

MUSC Occupational Blood Borne Pathogen Protocol Off-Campus Procedure Packet

MUSC Medical Center has established these protocols in accordance with the OSHA Blood Borne Pathogen Standard and Center for Disease Control recommendations for Occupational Blood or Body Fluid exposure. CDC strongly recommends HIV prophylaxis start within (2) two hours of exposure. In the event of occupational Blood Borne exposure, please perform the following emergency medical care:

Instruction for Employees / Students:

Know or carry your Hepatitis B (HBV) vaccination information and your HBV antibody results.

In the event of a blood or body fluid exposure:

- 1. Wash the site immediately with soap and water.** Splashes to the eye should be flushed for 5-10 minutes with water.
- 2. Go to the nearest Emergency Facility** immediately, preferably to a Hospital Emergency Department.
- 3. Report the BBP exposure immediately** by calling the Employee Health Service at (843) 792-2991 or Student Health Services at (843) 792-3664 Monday-Friday 8:00am to 5:00pm. **After hours** contact the MUSC Medical Center Hospital Services Coordinator by calling the operator at (843) 792-2123. For general instructions on BBP, call the BBP Hotline 24 hours a day at (843) 792- 4422.

Leave the following information on the recording:

- Employee / Student name and phone number**
 - Date and time of exposure**
 - Name of the BBP Source, medical record #**
 - Name of facility, ER, MD who will treat you for BBP exposure**
 - Name and phone number of health care worker to contact for lab follow up**
- 4. Immediately complete the ACORD form (Worker's Compensation - First Report of Injury Form). Fax the ACORD form with documentation of the medical provider's name, facility location and phone number to the Worker's Compensation office at Fax (843) 792-3473.**

Instructions for Care of MUSC Employee / Student with BBP Exposure

Please complete the following medical evaluation for our employee / student. If outside South Carolina, refer to the appropriate state law.

Responsible area	Instruction	Action Requested
Medical Provider	1. Identify and obtain blood from BBP Source. Perform labs.	1. Draw Stat HIV, HIV 1 and 2, HbsAG, HCV Ab if available
	2. Obtain exposed Employee / Student's blood. Perform labs.	1. HIV 1 and 2 (with Employee / Student written consent)
	3. Evaluate Employee / Student for Hep B exposure risk. See Hep B chart. Provide care as indicated.	1. Hep B surface Antibody (for unknown titer only)
	4. Counsel the Employee / Student on HIV exposure risk.	
	5. Offer Post Exposure Prophylaxis (PEP) as per CDC recommendation.	1. See chart on page 4.
	6. If the Employee / Student elects PEP, please perform these labs as a PEP baseline:	1. Blood chemistry: Sodium Calcium Potassium Protein Chloride Albumin Glucose Total Bilirubin BUN AST Creatinine ALK 2. Uric acid 3. Lipase 4. Amylase 5. Complete blood count + Diff. 6. CPK or CK 7. Routine urinalysis 8. HCG pregnancy test (female only)
	7. Provide wound care as indicated.	1. Tetanus booster as indicated.
Billing Manager	1. For Billing or Worker's Compensation questions contact the following:	1.Nancy Sifford: 843-792-1775 MUSC 2.Nancy Lamble: 843-852-3100 UMA 3.Julie Clarke: 843- 792-3664 Students

Reporting	1. Please forward all documentation to either: MUSC Employee Health Student Health Service 158 Rutledge Ave. 49 Bee Street Charleston, SC 29403 PO Box 250980 Phone: 843-792-2991 Charleston, SC 29425 FAX: 843-792-1200 FAX: 843-792- 2318	1. Report all occupational exposures immediately.
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Hepatitis B Prophylaxis Following Blood Exposure

Source	Exposed Person			
	Unvaccinated	Vaccinated for Hepatitis B		
		Known responder	Response unknown	Known Non-Responder
Hep B surface antigen Positive or Source not tested or Status unknown and source is high risk	1. Hep B Immunoglobulin (HBIG) x 1 immediately 2. Initiate Hep B vaccination series	No treatment	Test Employee / Student for Hep B antibody. 1. Positive - Hep B antibodies present. No treatment. 2. Negative - No Hep B antibodies detected . Give HBIG x1 and Hep B vaccine booster now.	HBIG x 2 or HBIG x 1 and revaccinate
Hep B surface antigen Negative	Initiate Hep B vaccine series	No treatment	No treatment	No treatment
Unknown source or Source not tested or status unknown and source low risk.	Initiate Hep B vaccine series	No treatment	Test Employee / Student for Hep B antibody: 1. Positive -no treatment. 2. Negative - revaccinate	No treatment
Hepatitis B Immunoglobulin (HBIG) dose = 0.06 ml/kg IM Hep B vaccine dose = 20 ug IM for adults; 10 ug IM for infants or children under 10 yrs. First dose within 1 week; second and third doses, 1 and 6 months later.				

Hepatitis C (HCV) Exposure:

1. **HCV Negative Source** - No treatment is indicated .

2. **HCV Positive Source** - Draw a Hepatitis C Antibody titer on the Employee / Student.
Instruct the Employee / Student to contact their MUSC Employee Health provider or Student Health Services office for follow up.
There is currently no prophylaxis for HCV Exposure.

MEMORANDUM

TO: Manager _____

Department _____

FROM: HSC _____

Phone _____

DATE: _____

Please review the following information concerning the Employee / Student:

, Employee / Student Name: _____

, Department / College: _____

, Injury Date / Time: _____

, Type of Injury / Exposure: _____

, Received Care: _____

, Refused Care: _____

Blood and Body Fluid Exposure: New Guidelines for Management

Introduction

Exposure to another persons blood or body fluids by needle stick, splash, or other exposure may place

a worker at risk for exposure to HIV, Hepatitis B, Hepatitis C, or other infectious agents. Medication is available that may reduce a worker's risk of HIV transmission. A vaccine is available for Hepatitis B. There is no proven treatment for Hepatitis C.

Risk of Work Related Blood Borne Infection

Actual transmission of HIV in the workplace is rare. Studies of health care workers show that even the greatest risk of HIV infection due to injury with a hollow needle stick with HIV positive blood into the skin is (0.3%). That means even with the highest risk the chances of getting HIV from one such exposure is 1 in 300. The risk of HIV for splashes to the face and eyes is 1 in 900. Risk factors for Hepatitis infection depends on illness in the source, the type of Hepatitis virus, and previous vaccination status. Workers should always seek medical care immediately for any Blood Borne pathogens.

Management of Work Related HIV Exposure

Treatment for blood or body fluid exposure is based on recommendation by the CDC (Center for Disease Control). Only workers with the highest risk of HIV exposure should receive post exposure combination therapy. Medical treatment at the time of exposure with AZT and/or in combination with other medications appears to protect workers from HIV following exposure about 79% of the time.

Medication Information

Tell your doctor about any drug allergy and name all medicines that you are currently taking. Treatment following blood exposure should be started within 2 hours post exposure.

AZT (ZDV, Zidovudine)-may cause headache, nausea, fatigue, anemia, low white blood cell count, low platelet count, muscle soreness, and rarely drug induced inflammation of the liver.

3TC (Lamivudine)-is generally will tolerated alone in combination with AZT.

IDV (Indinavir, Crixivan)-may cause kidney stones, stomach or abdominal discomfort, changes in taste, or high bilirubin in the blood. During drug testing of IDV, it was reported that 4% of patients taking IDV developed kidney stones. Taking Seldane, Hismanal, Propulsid, Halcion, or versed and IDV is not recommended. Take your medication exactly as prescribed. Notify Employee Health Services (792-2991) or Student Health Services (792-3664) if you cannot tolerate your medication.

Follow Up

When you are seen for a blood or body fluid exposure you will be given a follow up appointment. On follow up, you will be told lab results for yourself and the patient source of exposure. Further follow up depends on these results. Exposure management decisions are made by MUSC Employee Health Services or Student Health Services.

INFORMATION FOR HUMAN IMMUNODEFICIENCY (HIV) TESTING

HIV INFORMATION: HIV is spread through contact with certain body fluids from an infected person. This can occur during sexual intercourse, receiving infected blood products, exposure to blood and

infectious body fluids, during the birth process, or by sharing needles for intravenous drug use. HIV is not known to be spread by other contact and infection can be prevented by avoiding the contact described above.

OCCUPATIONAL HIV EXPOSURE: The body fluids to which universal precautions apply have been defined by the CDC as blood, semen, vaginal secretions; and spinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids but not urine, feces, sweat, saliva or tears unless they contain visible blood. All but four of the published accounts of occupational HIV transmission have arisen from puncture wounds from sharp instruments freshly contaminated with HIV-infected blood or blood containing body fluids. In persons sustaining percutaneous exposure to blood from a known HIV positive individual, the risk of transmission is about 4 in 1000.

TEST INFORMATION: The test is done on a sample of your blood. The purpose is to look for the presence of antibodies to HIV. Antibodies are produced in the blood in response to infection most people will develop antibodies to HIV within six month of infection.

CONFIDENTIALLY: The HIV results will be considered confidential and released only to the health professions who have responsibility for your care and to the SC Department of Health and Environmental Control (DHEC), as required by state law. Information about this may not be released to any other persons without your written approval except by a valid court order or subpoena. Due to the highly confidential nature of the test, results will only be given in person to the Employee / Student being tested. Therefore, it will be the responsibility of the Employee / Student to schedule a brief follow-up visit a week later to receive their results.

NEGATIVE TEST RESULTS: A negative result means that no antibodies were detected. On rare occasions, this can occur if you are infected but have not yet developed antibodies to HIV.

POSITIVE TEST RESULTS: A positive result means you are infected with HIV. A positive test does not mean you have already developed AIDS. Your physician will discuss with you the need for further testing. Counseling will be provided to you at the time you receive your test results. An HIV test has been ordered for you. This test is entirely voluntary and you can refuse without stopping your medical care. I understand the above information and have had the opportunity to have my questions answered. I will schedule a follow-up visit to receive the lab results in one week.

Signature of Patient / Date _____

Signature of Counselor / Date _____

I WOULD LIKE / DISLIKE TO TAKE THE POST EXPOSURE PROPHYLAXIS AND AGREE TO ABIDE BY THE PROTOCOL.

Participant's Signature

Date

Name (Print)

Supervising Clinician

Date

POST EXPOSURE CHEMOPROPHYLAXIS IN OCCUPATIONALLY EXPOSED HEALTH CARE WORKERS

VOLUNTARY STATEMENT OF INTENT TO AVOID PREGNANCY: WOMEN

To the best of my knowledge, I am not currently pregnant. Furthermore, I agree to avoid pregnancy while I am taking Chemoprophylaxis during the next four weeks and for four weeks thereafter. Should I have sexual relations during this period, I will practice a form of birth control (e.g. abstinence, oral contraceptives, intrauterine device, diaphragm plus condoms) that is deemed reliable by my clinician. I may decline to sign this statement; my declining to sign will have no effect on future treatment by my physician except that I will not be treated with chemoprophylaxis.

Participant's Signature

Date

Name (Print)

VOLUNTARY STATEMENT OF INTENT TO AVOID PREGNANCY: MEN

Should I have sexual relations during the next four weeks and for four weeks following completion of chemoprophylaxis treatment, I will practice a form of birth control with my partner(s). (e.g. abstinence, oral contraception, condoms plus diaphragm, intrauterine device) that is deemed reliable by my clinician. I may decline to sign this statement; my declining to sign will have no effect on future treatment by my physician except that I will not be treated with chemoprophylaxis.

Participant's Signature

Date

Name (Print)

MUSC OCCUPATIONAL BLOOD BORNE PATHOGEN EXPOSURE / POST-EXPOSURE

STUDENT INFORMATION: COMPLETED BY STUDENT

NAME _____ SSN _____ / _____ / _____ COLLEGE _____
ROTATION _____ WORK PH# _____ PAGER _____ HOME PH# _____
DATE of EXPOSURE ____ / ____ / ____ TIME of EXPOSURE _____ AM PM LOCATION _____
TYPE of EXPOSURE : NEEDLE STICK LACERATION SPLASH BITE OTHER

CIRCUMSTANCES of EXPOSURE:

IDENTIFIABLE SOURCE PATIENT: COMPLETED BY STUDENT

NAME _____ MRN or SSN _____

PATIENT LOCATION _____

BLOOD CONTAMINATION LABWORK drawn on SOURCE PATIENT : NO YES - BROUGHT WITH STUDENT YES - SENT FROM

HOSPITAL

ATTENDING PHYSICIAN : _____ SERVICE _____

KNOWN COMMUNICABLE DISEASES: HIV POSITIVE HBsAg POSITIVE HCV POSITIVE OTHER _____

STUDENT'S MEDICAL HISTORY / TREATMENT: COMPLETED BY SHS NURSE / HOUSE SERVICES COORDINATOR AT INITIAL BBP VISIT

- | YES | NO |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Student completed Hepatitis B Vaccine Series YEAR (if known) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Positive HBsAb Titer in Student's Medical Record |
| <input type="checkbox"/> | <input type="checkbox"/> Student requested & signed consent for HIV baseline screening as part of Blood Contamination Protocol Labs |
| <input type="checkbox"/> | <input type="checkbox"/> Blood Contamination Screening Labwork drawn on Student : <input type="checkbox"/> HBsAb / HIV <input type="checkbox"/> HBsAb only <input type="checkbox"/> HIV only |
| <input type="checkbox"/> | <input type="checkbox"/> Rapid HIV Testing on Source Patient, Exposure Risks & Post-Exposure Prophylaxis discussed with student by MD |
| <input type="checkbox"/> | <input type="checkbox"/> Source Patient known HIV-positive: PEP Counseling by MD / <input type="checkbox"/> Consents <input type="checkbox"/> Declination signed by Student |
| <input type="checkbox"/> | <input type="checkbox"/> PEP Baseline Labwork drawn on Student |
| <input type="checkbox"/> | <input type="checkbox"/> Student instructed to return to Student Health Services in 3 days for results of all Blood Contamination Labwork |

NURSE / HSC SIGNATURE _____ DATE _____ TIME _____ AM / PM

SOURCE PATIENT BLOOD CONTAMINATION LABWORK RESULTS: COMPLETED BY STUDENT HEALTH SERVICES

RAPID HIV : NEGATIVE POSITIVE Results reported to Student @ _____ AM / PM by _____ RN / MD

HIV (Elisa) : NEGATIVE SUSPECT POSITIVE
HBsAg : NEGATIVE SUSPECT POSITIVE
HCV : NEGATIVE SUSPECT POSITIVE

IF HIV (ELISA)POSITIVE ^o HIV (Western Blot) : NEGATIVE SUSPECT POSITIVE

STUDENT BLOOD CONTAMINATION LABWORK RESULTS:

HIV (Elisa) : DECLINED NEGATIVE POSITIVE **IF SOURCE PATIENT IS KNOWN HCV +** ^o HCV on Student : NEGATIVE SUSPECT POSITIVE

POSITIVE

POST-EXPOSURE FOLLOW-UP :

- I have been informed of the results of the post-exposure evaluation and all blood work on the Source Patient.
- I have been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require evaluation or treatment.
- I have been counseled about adherence to Universal Precaution procedures and maintaining confidentiality of the Source Patient's medical information.

STUDENT'S SIGNATURE: _____ **DATE** _____

STUDENT HEALTH SERVICES : _____ **DATE** _____