

San Antonio State Hospital  
 Infection Control SOP EX.01  
 MSEC Approved/Revised: 01/12/18

Title: Occupational Post-Exposure Management Plan		SOP #: EX.01
		Date: September 28, 2015
<b>I. Purpose</b>	To provide guidelines for the management of actual or possible exposure to blood borne pathogens for San Antonio State Hospital (SASH) employees.	
<b>II. Policy</b>	All employees, visitors, volunteers, contracted workers, and students shall observe standard precautions when contact with known or potentially infectious blood and/or body fluids is anticipated. Failure to practice frequent hand hygiene, use of barrier protection, and caution when handling sharps may result in an exposure to blood borne pathogens. If such an exposure occurs, all employees shall follow the protocols outlined in this policy.	
<b>III. Limitations</b>	<p>All visitors, volunteers, contracted workers, and students exposed to potentially infected blood or body fluids while on SASH campus shall:</p> <ul style="list-style-type: none"> <li>• Treat the exposed site by washing with soap and water or flushing with water.</li> <li>• Report their injury/exposure to SASH department/ service supervisor.</li> <li>• Initiate their agency's exposure protocol (if applicable), go to a local emergency room or see their private physician for medical evaluation and follow-up.</li> </ul>	
<b>IV. Definitions</b>	<p><b>Infectious/Potentially Infectious Body Fluids:</b> bodily fluids capable of transmitting blood borne pathogens which include <i>blood</i>, semen, vaginal secretions, and <i>other body fluids (urine, feces, nasal secretions, saliva, vomitus) that contain visible blood.</i></p> <p><b>Percutaneous Injury:</b> puncture wounds or cuts created by a sharp ridged object such as a needle, scalpel, or broken glass contaminated with another person's blood or body fluids containing blood.</p> <p><b>Mucous Membrane Exposure:</b> splashing or spraying of another person's blood or body fluids containing blood in the eyes, nose, or mouth.</p> <p><b>Non-intact Skin Exposure:</b> exposed skin that is cut, chapped, abraded, or otherwise not intact having extended contact with another person's blood or body fluids containing blood.</p> <p><b>Human Bite Injury:</b> a deep tissue injury that breaks the skin allowing possible contact with blood or bloody saliva. Evaluation must include the possibility that both the person bitten and the person inflicting the bite were exposed to blood borne pathogens.</p>	

<b>V. Post-Exposure Protocols</b>	<p><b>1. Immediately stop task and treat the exposed site.</b></p> <ul style="list-style-type: none"><li>• Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure, for at least 20 seconds.</li><li>• Flush exposed mucous membranes with water.</li><li>• Flush exposed eyes with water.</li></ul> <p>“No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of blood borne pathogens transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended (MMWR, 2001)”.</p> <p><b>2. Report and Document.</b></p> <ul style="list-style-type: none"><li>• The employee shall report the exposure to their immediate supervisor and after seeking treatment at the Minor Treatment Center (MTC). Casa Amistad employees shall notify the Nurse Manager of the exposure.</li><li>• Supervisors shall complete P-42, <i>Supervisor's Report of Employee Injury</i> (Exhibit B).</li></ul> <p><b>3. Seek Medical Evaluation.</b></p> <ul style="list-style-type: none"><li>• The employee shall immediately seek medical care following an exposure. If it is determined that prophylaxis is needed, it must be started as soon as possible following an exposure.</li><li>• Supervisors shall notify the Minor Treatment Center (MTC) or the OD Nurse of the need for an employee medical evaluation following an exposure incident.</li><li>• Casa Amistad employees shall immediately report to the emergency room of a local medical facility.</li><li>• The employee may also seek medical care from a health care provider of their choice. This must be done immediately.</li><li>• The reporting forms (P-42 must accompany the employee to their medical evaluation and be returned to the safety officer and worker's compensation manager.</li></ul> <p><b>4. Evaluate the Exposure.</b></p> <ul style="list-style-type: none"><li>• Factors to consider when the health care provider assesses the need for prophylaxis and/or follow-up include:<ol style="list-style-type: none"><li>1. type of exposure;</li><li>2. type and amount of body fluid;</li><li>3. infectious status of the source;</li><li>4. susceptibility of the exposed health care worker (current health status, vaccine status, pregnancy, etc.).</li></ol></li></ul>
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<p>(Cont'd)</p> <p><b>V. Post-Exposure Protocols</b></p>	<p><b>5. Evaluate the Source.</b></p> <ul style="list-style-type: none"> <li>• Per SASH SOP 200-65, <i>HIV Screening</i>, involuntary screening may be performed without consent when the source patient is at risk of transmitting blood borne pathogens. Consider <b>rapid HIV testing</b> to facilitate timely decision making regarding Post Exposure Prophylaxis (PEP).</li> <li>• If the source patient is <i>known</i>: the health care provider shall order tests for Acute Hepatitis Profile, Hepatic Function Panel, and HIV antibody or review lab work from previously drawn tests. Also consider medical diagnosis; clinical symptoms; and history of possible infection through risk behaviors.</li> <li>• If the source patient is <i>unknown</i>: consider the likelihood of blood borne pathogen infection in the patient population.</li> </ul> <p><b>6. Manage the Exposure.</b></p> <ul style="list-style-type: none"> <li>• Provide additional first aid to the exposure site as needed.</li> <li>• Baseline testing for HIV, HBV, and HCV should be done on all health care workers following an exposure. TCID has offered its services, including blood draws, if needed.</li> <li>• MTC nurse shall maintain documentation on each exposure until follow-up is completed. All records shall be regarded as confidential and be kept in a secured cabinet.</li> <li>• Complete the appropriate sections of the P-42.</li> <li>• Obtain employee's signature on <i>Acknowledgment of Worker's Compensation Information</i> (Exhibit C) form.</li> <li>• If applicable, obtain the employee's consent for HIV testing (<i>Human Immunodeficiency Virus (HIV) Test Consent</i>, MHRS 9-10, and Exhibit D). If the employee declines HIV testing obtain their signature on the <i>Employee Demur for HIV Antibody Testing</i> (Exhibit E).</li> <li>• Notify the Infection Control Professional of the exposure incident.</li> <li>• <b>HBV Post Exposure Prophylaxis (PEP)</b> <ul style="list-style-type: none"> <li>▪ HBV PEP should be initiated within 24 hours following the exposure. HBV PEP should not be delayed longer than 7 days. Hepatitis B immune globulin (HBIG) is available through SASH pharmacy if it is not in stock at MTC.</li> <li>▪ Refer to Table 1, Attachment A, for recommended HBV PEP.</li> <li>▪ If no HBV/HIV history then the SASH physician should order a STAT HIV and Hepatitis diagnostic profile to be sent to Mission Trail Baptist Hospital. (Results will be available in 1-3 hours for HIV and 24 hrs. for hepatitis).</li> </ul> </li> </ul>
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(Cont'd)  
V. Post-Exposure  
Protocols

- **HCV Post Exposure Prophylaxis**
  - Currently there is no recommended PEP for HCV exposure. Direct viral testing with HCV RNA PCR viral load at 6 weeks, before HCV Ab seroconversion has occurred, HCV antibody testing performed at 4-6 months and baseline ALT labs should be obtained.
- **HIV Post Exposure Prophylaxis**
  - HIV PEP should be started *immediately* following an exposure to a known or highly suspected HIV infected source. (\*\*\*)The MTC physician will prescribe PEP and further testing will be completed at an alternate facility(\*\*\*) HIV PEP will be in a labeled cabinet located in MTC. See HIV PEP recommendations in Attachments B-D.
  - The basic regimen should be started rather than delay treatment. If PEP is initiated and the source is later found to be negative for HIV, stop the PEP.
  - PEP should be administered for 4 weeks if tolerated.
  - If PEP is started, obtain baseline CBC, creatinine, and liver enzymes tests.
  - PEP is potentially toxic. Its use is not justified for exposures that pose a negligible risk for transmission.
  - Refer to Table 2, Attachment B, for recommended HIV PEP for percutaneous injuries.
  - Refer to Table 3, Attachment C, for recommended HIV PEP for mucous membrane and non-intact skin exposures.
  - Refer to Table 4, Attachment D, for preferred and alternative HIV PEP drug regimens.
  - **Special Considerations Expert Consultation is recommended in the following situations:**
    - ◆ Delayed exposure report or initiation of HIV PEP (delayed = > 24 hours).
    - ◆ Unknown source.
    - ◆ Known or suspected pregnancy in exposed person.
    - ◆ Breastfeeding in exposed person.
    - ◆ Resistance of the source virus to antiretroviral agents.
    - ◆ Toxicity to any initial PEP regimen.
    - ◆ Need for expanded regimen.
    - ◆ Serious medical illness in the exposed person.

<p>(Cont'd) V. Post-Exposure Protocols</p>	<p><b>7. Exposure Follow-Up Lab Tests.</b></p> <ul style="list-style-type: none"> <li>• <b>HBV Exposure</b> <ul style="list-style-type: none"> <li>▪ HBsAB baseline then 4-6 weeks following last dose of Hepatitis B Vaccine or HBIG.</li> </ul> </li> <li>• <b>HCV Exposure</b> <ul style="list-style-type: none"> <li>▪ Repeat anti-HCV and ALT 4-6 months following exposure.</li> </ul> </li> <li>• <b>HIV Exposure</b> <ul style="list-style-type: none"> <li>▪ Repeat HIV antibody test at 6 weeks, 3 months, and 6 months following exposure.</li> <li>▪ Monitor for PEP toxicity (if given). Repeat CBC, creatinine, liver enzyme tests at 2 weeks.</li> <li>▪ 12 month follow up is recommended for health care workers who become infected with Hepatitis C following an exposure from a source patient who is co-infected with HIV.</li> <li>▪ Provide the exposed employee with HIV counseling after baseline and follow-up blood tests. Use the <i>Post HIV Test Counseling Checklist for Employees</i>, MHRS-9-11 (Exhibit F).</li> </ul> </li> </ul> <p><b>8. Tetanus Prophylaxis</b></p> <ul style="list-style-type: none"> <li>• For all exposures, if indicated, administer Tetanus-Diphtheria vaccine. Complete the <i>Tetanus Vaccine Administration Record</i> (Exhibit G) and send this copy to the Employee Health Nurse. The record will be kept on file with the employee's health records in a secured area.</li> </ul>	
<p>VI. Consultation Resources</p>	<p>Texas Department of State Health Services (DSHS): Blood/Body Fluid Exposure Management</p>	<p><a href="http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/management/">http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/management/</a></p>
	<p>National Clinician's Post-Exposure Prophylaxis Hotline (PEpline)</p>	<p>1-888-448-4911 <a href="http://www.nccc.ucsf.edu/">http://www.nccc.ucsf.edu/</a></p>
	<p>Centers for Disease Control and Prevention (CDC)</p>	<p>1-800-893-0485</p>
	<p>HIV Antiretroviral Pregnancy Registry</p>	<p>1-800-258-4263 <a href="http://www.apregistry.com">www.apregistry.com</a></p>
	<p>AIDSinfo</p>	<p><a href="http://aidsinfo.nih.gov">http://aidsinfo.nih.gov</a></p>
	<p>Hepatitis Hotline</p>	<p>1-888-443-7232 <a href="http://www.cdc.gov/hepatitis">www.cdc.gov/hepatitis</a></p>
	<p>National HIV Telephone Consultation Service</p>	<p>1-800-933-3413</p>
	<p>HIVdent</p>	<p><a href="http://www.hivdent.org">http://www.hivdent.org</a></p>

<b>VII. Reporting</b>	<p>The Infection Control Professional shall be notified of all actual and potential blood borne pathogen exposures.</p> <p>The Infection Control Professional shall evaluate the circumstances surrounding the exposure to determine the need for follow-up education or policy change.</p> <p>The Infection Control Professional shall report all contaminated percutaneous injuries as required by the Department of State Health Services using the <i>Contaminated Sharps Injury Reporting Form</i>, EF59-10666, found at the following link:  <a href="http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/">http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/</a></p> <p>The Infection Control Professional shall report any positive HIV test results (with confirmatory Western Blot) as required by Texas Administrative Code.</p>
<b>VIII. References</b>	<p>Centers for Disease Control and Prevention. Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-Exposure Prophylaxis 2013. Retrieved from <a href="http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/">http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/</a></p> <p>PEP Quick Guide for Occupational Exposures 2015. Retrieved from <a href="http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/Texas%20Administrative%20Code.%20Title%2025,%20Part%201,%20Chapter%2097,%20Subchapter%20A,%20Rule%2097.3">http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/Texas Administrative Code. Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.3.</a></p> <p>Texas Health &amp; Safety Code, Chapter 81, Communicable Diseases.</p>
<b>IX. Supersession</b>	<p>This policy supersedes <i>Occupational Post-Exposure Management Plan</i> dated January 2014.</p>

4 Attachments:

- Attachment A- [Table 1, Recommended PEP for Exposure to HBV](#)
- Attachment B- [Table 2, HIV PEP for Percutaneous Injuries](#)
- Attachment C- [Table 3, HIV PEP for Mucous Membrane and Non-intact Skin Exposures](#)
- Attachment D- [Table 4, HIV PEP Post-Exposure Regimens](#)

7 Exhibits:

- Exhibit A - [IC–Bloodborne Pathogens Exposure Flowchart \(Approved 1/12/18\)](#)
- Exhibit B - [Form P-42 Supervisor’s Report of Employee Injury \(Revised 08/2015\)](#)
- Exhibit C - [Acknowledgment of Worker’s Compensation Information \(Revised 08/2015\)](#)
- Exhibit D - [Human Immunodeficiency Virus \(HIV\) Test Consent](#)
- Exhibit E - [Employee Demur for HIV Antibody Testing](#)
- Exhibit F - [HIV Post Test Counseling Checklist for Employees](#)
- Exhibit G - [Tetanus Vaccine Administration Record](#)