

Post-Exposure Policy for Management of Blood and Body Fluid Exposure

OCCUPATIONAL HEALTH & WELLNESS

304-691-1100

* If at any time, an exposed person is unable to contact the SOM/UP&S Safety officer, any of the administrative safety officers listed below should be contacted.

Collateral Duty Safety Officers by Department

Administration:	Lisa Maynard (304-691-1720) Josh Dorsey (304-691-1705) James Becker (304-691-1771) Leah Payne (304-691-1713)
Cardiology:	Barry Wyant (304-691-8535) Cynthia Garrett (304-691-8522)
CME:	David Bailey (304-691-1770)
Computing Services:	Brian Patton (304-691-1763)
Family Practice:	Judy Watters (304-691-1190) Tina Bowen (304-691-1109)
Custodial Services:	Rusty Dobbins (304-691-1613)
Internal Medicine:	Laura Talbert (304-691-1025) Marla Nichols (304-691-1687)
Maintenance:	Marty Newman (304-691-1614)
Medical Education:	Kelly Webster-Fuller (304-691-1743)
Neurosurgery:	David O'Dell (304-691-1157) Melissa Jeffrey (304-691-8724)
Occupational Health:	Diane Alcorn (304-691-1110)
OB/Gyn:	Joan Fry (304-691-1479) Mindy Lloyd (304-691-1413) Kris Paugh (304-691-1405)
Orthopaedics:	Melanie McSweeney (304-526-2615) Amber Porter (304-691-1348)
Ophthalmology:	Bettie Chapman (304-691-8803)
Pathology:	Dolores Faulkner (304-691-8860)
Pediatrics:	Nathan Ward (304-691-1312) Bert Ellis (304-691-1324)
Psychiatry:	Penny Clagg (304-691-1521)
Student Affairs:	Laura Christopher (304-691-1730)
Surgery:	Holly Mathis (304-691-1231) Crystal Tolley (304-691-1298)
Safety Officer:	Jamey Montgomery (304-691-1642) Nathan Douglas (304-696-3461)

INTRODUCTION: Post-exposure evaluation and initiation of prophylaxis therapy, if indicated, should be available to those who have sustained exposures to blood or body fluids that may be infected with blood borne pathogens. Those covered under this policy include faculty, employees, residents, medical students, patients, visiting students, visitors and authorized guests or vendors.

RATIONALE: While avoiding occupational exposure to blood borne pathogens is the best way to prevent transmission of HIV and viral hepatitis, exposures can and do happen in the workplace. There are regimens for post-exposure management and follow-up, approved and recommended by the U.S. Public Health Service and the [Centers for Disease Control and Prevention \(CDC\)](#) that can potentially minimize the morbidity and mortality from such exposures.

PURPOSE: To provide timely post-exposure evaluation and follow-up to those sustaining exposure to potentially infectious blood or body fluids.

REVIEW: This policy is subject to review and approval by the Administration of Joan C. Edwards School of Medicine at Marshall University and University Physicians & Surgeons, Inc. (SOM/UP&S) as required by changes in CDC guidelines, West Virginia statute or institutional need.

I. DEFINITIONS

A. Body fluids considered infectious: substances that have been implicated in the transmission of HIV and viral hepatitis, i.e., blood, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic fluids. Breast milk, semen and vaginal secretions are known as infectious agents but have not been implicated in occupational settings as a mechanism of transmission unless they are contaminated with VISIBLE blood.

B. Body fluids considered non-infectious if no visible blood present: sputum, nasal secretions, saliva, sweat, tears, urine, feces, emesis (gastric fluids).

C. Blood borne Pathogens: for the purpose of this policy blood borne pathogens refer to HIV, Hepatitis B and Hepatitis C.

D. Collateral Safety Officer: an employee within a department designated to handle safety issues outlined by SOM/UP&S.

E. Emergency Department (ED): a facility which is usually attached to a general medical hospital; sometimes referred to as an emergency room (ER), which is staffed and manned 24 hours a day by physicians and trained personnel who handle a wide range of medical emergencies.

F. Exposed person: a person exposed to blood or body fluids through needle stick, instruments, sharps, surgery or traumatic events; or

G. HIV: the human immunodeficiency virus that has been identified as the causative agent of AIDS

H. Non-exposed person: a person whose intact skin only has been in contact with a substance that potentially carries a blood borne pathogen.

I. Post-Exposure Prophylaxis (PEP): a defined regimen, as formulated by the CDC, to aid in the prevention of the development of infection with HIV and prescribed by an evaluating institution or physician.

J. Post-Exposure Management Team: a team of individuals identified usually by the SOM/UP&S Safety Officer or other responsible personnel involved in an exposure that is responsible for follow-up with the exposed person. Members of the team may vary according to need and circumstance and will usually include the physician involved in source patient evaluation, a physician to continue PEP treatment, and/or other persons knowledgeable in the process of care and evaluation of individuals exposed to blood borne pathogens.

K. Post-Exposure Management to Hepatitis B and Hepatitis C: a defined regimen of serologic testing, follow-up and treatment as may be recommended by an evaluating institution or physician.

1. a person whose mucous membranes are exposed to visible blood or body fluids or laboratory specimens considered occupationally infectious; or

2. a person whose of intact skin is exposed to similar substances when such skin is chapped, abraded or afflicted with dermatitis or the contact is prolonged or involving an extensive area.

L. Source Patient: any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure to an exposed person.

II. SCOPE OF IMPLEMENTATION

A. This policy is meant to cover anyone as defined in the introduction above who sustains an exposure to blood or body fluid that would define them as an **exposed person** in the previous section of Definitions.

B. The method of dissemination and education regarding such policy shall be the responsibilities of the Department Chairs or their designee (Safety Collateral Officer), the Program Directors for each residency, the Associate Dean of Academic Affairs for medical students and the SOM/UP&S Safety Officer for those not directly under those areas. It is the intention that every person who may potentially be involved with an occupational exposure of this type be aware of the basic policy and steps for management.

C. Positions of employment within SOM/UP&S are categorized for the purposes of potential exposure to blood borne pathogens. Employees in the positions deemed by the federal Occupational and Safety Administration (OSHA) to be at significant risk are offered and given Hepatitis B vaccinations at employer expense per guidelines of OSHA. Medical students and resident physicians must be vaccinated for Hepatitis B and present serologic results before beginning their programs. Those who are classified as having potential for blood borne pathogen exposure are to have the prescribed OSHA education and training at the time of employment and yearly thereafter. Every person, considered at risk or not, however, is to report an exposure immediately.

D. It is the intention that exposures as described within this policy be reported and handled appropriately. No impediment to this process is to be tolerated and problems associated with such are to be reported to the SOM/UP&S Safety Officer or other person of responsibility for this policy within the SOM/UP&S.

III. PROCEDURE

STEP 1: IMMEDIATE TREATMENT

Percutaneous (needle sticks/sharp objects) Injury (where there is the slightest suggestion that the integrity of skin has been broken by a potentially contaminated item)

1. Wash wound thoroughly with a sudsy soap and running water; if water is not available use alcohol. Betadine soap, not Betadine solution, is acceptable for this step. (this first step with soap directly reduces the viruses ability to infect)
2. Remove any foreign materials embedded in the wound.
3. If not allergic, disinfect wound with Betadine solution.

Non-intact Skin Exposure

1. Wash skin thoroughly as in #1 above.
2. If not allergic, disinfect with Betadine solution.

There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

Mucous Membrane Exposure

Irrigate copiously with tap water, sterile saline or sterile water.

Intact Skin Exposure

Exposure of intact skin to potentially contaminated material is not considered an exposure at any significant risk and is neither considered an exposed person or in need of evaluation. Thoroughly clean and wash exposed intact skin.

STEP 2: EXPOSURE PROTOCOL

Exposure within SOM/UP&S:

If the exposed person is within the local geographic work areas of SOM or UP&S and during normal business hours, the exposure should be immediately communicated to the Collateral Safety Officer within that Department. If the exposed person cannot identify the Collateral Safety Officer immediately, that person should ask for immediate help or direction from other responsible personnel. The Collateral Safety Officer or other responsible person should immediately direct the exposed patient to Family Medicine Division of Occupational Health & Wellness. The exposed person should immediately identify themselves as having been exposed to a blood borne pathogen and insist on urgent evaluation. If PEP is going to be recommended or initiated to an exposed person, this needs to be started within two hours of exposure per current CDC guidelines. If the exposed person is an employee of SOM/UP&S, it is important to make sure that the Family Medicine Division of Occupational Health & Wellness generate a Worker's Compensation Form and does **not** bill your insurance. Because medical students are not employees who are covered by Worker's Compensation, a Worker's Compensation Form need not be completed. In the case of a medical student, his or her health insurance will be billed. If the exposure occurs after work hours or a safety officer or other responsible personnel within the work area is not immediately available, the exposed person should proceed on their own to the ED for immediate and timely evaluation. The exposed person is to report back the incident and the outcome of that initial evaluation as soon as feasibly possible to the SOM/UP&S Safety Officer or the Collateral Safety Officer. It will be the responsibility of the exposed person to complete the appropriate [Incident Report Form](#).

Exposure within an Affiliated Hospital:

If the exposed person is functioning within an affiliated hospital, the incident is to be reported **immediately** to a nursing supervisor or other obvious hospital personnel. The exposed person will be handled according to the hospital's policies and procedures for such an exposure. This process should involve immediate referral to an ED. These hospitals will have their own mechanisms for tracking and Post-Exposure Management, if needed. However, the incident is to be reported as soon as possible to the Division of Occupational Health & Wellness. If the exposed person is unable to reach the Div. of Occupational Health & Wellness representative within 24 hours or the next business day, then another responsible person within administration must be contacted. The exposed person must complete the appropriate [Incident Report Form](#). If appropriate, they will identify a Post-Exposure Management Team for the exposed person.

Exposure at a Health Facility other than SOM/UP&S or an Affiliate Hospital:

When a person is exposed at a health facility other than SOM/UP&S or an affiliated hospital, the exposed person should immediately report the incident to a person of responsibility at the location. Each office or facility dealing with healthcare or handling blood or body fluids pathogens should have its own procedures and policies for dealing with an exposure. If it is clear to the exposed person that the remote facility has no mechanism in place to deal with the exposure that includes evaluation by a trained medical professional, that person is to go to the nearest ED and ask for initial and emergent evaluation for exposure to a blood borne pathogen. These instances would most frequently involve a medical student or resident assigned off-site. The Division of Occupational Health & Wellness should be contacted as soon as possible about the exposure. If the exposed person is unable to reach the Division of Occupational Health & Wellness within 24 hours or the next business day, then another responsible person within administration must be contacted. The exposed person must complete the appropriate [Incident Report Form](#). If appropriate, the Division of Occupational Health & Wellness will identify a Post-Exposure Management Team for the exposed person.

STEP 3: SOURCE PATIENT

If the exposure occurs within the confines of SOM or UP&S areas of responsibility, it is the duty of the Division of Occupational Health & Wellness, the Collateral Safety Officer or other responsible person available at the time of exposure to begin the assessment and evaluation of the source patient or source specimen according to protocol, if such source is identifiable.

Under circumstances where a source patient or known source patient's specimen has been implicated in an exposure, that source patient will be asked to submit to HIV and acute Hepatitis B and C testing. Obtain a specific consent for HIV testing by linking to **MUMC HIV (AIDS) Laboratory Consent**. If this source is under SOM or UP&S jurisdiction, it will be done at no cost to the individual. The cost is to be covered by the individual department or independent site where the exposure occurred. No source patient or source patient's specimen may be tested for HIV without their specific consent under West Virginia Code. It is the responsibility of the SOM/UP&S Safety Officer, Collateral Safety Officer or other responsible personnel to appoint a healthcare provider within our system to handle the issues surrounding a source patient when an exposure occurs. Blood may be tested in lieu of full consent in bonafide medical emergencies, when in the estimation of the physician treating the exposed person that the exposure was significant and substantial and the HIV status of the source absolutely must be known. However, blood cannot be obtained on a patient actively refusing a blood draw, so this procedure can only be followed when there is already appropriate blood available for the patient, the patient cannot be contacted within a reasonable time, or the patient is unable to express open refusal. If the source

patient refuses testing or cannot give consent, then it should be documented on the **MUMC HIV (AIDS) Laboratory Consent Form** in section 4 labeled "UNCONSENT".

The source patient is to be notified of all results, if possible, having been given the required pre- and post-exposure counseling. The source patient's health care provider may also be notified if appropriately approved for release by the patient. The only other persons made aware of such results are the exposed person and the post-exposure management team. These records will be maintained in a confidential manner within the SOM/UP&S Safety Officer's files. An identifying number will be assigned to the source patient file for tracking purposes.

Treatments involving PEP for the exposed person and any possible future exposure-related diseases or disabilities for the exposed person shall not be the responsibility of SOM or UP&S. These costs are to be covered under appropriate entities such as Worker's Compensation, Health Insurance, Disability Insurance or the responsibility of the exposed person. Any diseases or disabilities discovered during testing of the source patient are not the responsibility of SOM or UP&S and are the responsibility of the source patient.

IV. DOCUMENTATION

The details of an exposure and all associated testing, treatment and follow-up for exposed person are not be placed in a medical record unless appropriately approved for release. Documentation of the incident is to be kept in the SOM/UP&S Safety Officer's files. The results of the source patient's testing shall be anonymously placed in the exposed person's record using only a traceable identifying number.

All forms required and necessary to document and report the totality of the circumstances surrounding each incident and exposed person shall be the responsibility of the UP&S/SOM Safety Officer. The format and content of all forms required in this policy are to meet any state or regulatory requirements.

V. ADDITIONAL INFORMATION

The **CDC** maintains a 24-hour, seven days a week hotline called PEP line which offers health care providers around-the-clock advice on managing occupational exposures to HIV and hepatitis B and C. Exposed persons are encouraged to seek advice and direction from this source at any time, but may find it particularly helpful if there are questions in the immediate exposure period that are not being immediately handled or answered clearly. This number is 888 - 448 - 4911 to seek additional counsel or advice.

Approved by UP&S Board - 08/03
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Revised - 06/16/16