood draws and labs on DHS Employees **MUST** be ordered and drawn by Employee Health Services only (under an Employee Health visit FIN). After-hours ED physicians should NOT draw or submit HCW blood samples; instead HCWs should be referred to EHS the next working day.
- iv. Identify and document the source individual unless identification is not feasible or prohibited by law.
- v. The source individual's blood will be tested for HIV, HepB, and HepC as soon as possible and after appropriate verbal consent is obtained by the primary service.¹ If still admitted, inpatient *primary teams* (or ED providers if still in ED) will be responsible for ordering the following source patient labs: HIV-1 Ag/Ab, Acute Viral Hepatitis Panel (includes HepB surface Ag, HepB core Ab & HCV ab) and if indicated: HCV RNA.
- vi. **HIV+ Source Patient:** If the source patient is HIV+ by history or found to be HIV+ on bloodwork, the Employee Health nurse should contact the ID fellow on call **immediately** to discuss possible HIV post-exposure prophylaxis (PEP). The fellow on call is found on AMION at amion.com → login: lacusc → scroll down to IM-Infectious Disease → LAC ID Fellow (Day or Night as appropriate). If no immediate answer, nurses should call the Infectious Disease attending list on call on AMION.
- vii. If deemed appropriate after Infectious Disease consultation, antiretroviral therapy (ART) drugs are available at no cost to HCWs for PEP 24 hours/day, seven days/week through the 24-hour LAC+USC Clinic Tower Pharmacy. ART selection and approval will be determined by the consulting ID fellow in concert with their ID attending. ART prescriptions will be sent via Orchid to LAC+USC Clinic Tower Pharmacy by the consulting Infectious Disease physician.

¹ Per AB 682 (Berg, Chapter 550, Statutes of 2007), *written* consent is no longer required for HIV testing. Source patient consent is not required for HepB and HepC testing. For additional legal considerations, refer to LA County DHS Policy No. 925.200 Bloodborne Pathogens Exposure Control Program available on the DHS Intranet.

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viii. **EHS Follow-up of HCW Exposure to Known HIV+ Source Patient**

Counseling will be provided by EHS and the consulting Infectious Disease physician at the time of initial exposure evaluation and at follow-up visits. Exposed HCWs should be advised to use precautions (e.g., use of barrier contraception and avoid blood or tissue donations) to prevent secondary transmission, especially during the first 6-12 weeks post-exposure.

For exposures for which HIV PEP is prescribed, HCWs will be informed by ID Consultant regarding:

- Possible drug toxicities (e.g., rashes that mimic acute HIV seroconversion & require monitoring)
- Possible drug interactions
- The need for adherence to PEP regimens

Re-Evaluation and Monitoring after High-Risk HIV Exposure

Regardless of whether a HCW is taking PEP, re-evaluation within 72 hours after exposure is strongly recommended, as additional information about the exposure or source person may be available. Follow-up evaluation and laboratory testing with EHS will be performed as outlined in Appendix J of DHS Policy 925.205.

ix. **EHS Approach to HepB Surface Antigen-Positive Source Patient:**

- Determine HCW HepB status as per Appendix J of DHS Policy 925.205.
- Ensure that the HCW has appropriate baseline labs as per Appendix J of DHS Policy 925.205.
- If the HCW is HepB immune (i.e., anti-HBs antibody > 10mIU/mL), no treatment is required.
- If the source patient is HepB surface antigen *negative*, no treatment is required.
 - *But HepB non-immune HCWs* (documented vaccine non-responders, vaccine response unknown, or unvaccinated/incompletely vaccinated) *should be encouraged to start a HepB vaccine series.*
- But if the exposure source patient is HepB surface antigen positive and the exposed HCW is anti-HepB surface antibody negative (e.g., HepB unvaccinated, partially vaccinated, or a vaccine non-responder) then:
 1. Administer Hepatitis B Immune Globulin (HBIG, HepaGam B[®] or Hyper HepB[®]). HBIG dose is 0.06 mL/kg intramuscular (max 5 mL) within 72 hours of exposure.
 2. Strongly encourage HCW to begin HepB vaccine series within 7 days of exposure
 3. Subsequent follow-up, laboratory testing, and (if indicated) a second HBIG dose will all be performed as outlined in Appendix J of DHS Policy 925.205.

x. **EHS Approach to HCV Antibody-Positive Source Patient:**

- Source patient HepC antibody positivity does **not** always correlate with active viral HepC infection; an HCV RNA should be ordered on the source patient.
- The on-call ID Consult physician can assist EHS staff in coordinating source patient HCV RNA testing by the primary team.
- Ensure that the HCW has an HCV and ALT at baseline at time of evaluation. Subsequent follow-up and laboratory monitoring will be performed as outlined in Appendix J of DHS Policy 925.205.

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C. After-Hours Emergency Department Procedures

After performing immediate first aid as per Section IIIA above, during after-hours (nights, weekends, and holidays) HCWs with a bloodborne pathogen exposure will be directed to the LAC+USC Emergency Department for initial medical evaluation.

As per DHS Policy No. 925.200 (with LAC+USC-specific workflows incorporated below) ED staff will:

- i. Document the route(s) of exposure, and the circumstances of the exposure incident. Identify and document the source individual (including MRN), unless identification is not feasible.
- ii. If still admitted, inpatient *primary teams* will be responsible for ordering relevant source patient labs:
- iii. Blood draws related to bloodborne pathogen Employees ***MUST*** be ordered & drawn by Employee Health Services only (under an Employee Health visit FIN). ED physicians should ***NOT*** draw or submit HCW blood samples; instead HCWs should be referred to EHS the next working day.
- iv. **HIV+ Source Patient:** If the source patient is HIV+ by history or found to be HIV+ on bloodwork, the ED Physician should contact the ID fellow on call **immediately** to discuss possible HIV post-exposure prophylaxis (PEP). The fellow on call is found on AMION at amion.com → login: lacusc → scroll down to IM-Infectious Disease → LAC ID Fellow (Day or Night as appropriate).
- v. If deemed appropriate after Infectious Disease consultation, antiretroviral therapy (ART) drugs are available at no cost to HCWs for PEP 24 hours/day, seven days/week through the 24-hour LAC+USC Clinic Tower Pharmacy. ART selection and approval will be determined by the consulting ID fellow in concert with their on-call ID attending. ART prescriptions will be sent via Orchid to LAC+USC Clinic Tower Pharmacy **by the consulting Infectious Disease physician**.
- vi. First dose of ART, as determined by the ID Consultant, will be administered in the ED.
- vii. For exposures for which PEP is indicated and prescribed, ID will inform HCWs regarding:
 - Possible drug toxicities & drug interactions
 - The need for adherence to PEP regimens
 - Use of barrier contraception and avoiding blood or tissue donations to prevent transmission
 - Importance of follow-up with Employee Health Services for blood work/lab testing & monitoring
- viii. **ED Approach to HepB Surface Antigen-Positive Source Patient:**
 - If the source patient is HepB surface antigen *negative*, no treatment is required.
 - *HepB non-immune HCWs are still encouraged to start HepB vaccination through EHS!*
 - If the exposure source patient is HepB surface antigen positive and unknown HCW immunity:
 1. Contact the ID fellow on call **immediately** to discuss possible HIV post-exposure prophylaxis (PEP). The fellow on call is found on AMION at amion.com → login: lacusc → scroll down to IM-Infectious Disease → LAC ID Fellow (Day or Night as appropriate).
 2. After discussion with the ID Consult physician on-call, give Hepatitis B Immune Globulin (HBIG). HBIG dose is 0.06 mL/kg (max 5 mL) within 72 hours of exposure.
 3. Encourage HCWs to begin HepB vaccine series within 7 days of exposure through EHS.
 4. Follow-up with EHS for lab testing, evaluation and monitoring
- ix. **ED Approach to HCV Antibody-Positive Source Patient:**
 - Source patient HepC antibody positivity does not always correlate with active viral HepC infection; coordinate with primary team to order an HCV RNA on the source patient.
 - Employee to follow-up with EHS for lab testing, evaluation and monitoring