

**Bloodborne Pathogens Exposure Policy and Procedures
Employees of the State of South Dakota**

Department of Health

Bloodborne Pathogens

(HIV, HBV, and HCV)

Exposure Management

PEP Hotline 1-888-448-4911

DOH 1-800-592-1861

Revised November 9, 2009

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**South Dakota Department of Health
Administrative Policies and Procedures**

STATEMENT NO. 41

TITLE: Personnel – Bloodborne Pathogens Exposure

ISSUED: November 1, 2006

REVISED: November 17, 2008

In the interest of the health and safety of employees, patients and clients, all needle-stick, puncture wounds and exposure to mucocutaneous blood and/or body fluid must be reported immediately.

Employees must report all needle-stick, puncture wounds, or other exposures as specified by Administrative Policy Statement No. 55 and should reference the State employee Bloodborne Pathogen Procedures found on the Bureau of Personnel website at <http://bop.sd.gov/policies/policies.aspx> for more detailed procedures. For any exposure to any person other than employees (i.e., patient or clients), a Report of Accident, Incident, or Unsafe Condition Form from the Office of Risk Management must be completed.

In addition, individual occurrences will be managed in accordance the state's post –exposure protocol. (Available through the Office of the Secretary of Health). This includes all occurrences experienced by Department of health employees and patients or clients to the department.

All supervisors, whose employees are subject to needle-sticks, puncture wounds, and exposures to body fluids will make this policy available to their employees upon hiring.

Introduction Bloodborne Exposure Management

Employees may be reluctant to report occupational risk exposures for a variety of reasons; however immediate medical management is vital for the following reasons:

1. Immediate reporting allows time for you and your physician to discuss anti-viral treatment risks/benefits.
2. Anti-viral treatment has been shown to decrease the rate of HIV seroconversions following occupational exposures by 79% if initiated within 1-2 hours. As time goes by, the potential effectiveness of anti-viral medications preventing HIV infection decreases.
3. If after 24 - 36 hours anti-viral medications have not been initiated expert consultation* for HIV post exposure prophylaxis (PEP) is advised.
4. Reevaluation is strongly encouraged within 72 hours post exposure, especially as additional information about the exposure or source person becomes available.
5. Post exposure prophylaxis management for Hepatitis B is also available, and should be considered.
6. The appropriate forms are required to claim worker's compensation benefits for the post exposure follow up. These benefits may include potential medical benefits. All forms should be returned to the Bureau of Personnel.

* Either with local infectious disease specialist or by contacting the National Clinicians/ Post Exposure Prophylaxis Hotline (PEPline), telephone **888-448-4911**.

Definition of a Significant Bloodborne Exposure

An exposure to blood or potentially infectious body fluid through:

1. Percutaneous (needle stick, puncture or cut by an object through the skin);
2. Mucous membrane (exposure to the eyes, mouth, nasal, etc); or
3. Non-intact skin (exposure to blood or other potentially infectious body fluids).

Other infectious or potentially infectious body fluids include:

1. Semen
2. Vaginal secretions
3. Any body fluid visibly contaminated with blood
4. Human tissues

A significant bloodborne exposure is an exposure to blood or potentially infectious body fluid through:

1. Needle stick, puncture or cut by an object through the skin;
2. Direct contact of mucous membrane (eyes, mouth, nasal, etc);
3. Exposure of broken skin to blood or other potentially infectious body fluids such as:
 - Semen
 - Vaginal secretions
 - Any body fluid visibly contaminated with blood
 - Human tissues

Employee's Responsibility

- Needle-sticks, cuts and skin exposures should be washed with soap and water. (Do NOT use bleach)
- Splashes to the nose, mouth, or skin should be flushed with water.
- Splashes to the eyes should be irrigated with sterile irrigants, saline or clean water.
- Report the exposure to your supervisor right away. If HIV Post-exposure treatment is recommended, you should start treatment within 1-2 hours after the exposure or as soon as possible. (This can reduce HIV infection by up to 79%)

Supervisor's Responsibility

- Without delay – If a significant blood borne exposure has occurred, get the exposed individual to the nearest emergency room for evaluation. Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation and follow-up to a bloodborne exposure.
- Complete a "South Dakota Employer's First Report of Injury" and an "Employees Accident Report" for all bloodborne pathogen exposures. These forms must be completed and filed with the Workers Compensation Office/Bureau of Personnel within seven (7) days of the exposure/incident. An official written report is necessary for reporting the incident and to claim worker's compensation benefits for initial treatment and post exposure testing. If testing is refused this should also be reported. Report exposure to your next level supervisor.

Healthcare Provider's Responsibility

- Determine the nature and severity of the exposure
- Evaluate source patient (if information is available)
- Counsel/treat exposed employee
- Also evaluate employee for Hepatitis B & C

Time is critical with this exposure. Know what you are going to do before an exposure occurs. When in doubt, report the exposure right away and seek guidance.

Supervisor's Checklist

Supervisor's Responsibility

- Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation and follow-up to a bloodborne exposure.
- Ensure that the source of the exposure, if known, is informed and that a specimen may be needed for testing.
- The "Occupational Risk Exposure Form" and the "Bloodborne Exposure Medical Follow-up Sheet" will be forwarded to the personnel office for inclusion in the employee's personnel file.
- As the employee receives treatment, the employee should be reminded to notify the personnel office of these treatments. The personnel office shall update the "Bloodborne Exposure Medical Follow-up Sheet"

Medical Management of Bloodborne Exposures Policy and Procedure

1. Any employee with a significant bloodborne exposure should immediately wash or flush the exposed area and be immediately directed to the nearest emergency room for assessment and treatment.
2. If possible have the employee bring the “Quick Guide” (Attachment #1) with them to the emergency room. (Do not delay employee’s departure for this task)
3. Whenever possible, consultation with an infections disease consultant or physician who has experience with antiretroviral agent is recommended, but it should not delay initiation of PEP.
4. Decisions regarding the initiation of post exposure prophylaxis (PEP) should be made by the employee, and the medical provider. Situations may call for expert consultation for HIV post exposure prophylaxis (PEP), the National Clinicians Post Exposure Prophylaxis Hotline (PEPline), telephone **888-448-4911**.
5. Decisions regarding post exposure prophylaxis for Hepatitis B should be made using the algorithm for Hepatitis B prophylaxis (“Quick Guide” – Attachment #1). If an employee refuses the recommended Hepatitis B post exposure management, then a baseline Hepatitis B surface antigen test should be done and repeated in 6 months.
6. Testing of the employee and the source person is strongly recommended when a significant bloodborne exposure has occurred. **Regardless of the potential risk, the employee has the right to request or refuse testing.** The exposure to the employee should be explained to the source person and testing requested. The source person cannot be tested without consent, except under the circumstances described in SDCL 23A-35B (laws dealing with sexual assault and exposure to law enforcement personnel)
7. If the source person chooses to be tested, he/she must give written consent by using the “Request for Testing Form” (Form #4) or similar type consent form.
8. The physician may request that the source person’s name be checked with the South Dakota Department of Health for prior reports of bloodborne pathogens. The source person’s test results may be released to the physician to assist in medical
9. The employee may choose to have a baseline test at the time of the exposure, but held and not tested until the source person’s test results are known.
10. For workers compensation, the responsibility to report as soon as practicable lies with the employee (or a representative). An injured employee must give written notice of injury to the employer no later than 3 business days after the occurrence.
11. Employees must inform their supervisor of the incident and then complete the electronic First Report of Injury. If they are unable to complete it themselves, the supervisor should complete it for them.
12. The electronic First Report of Injury can be found under Forms and Documents on the Bureau of Personnel website www.bop.sd.gov or the direct link <https://apps.sd.gov/applications/eb05fro/Default.aspx> no later than 3 business days after the exposure.
13. Notify the next level supervisor.

Bloodborne Pathogens Testing Protocols

HIV Post Exposure Testing Protocol

- Base Line Test
- Test 6 weeks after exposure
- Test 3 months after exposure
- Test 6 months after exposure
- Test 1 year after exposure

Hepatitis C Evaluation

Source Patient

- Baseline testing for Hepatitis C antibody (EIA)

Exposed Patient

- **Baseline and 6 month** testing for Hepatitis C antibody (EIA) and alanine aminotransferase activity (*liver enzymes*)
- Confirmation by supplemental anti-HCV testing of all anti-HCV results reported as repeatedly reactive by enzyme immunoassay (EIA)
- Educate patient about the risks for and prevention of bloodborne infections, including Hepatitis C
- **Not Recommended** is any post-exposure prophylaxis for Hepatitis C with immune globulin or anti-viral agents (e.g., interferon)

Reference: MMWR Notice to Readers Recommendations for Follow-up of Healthcare Workers After Occupational Exposure to Hepatitis C Virus, Jul 4, 97

<http://www.cdc.gov/mmwr/PDF/wk/mm4626.pdf>

Hepatitis B Evaluation Post Exposure Prophylaxis (PEP) Guide

- Draw Source Patient for Hepatitis B Surface Antigen
- Draw Exposed Patient for Hepatitis B Surface Antibody and Surface Antigen

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [‡] x 1 and initiate HB vaccine series [†]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder [¶]	HBIG x 1 and initiate revaccination or HBIG x 2 [§]	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs [¶] 1. If adequate,** no treatment is necessary 2. If inadequate, [¶] administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [¶] no treatment is necessary 2. If inadequate, [¶] administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[‡] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[§] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

[¶] A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

[§] The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

[¶] Antibody to HBsAg.

Reference: MMWR Vol 50, No. RR-11;-42, June 29, 2001.

<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

SOUTH DAKOTA DEPARTMENT OF HEALTH
Occupational Risk Exposure Reports Form
(Please Print and return to the Bureau of Personnel)



Exposed Employee Information

Report Date: _____ Job Title: _____ State ID Number: _____

Employee Name: _____
Last First Middle Initial

Date of Birth: _____ Telephone: _____

Address: _____
Street City State Zip Code

Number of Hepatitis B vaccinations previously received: ___ None ___ 1 ___ 2 ___ 3 ___ Unknown

Previously Anti-HBs positive: ___ Yes ___ No ___ Unknown

If Yes: result \geq 10 mIU/mL ___ Yes ___ No ___ Unknown

Exposure Information

Exposure Date: _____ Exposure Time: _____ AM / PM

Facility and specific location where incident occurred (room, etc): _____

Type and model of device involved in the incident (needle, lancet, etc.): _____

Route and circumstances of exposure (stick, splash, etc.): _____

Provide detail of the exposure (including the type and amount of fluid or material and the severity of exposure):

Source Person Information

Source Person Known: ___ Yes (If yes, complete remainder of form) ___ No (Skip this section)

Source Person Name: _____

Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Numbers:
Home: _____ Work: _____ Cell: _____

Indicate if source person has any known history of bloodborne pathogens or risks for bloodborne pathogens:

Employee Signature: _____ Date: _____

SOUTH DAKOTA DEPARTMENT OF HEALTH
Employee HIV Post-Exposure Prophylaxis (PEP) Decision Form
(Please Print and return to the Bureau of Personnel)



Employee Statement - to be completed if a physician or physician's designee indicates an exposure having the potential for HIV transmission occurred to a Department of Health employee.

I understand that due to my occupational exposure to blood or other potentially infectious materials which occurred on ___/___/_____ that I may be at risk of acquiring HIV infection.

I understand the US Centers for Disease Control and Prevention (CDC) publishes recommendations concerning specific protocols for post-exposure prophylaxis that may decrease my risk of acquiring HIV infection. (*Post-exposure prophylaxis* means medications to help prevent disease which may be taken after an occupational exposure.) I also understand that the only published efficacy data for chemoprophylaxis, after occupational exposure to HIV, are agents from five classes of drugs. These include the nucleoside reverse transcriptase inhibitors (NRTIs), nucleotide reverse transcriptase inhibitors (NtRTIs), nonnucleoside reverse transcriptase inhibitors (NNRTIs), protease inhibitors (PIs), and a single fusion inhibitor associated with a theoretical decrease of approximately 79% in the risk of HIV seroconversion after percutaneous exposure to HIV-infected blood in a case-control study among health care providers. (*Efficacy data for chemoprophylaxis* means studies showing prevention medications may be effective. *Percutaneous exposure* means becoming infected after exposure to a sharp object.)

I have been counseled to my satisfaction concerning my occupational exposure incident, associated risks of harm, CDC recommendations, and the physician's or physician's designee's recommendations concerning post-exposure.

I acknowledge that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I also acknowledge that I have been given the opportunity to receive medications, free of charge, which may reduce my risk of acquiring HIV as a result of my occupational exposure incident.

_____ **I accept PEP recommendations to take the medication regimen as prescribed.**
(Initial) If for some reason I cannot complete the recommended course of medication, I will promptly report this to my supervisor.

_____ **I accept PEP recommendations to not take the medication regimen.**
(Initial)

_____ **I refuse to accept PEP recommendations to take the medication regimen.**
(Initial)

Name: _____
(Please print)

Signed: _____ Date: ___/___/___
(Signature)

Witness: _____ Date: ___/___/___
(Signature)

SOUTH DAKOTA DEPARTMENT OF HEALTH
BLOODBORNE EXPOSURE MEDICAL FOLLOW-UP SHEET
(Please Print and return to the Bureau of Personnel)



Source Person Blood Testing

Name or ID: _____

HIV Status

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Hepatitis B Surface Ag

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Hepatitis C

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Employee Testing

Name or ID: _____

Hepatitis B Quantitative Anti-Hep B surface Antibody (for vaccinated employees only)

If done, date drawn: ___/___/___

Results: ___ \geq 10 mIU/mL ___ less than 10 mIU/mL ___ Not Done ___ Refused

HIV Employee Testing

Baseline

Date Drawn: ___/___/___

___ Positive ___ Negative ___ Indeterminate ___ Not Done ___ Refused

Type Screening Test Done: _____
Type Confirmation Test Done: _____

6 Weeks

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____
Type Confirmation Test Done: _____

12 Weeks

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____
Type Confirmation Test Done: _____

6 Months

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____
Type Confirmation Test Done: _____

1 Year

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____
Type Confirmation Test Done: _____

Hepatitis C Employee Testing

Baseline

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

6 Month

Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Employee Treatment

Hepatitis B Immunoglobulin (HBIG):

____ Yes ____ No ____ Refused If Yes, Date Given: ____/____/____

Hepatitis B Vaccine

Dose 1: ____ Yes ____ No ____ Refused If Yes, Date Given: ____/____/____

Dose 2: ___ Yes ___ No ___ Refused If Yes, Date Given: ___/___/___
Dose 3: ___ Yes ___ No ___ Refused If Yes, Date Given: ___/___/___

HIV PEP (Post Exposure Prophylaxis)

Meds Started: ___ Yes ___ No ___ Refused If Yes, Date Given: ___/___/___

Completed 4 weeks? ___ Yes ___ No If Yes, Date Given: ___/___/___

Medication Taken: _____

Specify any other medical treatment for this exposure: _____

SOUTH DAKOTA DEPARTMENT OF HEALTH
**Blood Borne Pathogen SOURCE PERSON
CONSENT FORM and RELEASE OF INFORMATION**
(Please Print and return to the Bureau of Personnel)



I understand that it has been determined by a physician or physician's designee that a Department of Health employee has had a significant exposure to my blood or body fluids. The nature of my blood or body fluids exposure to the Department of Health employee has been explained to my satisfaction.

I understand that in order to make appropriate medical decisions for the Department of Health employee exposed to my blood or body fluids, the Department of Health is requesting that I voluntarily submit a blood specimen for bloodborne pathogens, Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) testing. *The testing will be free of charge to me and all test results will be provided to:*

(a) my physician, or physician's designee, _____

(b) Department of Health employee's physician or physician's designee, _____

I acknowledge that I was given an opportunity to ask questions about the exposure, how my blood specimen is to be provided, what tests will be performed, who is to receive copies of my test results, and any other questions I had. I understood all of the answers to my questions before making my decision below.

_____ **I consent to the Department of Health taking a blood specimen from me,**
(Initial) **testing it, and releasing those test results as indicated above.**

OR

_____ **I refuse to allow the Department of Health to take a blood sample from me.**
(Initial)

Name of Source Person: _____
(Please Print)

Source Person Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

SOUTH DAKOTA DEPARTMENT OF HEALTH
South Dakota Employer's First Report of Injury
Form #5
Please submit electronically.



The electronic First Report of Injury can be found under Forms and Documents on the Bureau of Personnel website: www.bop.sd.gov or the direct link: <https://apps.sd.gov/applications/eb05fro/> no later than 3 business days after the exposure.