Bloodborne Pathogen 
Post-Exposure Packet

Introduction

This packet is designed to assist WSU personnel to respond correctly after an occupational exposure to human blood. Information enclosed applies to the following categories of people:

1. Employees whose duties may place them at risk of exposure;
2. Supervisors of at-risk employees;
3. Students whose course of study may place them at risk of exposure;
4. Advisors of at-risk students.

Possible Exposure Routes

Exposures to human blood may occur in one or more of the following ways:

1. A stick with a contaminated sharp object (i.e., needle);
2. A splash to the eyes, nose, or mouth;
3. Contact with suspect material to the employee’s or student’s non-intact skin (i.e., cut on hand).

Supervisor or Advisor Instructions

1. Share information in this packet with the employees or students immediately following an exposure.
2. Contact the WSU’s Hazard Materials Specialist at 801-626-7823 to answer your questions about bloodborne pathogen exposures.
3. Call WSU Safety Assistant at 801-626-7547 for replacement packets.

Packet Contents

☐ Bloodborne Pathogen Definitions and Post-Exposure Responsibilities Actions to Take Following A Bloodborne Pathogen Exposure information sheet;
☐ Incident Information Form;
☐ Refusal of Post-Exposure Medical Evaluation (for Bloodborne Pathogen Exposure) Form;
☐ Source Individual’s Consent or Refusal for HIV and HBV Infectivity Testing Form;
☐ Utah State Devison of Risk Management Post-Exposure Protocols for use only if facility has none in place:
  ☐ Post-Exposure Protocol;
  ☐ Chemoprophylaxis Protocol.

See the OSHA Bloodborne Pathogen Standard in Appendix C of WSU’s Exposure Control Plan. (Your department has a copy).
Bloodborne Pathogen Definitions & Post-Exposure Responsibilities
(following a bloodborne pathogen exposure)

Revised June 2014

Definitions

Occupational bloodborne pathogen exposure: An occupational bloodborne pathogen exposure is contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Possible exposure methods: An occupational exposure to human blood other potentially infectious material occurs in one or more of the following ways:

1. A stick with a contaminated sharp object (i.e., needle);
2. A splash to the eyes, nose, or mouth (i.e., mucous membrane);
3. A contact with non-intact skin (i.e., cut on hand);

Post-Exposure Responsibilities

Exposed individual's responsibilities: The exposed individual is responsible for:

1. Becoming familiar with post-exposure procedures before an exposure occurs;
2. Obtaining medical treatment and follow-up;
3. Completing necessary forms;
4. Notifying his/her supervisor or clinical instructor of your exposure.

Department responsibilities: The department is responsible for:

1. Disseminating post exposure information to faculty, staff, and interns who are at risk for exposures to human blood;
2. Coordinating blood testing of the source individual once a consent is given.

Supervisor responsibilities: The supervisor or clinical instructor is responsible to:

1. Becoming familiar with these procedures before an exposure occurs;
2. Knowing the location of the nearest health care provider able to perform post-exposure evaluation and treatment (WSU’s preferred provider for this service is IHC WorkMed.);
3. Having available rapid access to the health care provider's telephone number;
4. Ensuring employee compliance with the OSHA Bloodborne Pathogen Standard;
5. Facilitating timely resolution of workers compensation insurance claims resulting from occupational bloodborne pathogen exposures.

Additional Information

For additional information on the Weber State Biological Safety Program contact WSU’s Hazardous Materials Safety Specialist:

Pat Patitas, Safety Specialist
3700 Skyline Parkway Dept 2621
Ogden, Utah 84408-2621

Telephone: (801) 626-7823; (801) 626-7547
Facsimile: (801) 626-8530
Email: PatomchaiPatitas@weber.edu
Weber State University

Post Exposure Procedures

involving a needle stick or other potential exposure to a bloodborne pathogen
by an employee, student intern, or assigned volunteer

1. **Cleanse the wound** and surrounding area with soap and water (for a needle stick), or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face).

2. **Inform your supervisor or clinical instructor to call the appropriate infection control/ blood exposure triage staff on duty**, and alert them to expect you for immediate evaluation and treatment. (Evaluation must be completed within two hours of exposure. If the Health Care practitioner has any questions about the course of action or evaluation of the exposure potential, refer them to Dr. Petronella Adomako, an infectious disease physician at McKay Dee Hospital. Dr. Adomako's 24-hour telephone number is (801) 387-7900.)

3. **Report to IHC Work Med or hospital triage staff according to where the exposure occurs:**
   - **At McKay-Dee Hospital:** Report to the McKay-Dee Hospital Emergency Room and ask for the Health Coordinator, Carolyn Taylor. Telephone (801) 387-7715.
   - **On campus, Off campus, or in any other hospital or facility:**
     (*Hours vary by location. Consult IHC website at bottom of page for specific facility hours*)
     - **Between 7:30am - 5:30pm**: Report to the nearest IHC Work Med.
     - **Between 5:30 and 9:00 pm**: Report to the nearest IHC InstaCare.
     - **Between 9:00pm - 7:30am**: Report to the McKay-Dee Hospital Emergency Room, 4401 Harrison Blvd., and ask for the Health Coordinator, Carolyn Taylor. Telephone (801) 387-7715.

     **NOTE:** If distance or time-of-day prevents reasonable access to a Work Med or InstaCare, report to the nearest hospital and ask for the Blood Exposure Triage Staff. On-site triage may be used if available as a policy of your worksite. Consult your supervisor or call EH&S at (801) 626-7547 for any questions.

4. **Tell the triage staff you experienced an occupational blood exposure covered by WSU's Workers Compensation Insurance.** Refer billing questions to the EH&S Office Specialist at (801) 626-7547, 8:00 a.m. through 5:00 p.m., Monday through Friday.

5. **Request the source individual** to complete the Consent or Refusal (By source individual) for HIV, HBV, and HCV Infectivity Testing form, if appropriate. (Once the source individual gives consent for testing, your department is responsible for coordinating blood testing.)

6. **Inform the EH&S Specialist** of your exposure as soon as possible at (801) 626-7823.

7. **Complete the WSU Occupational Bloodborne Pathogens Exposure Incident form** within 24-hours of your exposure, and send a copy to WSU EH&S. Forms available online at [www.weber.edu/ehs](http://www.weber.edu/ehs)

If hospital triage personnel determine the risk is low, you may request follow up treatment with IHC WorkMed (801) 387-6151. Follow up treatment should begin within 48 hours following exposure, and includes initial screening; counseling concerning risk, health, and relationships; and follow up testing.

**Direct questions about these procedures to WSU's Environmental Health and Safety:**

- Pat Patitas, Safety Specialist
  - Telephone: (801) 626-7823; (801) 626-7547
  - Facsimile: (801) 626-8530
  - Email: PatomchaiPatitas@weber.edu

**IHC WorkMed is WSU's preferred Workers Compensation provider.**

*Locations available online at [http://intermountainhealthcare.org/facilities/](http://intermountainhealthcare.org/facilities/)*
Weber State University
Incident Information Form
for an Occupational Bloodborne Pathogens Exposure

Note to Clinical Instructor or Supervisor: Print this form, and ensure a completed copy is delivered to WSU's Environmental Health & Safety Office within 24 hours of the incident. EH&S is located in Facilities Management Building on Ogden campus. Our fax is (801) 626-8530. If you have questions, contact EH&S at (801) 626-7823.

Workers Compensation Insurance Information: A blood exposure to a WSU employee or student intern is covered under the university's policy. If you or the health care agency have any questions, contact WSU's coordinator at (801) 626-8004.

Exposed Individual's Information

Check one: [ ] Employee [ ] Student

Name: ________________________________________________________________

Address: ______________________________________________________________

Telephone: ___________________________ Social Security Number: __________

Date of Birth: ______________________ Preferred Language: _______________

Exposure Information

Exposure Date: __________________________ Exposure Time: _______________

Facility and specific location within it where incident occurred (room, etc.):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

Type of protection equipment used (gloves, goggles, etc.): __________________________

Route of exposure (stick, splash, etc.) and circumstances under which exposure occurred: [ ] Left [ ] Right [ ] Bilateral
____________________________________________________________________

Tell how this type of exposure can be prevented: (Use additional sheet if needed.)
____________________________________________________________________
____________________________________________________________________

Program / Department Information

WSU department or program in which you are enrolled or employed: __________________________

Basic job description/duties: ______________________________________________

Supervisor/Clinical Instructor: ____________________________________________

Supervisor/Clinical Instructor's Telephone: ________________________________

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June 2014
# Supervisor's Report of Incident

*Please complete and return to WSU EH&S office, Dept. 2621. Reports should be turned in within 24 hours of the incident.*

## Injured Person's Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>W#:</th>
</tr>
</thead>
</table>

**Status:** (Check one)  
- Employee  
- Supervisor:  
- Visitor  
- Job Position/Title:

## Incident Information  *(To be completed for ALL incidents)*

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Incident Location:</th>
</tr>
</thead>
</table>

**Time of Incident:**

**Task being performed when incident occurred:**

## Incident Results:

- [ ] Injury  
- [ ] Fatality  
- [ ] Property Damage  
- [ ] Near-Miss  

**Number of Workdays Lost:**

**Witness' Name(s):** *(Include phone numbers if available)*

## Describe how the incident occurred:

## What actions, events, or conditions contributed most to this incident?

## Was safety equipment provided?  
- [ ] Yes  
- [ ] No  

*(Please describe)*

## What can be done to prevent future incidents of this type?

## Injury Information  *(To be completed for ALL incidents resulting in injury)*

**Medical Treatment:**

- [ ] First aid administered at workplace  
- [ ] Medical Treatment Required  

**Are there any doubts or concerns that this injury is not work-related?**

- [ ] No  
- [ ] Yes  *(If yes, please contact EH&S WCF Claim Coordinator at ext. 7077)*

## Signature Section  *(To be completed for ALL incidents)*

**Signature of Supervisor:**

**Date:**

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*Be Careful Out There*  
[www.weber.edu/ehs]  
*Revised: 8/1/14*
Weber State University
Refusal of Post-Exposure Medical Evaluation Form
for Bloodborne Pathogen Exposure
Revised June 2014

Supervisor or Clinical Instructor: Complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional. Send this completed form to Environmental Health & Safety, 3700 Skyline Parkway Dept 2621 Ogden, Utah 84408-2621, Telephone: (801) 626-7823, Fax: (801) 626-8530.

Exposed Individual Information

Name: ____________________________________________

WSU Department or Program: ____________________________________________

Exposure Date: ________________ Social Security Number: __________________________

Exposure Information

Facility & Department where the incident occurred: ____________________________________________

Type of protection equipment used (gloves, eye protection, etc.): ____________________________________________

Describe how you were exposed: ____________________________________________

Tell how this type of exposure can be prevented: ____________________________________________

Statement of Understanding

I have been fully trained in WSU’s Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual’s Signature: ____________________________ Signature Date: ________________

Witness Name (Please Print): ____________________________________________

Witness Signature: ____________________________ Witness Date: ________________
Department of Environmental Health & Safety

*Source Individual’s Consent or Refusal Form
for HIV, HBV and HCV Infectivity Testing
*This person’s blood or body fluids provided the source of this exposure.
Revised June 2014

NOTE: Print this form and distribute copies of this form to: □ Health Care Professional □ WSU EH&S, MC 2621

Exposed Individual’s Information
Name (Please Print): ___________________________________________________________
WSU Department or Program: __________________________________________________
Telephone Number: ___________________________ Exposure Date: _______________________

Source Individual’s Statement of Understanding
I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a WSU employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed healthcare worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature
I hereby consent to: □ HIV Testing □ HBV Testing □ HCV Testing
I hereby refuse consent to: □ HIV Testing □ HBV Testing □ HCV Testing

Source Individual Identification
Source individual’s printed name and signature: __________________________________________
Date Signed: __________________________________________
Relationship (If signed by someone other than the source individual): _______________________

For More Information
Contact WSU’s Hazardous Materials Specialist, 3700 Skyline Parkway Dept 2621, Ogden, Utah 84408-2621, Telephone: (801) 626-7823, Fax: (801) 626-8530

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Post-Exposure Protocols

State of Utah protocols are supplied for use only if the health care facility where the exposure occurs has no Center for Disease Control post-exposure procedures in place.

Protocols included for this purpose:

- Blood/Body Fluid Exposure Protocol
- Occupational HIV Post-Exposure Chemoprophylaxis
This protocol is supplied for use only if the health care facility where the exposure occurs has no Center for Disease Control post-exposure procedures in place.

State of Utah
Department of Administrative Services
Division of Risk Management

Employee Blood/Body Fluid Exposure Protocol

I. Purpose
To delineate the protocol for the management of employee occupational exposure incidents.

II. Definitions
Occupational exposure incident (OEI) means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Source individual means the source of the blood or other potentially infectious materials that were involved in the OEI.

III. Protocol
A. Screening, treatment, and follow up shall be provided to employees who sustain and OEI and who report the OEI to their supervisor and the agency human resource department.

B. Confidential medical surveillance and counseling shall be provided to employees who report an OEI

C. OEI shall be reported immediately after the occurrence, in accordance with State of Utah, Division of Risk Management guidelines.
IV. Procedures

A. The exposed employee should initiate first aid treatment immediately for the OEI.
   1. For cuts, punctures and lacerations, the site should be made to bleed freely, if possible, and then washed thoroughly with soap and water.
   2. For splashes to the eyes, nose or mouth, the area should be rinsed with copious amounts of tap water.

B. Employees who incur an OEI shall immediately report to their supervisor or designee for referral to an expert physician.

C. The Workers Compensation First Report of Injury or Illness form (122) shall be completed by the supervisor or designee within 24 hours of the OEI.

D. Follow up for all OEI (Source individual known or unknown):
   1. The OEI shall be initially treated and evaluated treated by an expert physician within the shift that the exposure occurred.
   2. A tetanus-diphtheria (Td) booster shall be given to an employee who has not had the vaccine within ten years.
   3. Employees shall be counseled concerning signs and symptoms of Hepatitis B, C and HIV. (These symptoms could occur from two weeks to six months after the OEI)

      Employees shall report to the expert physician or designee should such signs and/or symptoms occur.

   4. Employees shall be counseled regarding the clinical and epidemiological probability of bloodborne pathogen transmission specific to their OEI.
   5. Employees shall receive written instructions for follow up as indicated.
   6. As soon as possible after the OEI, a sample of the employee’s blood shall be drawn.

      This sample will be used to determine the employee’s baseline bloodborne pathogen status.
E. **Follow up for Hepatitis B**

1. Hepatitis B vaccine shall be offered to employees who have not already been immunized.
   
   a. Screen for Hepatitis B antibodies the employee who has already received the vaccine.
   
   b. Employees who have received Hepatitis B vaccine shall be screened for antibody to Hepatitis B as soon as possible after the OEI.
   
   c. Employees who have not already been immunized before the OEI shall complete all doses of Hepatitis B vaccine at the recommended times.
   
   d. Employees who have completed all doses of Hepatitis B vaccine but who have a negative Hepatitis B antibody screen shall be offered a booster dose of vaccine.
      
      1) Six weeks following the booster dose, employees shall be offered a further Hepatitis B antibody screen. If this is negative a further series of Hepatitis B vaccine shall be offered counting the booster dose as number one of the second series. If Hepatitis B surface antibodies (HsAb) continue to be negative six weeks after the completion of second series, the employee shall be counseled on their ability to develop antibody to Hepatitis B virus by immunization.
      
      2) If the employee has positive HbsAb, no further Hepatitis B follow up is needed.

2. The employee shall be counseled concerning HIV, including limitations of HIV testing and precautions he/she should follow to prevent transmission of HIV in the event that infection occurs.

3. Employee HIV test results are known only by the physician, the employee and are kept strictly confidential.
   
   a. Employees shall be informed that positive HIV test results shall be reported to the Utah Department of Health, Bureau of HIV/AIDS, in accordance with Utah law.
b. Employees who are HIV positive shall be permitted to work and shall not be discriminated against in accordance with State of Utah Policy.

4. Source Individual Known

a. Employees who sustain a significant OBI from a known HIV positive individual shall be offered chemoprophylaxis according to policy.

b. Employees who sustain a significant OBI when the HIV status of the source individual is unknown may request HIV testing of the source individual.

1) Pretest counseling shall be performed and written informed consent shall be obtained by the physician or designee.

   a) Testing cannot be done without individual, next of kin (in the event of a minor) or guardian consent.

   b) The source individual may refuse testing.

2) The physician may not always have the ability to HIV test the source individual due to the individual’s death, refusal, etc.

3) Source individual HIV test requests shall not have individual identifiers on them.

   a) Test results shall only be available to the source individual, the employee and physician or designee.

   b) The physician or designee shall inform the source individual of the HIV test results.

4) The exposed/injured employee shall be informed of the source individual’s HIV status and the importance of continued confidentiality.

   a) Recommendations for further follow up and HIV serial testing shall also be given the employee.
As with Hepatitis C, the main focus shall be the employee's follow up test due to the time it takes for HIV antibodies to develop (e.g., source individual may test negative, but may still be infectious).

F. Reporting of employee's and source individual's test results by the physician.

1. Utah law requires that HIV, HCV and HBV infections be reported. Employees and source individuals shall be reported by name to the local or state health department if testing demonstrates infection.

2. Workers Compensation Fund of Utah shall be informed of positive employee HIV, HCV and HBV test results only if the employee seroconverts as a consequence of an OEI and files a claim for worker compensation.

3. The employer shall not received the results of the testing reports.

Source: University of Utah Hospital and Clinics, Policies and Protocols.

References:  
-29 CFR 1910.1030-Bloodborne Pathogen  
-Utah code Ann 34A-6-101 et. Seq Utah Occupational Safety and Health Act.  
-Information for employers, complying with OSHA's bloodborne Pathogen Standard, DHHS (NIOSH) Publication No. 2009-111 (March 2009)
STATE OF UTAH
Department of Administrative Services
Division of Risk Management
POLICY AND PROCEDURES

SUBJECT: Blood/Body Fluid Exposure Protocol

I. Purpose
To delineate the protocol for the management of employee occupational exposure incidents.

II. Definitions
Occupational exposure incident (OEI) means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

Source individual means the source of the blood or other potentially infectious materials that were involved in the OEI.

III. Protocol
A. Screening, treatment, and follow up shall be provided to employees who sustain and OEI and who report the OEI to their supervisor and the agency human resource department.

B. Confidential medical surveillance and counseling shall be provided to employees who report an OEI.

C. OEI shall be reported immediately after the occurrence, in accordance with State of Utah, Division of Risk Management guidelines.

IV. Procedures
A. The exposed employee should initiate first aid treatment immediately for the OEI.
   1. For cuts, punctures and lacerations, the site should be made to bleed freely, if possible, and then washed thoroughly with soap and water.
   2. For splashes to the eyes, nose or mouth, the area should be rinsed with copious amounts of tap water.

B. Employees who incur an OEI shall immediately report to their supervisor or designee for referral to an expert physician.

C. The Workers Compensation First Report of Injury or Illness form (122) shall be completed by the supervisor or designee within 24 hours of the OEI.
D. Follow up for all OEI (Source individual known or unknown):

1. The OEI shall be initially treated and evaluated treated by an *expert physician* within the shift that the exposure occurred.

2. A tetanus-diphtheria (Td) booster shall be given to an employee who has not had the vaccine within ten years.

3. Employees shall be counseled concerning signs and symptoms of Hepatitis B, C and HIV. *(These symptoms could occur from two weeks to six months after the OEI.)*

   Employees shall report to the *expert physician* or designee should such signs and/or symptoms occur.

4. Employees shall be counseled regarding the clinical and epidemiological probability of bloodborne pathogen transmission specific to their OEI.

5. Employees shall receive written instructions for follow up as indicated.

6. As soon as possible after the OEI, a sample of the employee’s blood shall be drawn.

   This sample will be used to determine the employee’s baseline bloodborne pathogen status.

E. Follow up for Hepatitis B

1. Hepatitis B vaccine shall be offered to employees who have not already been immunized.
   a. Screen for Hepatitis B antibodies the employee who has already received the vaccine.

   b. Employees who have received Hepatitis B vaccine shall be screened for antibody to Hepatitis B as soon as possible after the OEI.

   c. Employees who have not already been immunized before the OEI shall complete all doses of Hepatitis B vaccine at the recommended times.

   d. Employees who have completed all doses of Hepatitis B vaccine but who have a negative Hepatitis B antibody screen shall be offered a booster dose of vaccine.
1) Six weeks following the booster dose, employees shall be offered a further Hepatitis B antibody screen. If this is negative a further series of Hepatitis B vaccine shall be offered counting the booster dose as number one of the second series. If Hepatitis B surface antibodies (HsAb) continue to be negative six weeks after the completion of second series, the employee shall be counseled on their ability to develop antibody to Hepatitis B virus by immunization.

2) If the employee has positive HbsAb, no further Hepatitis B follow up is needed.

2. The employee shall be counseled concerning HIV, including limitations of HIV testing and precautions he/she should follow to prevent transmission of HIV in the event that infection occurs.

3. Employee HIV test results are known only by the physician, the employee and are kept strictly confidential.

   a. Employees shall be informed that positive HIV test results shall be reported to the Utah Department of Health, Bureau of HIV/AIDS, in accordance with Utah law.

   b. Employees who are HIV positive shall be permitted to work and shall not be discriminated against in accordance with State of Utah Policy.

4. Source Individual Known

   a. Employees who sustain a significant OEI from a known HIV positive individual shall be offered chemoprophylaxis according to policy.

   b. Employees who sustain a significant OEI when the HIV status of the source individual is unknown may request HIV testing of the source individual.

1) Pretest counseling shall be performed and written informed consent shall be obtained by the physician or designee.

   a) Testing cannot be done without individual, next of kin (in the event of a minor) or guardian consent.

   b) The source individual may refuse testing.

2) The physician may not always have the ability to HIV test the source individual due to the individual’s death, refusal, etc.
3) Source individual HIV test requests shall not have individual identifiers on them.

   a) Test results shall only be available to the source individual, the employee and physician or designee.

   b) The physician or designee shall inform the source individual of the HIV test results.

4) The exposed/injured employee shall be informed of the source individual’s HIV status and the importance of continued confidentiality.

   a) Recommendations for further follow up and HIV serial testing shall also be given the employee.

   b) As with Hepatitis C, the main focus shall be the employee’s follow up test due to the time it takes for HIV antibodies to develop (e.e., source individual may test negative, but may still be infectious).

F. Reporting of employee’s and source individual’s test results by the physician.

1. Utah law requires that HIV, HCV and HBV infections be reported. Employees and source individuals shall be reported by name to the local or state health department if testing demonstrates infection.

2. Workers Compensation Fund of Utah shall be informed of positive employee HIV, HCV and HBV test results only if the employee seroconverts as a consequence of an OEI and files a claim for worker compensation.

3. The employer shall not received the results of the testing reports.

Source: University of Utah Hospital and Clinics, Policies and Protocols.

Hepatitis Surveillance, Centers for Disease Control & Prevention, Report #56, issued April 1996.
MMWR, June 7, 1996, Vol. 45-No. 22.October 24, 2002
STATE OF UTAH
Department of Administrative Services
Division of Risk Management

POLICY AND PROCEDURES

SUBJECT: Occupational HIV Post-exposure Chemoprophylaxis

I. PURPOSE
Outline the policy for antiviral chemoprophylaxis for employees occupationally exposed to HIV.

II. REFERENCE
Update: Provisional Public Health Service Recommendation for Chemoprophylaxis After Occupational Exposure to HIV. MMWR. 45:22, 468, 1996; & MMWR vol. 54 No. RR-2, Jan 21, 2005.

III. POLICY

A. Employees at risk for occupational exposure, as determined by the employer, should receive training regarding the risks and prevention of occupational HIV transmission and the criteria for post-exposure antiviral chemoprophylaxis.

B. Employees occupationally exposed or a potential occupational exposure to HIV shall be offered counseling by an HIV expert on the risks of seroconversion, based on the severity of the reported occupational exposure incident, to assist in determining treatment recommendations. Counseling shall be conducted if there are special circumstances, such as employee pregnancy, immunosuppressive treatment or disease, or other serious illnesses/conditions in the employee, if the HIV status of the source patient is unknown, or if the source patient may have drug-resistant HIV.

1. Deviations from the recommended drug regimens can only be made in consultation with an HIV expert and with the approval of Division of Risk Management.

C. The only published efficacy data for chemoprophylaxis after occupational exposure to HIV is for the drug Zidovudine (AZT), which has been associated with a decrease of approximately 79% in the risk for HIV seroconversion after percutaneous exposure to HIV-infected blood in a case-control study among health care providers. However, in keeping with the Public Health Service recommendations, combination antiviral chemoprophylaxis shall be recommended, offered or discouraged based on the severity of the occupational exposure incident, as outlined in this policy.

D. Antiviral chemoprophylaxis shall be instituted within 2 hours after the occupational exposure to HIV. The employee shall report promptly to the supervisor and Human Resource personnel of the “high risk” nature of the exposure incident and request for treatment consideration.
E. Written informed consent shall be obtained from the employee when antiviral chemoprophylaxis is instituted, or if it is declined when recommended.

1. Declining to take recommended antiviral chemoprophylaxis shall not effect other treatment or benefits to which the employee may be otherwise entitled.

IV. PROCEDURES
A. Employees, determined at risk by the employer, should receive training regarding the risks and prevention of occupational HIV transmission and the criteria for post-exposure antiviral chemoprophylaxis.

B. Antiviral chemoprophylaxis shall be instituted within 2 hours after the occupational exposure to HIV.

1. Employees who have sustained occupational exposures to body fluids from known or suspected HIV-infected individuals shall promptly report to the supervisor and Human Resource department. The employee shall inform personnel (supervisor/Human Resources) of the “high risk” nature of the exposure incident and request for treatment consideration.
   a. Supervisory and Human Resource personnel shall be educated concerning the immediacy of these exposure incidents to facilitate the employee seeing a clinician quickly.

2. The employee shall be counseled concerning the risks of occupational HIV transmission in relation to the severity of the reported occupational exposure incident.

C. The occupational exposure incident shall be evaluated to determine if it was to hazardous body fluids (HBF) which are known or suspected to transmit HIV.

1. HBF include blood, blood products, semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pericardial fluid, amniotic fluid, breast milk, or other body fluids visibly contaminated with blood.

D. If the occupational exposure incident is determined to be to HBF, the incident shall then be evaluated to determine the depth and severity of the injury to assist in determining treatment options.

1. Injuries are categorized into “Massive Exposure”, “Definite Parenteral Exposure”, “Possible Exposure”, and “Negligible Risk Exposures” as defined in section E below.

E. Risk stratification and recommendations for antiviral chemoprophylaxis shall be based on the following protocols:
1. **Protocol for “Massive Exposure”**
   Definition of Massive Exposure:
   → needle stick with large diameter hollow bore needle previously in source patient’s vein or artery, involving injection of source patient’s blood, AND blood contains high titer of HIV (e.g., source patient with acute retroviral illness or end-stage AIDS)
   → parenteral exposure to laboratory or research specimen containing high titers of HIV
   **Recommend** treatment with 3 drug therapy:
   ① AZT (Zidovudine or Retrovir), 200 mg, by mouth (po), TID
   ② 3TC (Lamivudine or Epivir), 150 mg, po, BID
   ③ Indinavir (Crixivan), 800 mg, po, q 8 hours (if Indinavir is not available, use Saquinavir, 600 mg, po, TID)

2. **Protocol for “Definite Parenteral Exposure”**
   Definition of Definite Parenteral Exposure:
   → needle stick with large diameter hollow bore needle previously in source patient’s vein or artery AND EITHER: probable injection of blood OR blood contains high titer of HIV
   **Recommend** treatment with 2 drug therapy:
   ④ AZT (Zidovudine or Retrovir), 200 mg, po, TID
   ⑤ 3TC (Lamivudine or Epivir), 150 mg, po, BID

3. **Protocol for “Possible Exposure”**
   Definition of Possible Exposure:
   → all other sharps injuries, which include needles, suture needles, scalpel/sharps injuries, instruments, etc., which are contaminated with blood or HBF
   → mucous membrane exposure to blood or HBF
   → skin exposure to blood or HBF, if exposure involves prolonged skin contact or extensive area involved, AND blood contains high titer of HIV
   → skin exposure to blood or HBF, and skin integrity is compromised
   **Offer** (not recommend) treatment with 2 drug therapy, balancing the lower risk of transmission against the use of drugs having uncertain efficacy and toxicities:
   ① AZT (Zidovudine or Retrovir), 200 mg, po, TID
   ② 3TC (Lamivudine or Epivir), 150 mg, po, BID

4. **Protocol for “Negligible Risk Exposure”**
   Definition of Negligible Risk Exposure:
   → percutaneous, mucous membrane and skin exposures/injuries to other body fluids not known or suspected to transmit HIV, e.g., urine, saliva, feces, etc.

   Treatment NOT justified.

5. Once started, post-exposure chemoprophylaxis shall be administered for 4 weeks, if tolerated.
6. Any exposure incident reported more than 24 hours after the incident shall be reviewed on a case-by-case basis for antiviral chemoprophylaxis eligibility.

7. Employees shall be asked to consent to baseline HIV testing. An employee whose baseline HIV test is positive shall be informed to discontinue antiviral chemoprophylaxis and shall be referred to a clinician who specializes in HIV care and treatment.

**Note:** If employee does not consent to baseline HIV testing, blood should be stored to protect the employer should baseline information be needed at a later date.

F. Consultation with an HIV expert shall be conducted if there are special circumstances, such as employee pregnancy, immunosuppressive treatment or disease, or other such serious illnesses/treatments/conditions in the employee, if the HIV status of the source patient is unknown, or if the source patient may have drug-resistant HIV.

1. An attempt shall be made to serologically confirm the HIV status of a high-risk source if the HIV status of the source is unknown. Antiviral chemoprophylaxis may be discontinued if the source is determined not to be infected with HIV. Decisions to continue treatment shall be made on a case-by-case basis if the HIV status of the source cannot be confirmed.

2. Deviations from the above drug regimens, e.g., due to drug-resistance in source individual, can only be made in consultation with an HIV expert and with the approval of the Division Risk Management.

G. Written informed consent shall be obtained from the employee when antiviral chemoprophylaxis is instituted, or if it is declined when recommended.

1. The employee has the right to decline antiviral chemoprophylaxis. Declining to take recommended medications shall not affect other treatment or benefits to which the employee may be otherwise entitled.

H. Employees taking antiviral chemoprophylaxis shall be evaluated by an HIV expert for drug toxicity.

1. CBC and renal and hepatic function tests shall be performed at baseline and at 2 weeks after starting treatment or as indicated. If subjective or objective toxicity is noted, dose reduction or substitution shall be considered in consultation with an HIV expert.

I. Employees who sustain an occupational exposure incident, whether or not they are taking antiviral chemoprophylaxis, shall be counseled concerning the risk of HIV transmission during the post-exposure incident follow up period.
1. Employees shall be informed to seek follow up with an **HIV expert** for any illness that may indicate acute HIV viral syndrome.

2. Employees shall be counseled to avoid becoming pregnant or causing pregnancy during the post-exposure period.
   
   a. **Women** who become pregnant during antiviral chemoprophylaxis shall be referred to an **HIV expert** concerning continuation of treatment.

3. Employees shall be counseled that abstinence eliminates the risk of HIV transmission via sexual intercourse to a sexual partner.
   
   a. Employees shall be informed that use of latex condoms does not provide absolute protection from HIV transmission, but if properly used, should reduce the risk of HIV transmission to a sexual partner.

4. Women who are breast-feeding shall be instructed to discontinue breast-feeding to eliminate the potential risk of HIV transmission to infants via breast milk.

5. Employees shall be told to abstain from donating blood, tissues, organs or semen during the post-exposure period.

6. Follow up HIV testing shall be performed by **HIV expert** according to post-exposure incident protocols.

**SOURCE:**

University of Utah Hospitals & Clinics Policies and Protocols
MMWR 45:22, 468, 1996.
MMWR vol. 54 No. RR.2, Jan 21, 2005.
Weber State University  
Department of Environmental Health & Safety  

Form B  
Exposure Control Plan Instructor Qualifications & Training Content Statement  

Trainer Qualifications & Training Content Statement:  
I am knowledgeable in the subject matter Weber State University requires Bloodborne Pathogens Exposure Control Plan trainers to provide at risk employees. I included the following topics in the training for the employee(s) listed below, or on the attached Form C Annual Bloodborne Pathogen Exposure Control Plan Training Record:  
1. OSHA Bloodborne Pathogen Standard;  
2. Epidemiology and symptoms of bloodborne diseases;  
3. Modes of transmission of bloodborne pathogens;  
4. Weber State University Bloodborne Pathogen ECP, and how to obtain a copy;  
5. Information in WSU’s Appendix A specific to the department when there are changes of tasks or procedures affecting the employee;  
6. Recognition of tasks that may involve exposure;  
7. Use and limitations of methods to reduce exposure (engineering controls, work practices and personal protective equipment);  
8. Types, use, location, removal, handling, decontamination and disposal of PPE;  
9. Basis of PPE selection;  
10. Hepatitis B vaccination—efficacy, safety, method of administration, benefits—(At no cost to employees with significant risk of exposure);  
11. Appropriate actions to take, and persons to contact in emergencies involving blood or OPIM;  
12. Procedures to follow when an exposure incident occurs, (reporting and medical follow-up);  
13. Evaluation and follow-up required after an exposure incident;  
14. Signs, labels and color coding systems.  

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<th>Department or Program where employee works</th>
<th>Trainer Name (PRINT)</th>
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<th>Trainer Signature</th>
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[ ] Multiple Employees: See attached Form C: Annual Bloodborne Pathogen Exposure Control Plan Training Record.  

[ ] Single Employee:  

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<th>Employee Name (PRINT)</th>
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Forward a copy of this form to WSU Environmental Health & Safety Office, MC 2621.
Weber State University  
Department of Environmental Health and Safety  

Form C: Annual Bloodborne Pathogen Exposure Control Plan Training Record  

Instructions:  
1) Attach Form B: Exposure Control Plan Instructor Qualifications & Training Content Statement;  
2) Forward a copy of both forms to WSU's Environmental Health & Safety Office, MC 2621;  
3) Retain training records for three years from the date of the training session. (At risk employees or their representatives may request training records. Training records are also available to the U.S. Assistant Secretary of Labor for Occupational Safety and Health, and to the Administrator, Division of Occupational Safety and Health, Industrial Commission of Utah)  

Department  

Trainer (Please write legibly)  

Date  

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**Weber State University**  
**Department of Environmental Health and Safety**

**Form C: Annual Bloodborne Pathogen Exposure Control Plan Training Record**

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