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
Revised August 28, 2012
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 Human Resources website at http://bhr.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 Human Resources.

* Either with local infectious disease specialist or by contacting the National Clinicians/Post Exposure Prophylaxis Hotline (PEP line), telephone 888-448-4911.
Definition of a Significant Bloodborne Exposure

An exposure to blood or potentially infectious body fluid through:
1. Percutaneous (needlestick, 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”
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 treatment of employee.

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 Human Resources website http://bhr.sd.gov/ or the direct link https://apps.sd.gov/applications/eb05froi/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)

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**

<table>
<thead>
<tr>
<th>Vaccination and antibody response status of exposed workers*</th>
<th>Source HBsAg* positive</th>
<th>Source HBsAg* negative</th>
<th>Source unknown or not available for testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>HBIG² x 1 and initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
</tr>
<tr>
<td>Previously vaccinated</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>Known responder**</td>
<td>No treatment</td>
<td>No treatment</td>
<td>If known high risk source, treat as if source were HBsAg positive</td>
</tr>
<tr>
<td>Known nonresponder*</td>
<td>HBIG x 1 and initiate revaccination or HBIG x 2⁵</td>
<td>No treatment</td>
<td></td>
</tr>
<tr>
<td>Antibody response unknown</td>
<td>Test exposed person for anti-HBs⁴</td>
<td>No treatment</td>
<td>Test exposed person for anti-HBs</td>
</tr>
<tr>
<td>1. If adequate, no treatment is necessary</td>
<td>1. If adequate, no treatment is necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If inadequate, administer HBIG x 1 and vaccine booster</td>
<td>2. If inadequate, administer vaccine booster and recheck titer in 1–2 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* Hepatitis B surface antigen.

² Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

⁴ Hepatitis B vaccine.

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

¹ A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

⁵ 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.

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 Human Resources)

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 > 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:          ___________________________
Last    First                                                       Middle Initial
Date of Birth: _____________________ Age:  _____     Sex:  ___ Male   ___ Female
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:  ____________________
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)
# BLOODBORNE EXPOSURE MEDICAL FOLLOW-UP SHEET

(Please Print and return to the Bureau of Human Resources)

## Source Person Blood Testing

**Name or ID:**

**HIV Status**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
<th>Refused</th>
<th>Date Drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “Not Done”, specify why: ____________________________________________________________

## Hepatitis B Surface Ag

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

If done, date drawn: _____/____/________

**Results:**

<table>
<thead>
<tr>
<th>&gt; 10 mIU/mL</th>
<th>&lt; 10 mIU/mL</th>
<th>Not Done</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Hepatitis C

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
<th>Refused</th>
<th>Date Drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “Not Done”, specify why: ____________________________________________________________

## Employee Testing

**Name or ID:**

**HIV Employee Testing**

**Baseline**

**Date Drawn:** _____/____/________

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Indeterminate</th>
<th>Not Done</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Bloodborne Exposure Medical Follow-up Sheet (Continued)

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 Human Resources)

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, 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.

Name of Source Person: ________________________________________________  (Please Print)

Source Person Signature: ___________________________  Date: _____ / _____ / _______

Witness: ___________________________________________  Date: _____ / _____ / _______

FORM #4
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 Human Resources website: http://bhr.sd.gov/forms/default.aspx
Or the direct link: https://apps.sd.gov/applications/eb05froi/
no later than 3 business days after the exposure.