



WEBER STATE UNIVERSITY

Environmental Health & Safety

Bloodborne Pathogens Post Exposure Procedures

(for employees, student interns, or assigned volunteers)

Immediate measures to be taken

- Lightly wash needlestick/cut exposed area with soap and water for 5 minutes
- Flush splashes to the nose, mouth, or skin with water for 5 minutes
- Irrigate eyes with clean water, saline, or sterile irrigants for 15 minutes

Reporting Requirements

- Notify your preceptor, faculty member, and HR (801-626-6184 or marisasalazar@weber.edu)
- Initiate Incident reporting ([“Bloodborne Pathogens Exposure”](#) form and [“Supervisor’s Report of Incident”](#) form)

Evaluate the mode(s) of exposure

For transmission of bloodborne pathogens Human Immunodeficiency Virus (HIV), hepatitis B (HBV), and hepatitis C (HCV) to occur, an exposure must include **both** of the following

1. Infectious body fluid: Blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, and synovial fluid can transmit HIV, HBV, and HCV.
2. A portal of entry (percutaneous, mucous membrane, cutaneous with non-intact skin)

If both of these factors are not present, there is no risk of bloodborne pathogen(s) transmission and further evaluation is not required.

Evaluation

Source Patient (SP):

Rapid testing should be performed whenever possible. Rapid testing can give results within 3-4 hours and is specific and sensitive enough to be used for preliminary decision-making. Have the SP fill out the [“Source Individual’s Consent or Refusal”](#) form.

If the SP consents to testing and you are at a facility that has testing capabilities then the facility should initiate the rapid test of the SP. If the SP consents but is not at a facility that has testing capabilities then the SP can go to WorkMed and inform them they are a source patient in an occupational blood exposure event covered by Weber State University’s (WSU) Workers’ Compensation Fund Insurance. If the SP refuses or if the SP is unknown then follow the Exposed Person procedures below.

Exposed Person (EP):

- If no bloodborne pathogen(s) exposure occurred, or the SP is confirmed negative on rapid testing, no baseline testing is clinically indicated for the EP.
- If the SP is positive for HBV and the EP has been previously vaccinated (with a positive titer test) then no further testing or treatment is required. However, follow up with WorkMed is recommended
- If the SP is positive or the SP is unknown, an initial screening must occur within 3 days. Respond to WorkMed and inform them you were involved in an occupational blood exposure covered by WSU's Workers' Compensation Fund Insurance. The EP is covered for baseline testing, counseling concerning risk, health, and relationships; as well as follow-up testing. The WorkMed provider will work with the EP on the frequency of any additional care.

Post-exposure Prophylaxis (PEP)

Post-exposure Prophylaxis is recommended whenever the SP tests positive. If the SP is unable to be tested, PEP is generally not warranted and the decision to take PEP should be individualized following a shared decision-making process based on accurate risk assessment, provider recommendations, and the EP's preferences.

If PEP is recommended, it should be started immediately for HIV (no later than 72 hours) and within 7 days for HBV. There is no PEP for HCV.

Pregnancy and Breastfeeding

If a pregnant person is exposed, starting PEP should be based on considerations similar to those of non-pregnant exposed persons. Typically, the benefits of PEP outweigh the potential risk of infant and maternal Antiretroviral (ARV) medication exposure. Regardless, a pregnant person should discuss this with their physician and alternate PEPs can be decided.

Breastfeeding is not a contraindication for PEP. However, an exposed person who is breastfeeding should discuss this with their physician.

For additional information refer to the [Exposure Control Plan](#).