

Post Exposure Instructions and Information

VHS Occupational Health

Phone: 757-446-5870

Fax: 757-446-7188

VHS Exposure Pager: 757-554-1192

Step 1: Treat the Exposure Site

- Wash needlesticks and cuts with soap and water.
- Flush exposed mucous membranes with water.
- Flush exposed eyes with clean water, saline or sterile irrigant.

Step 2: Report the incident to your supervisor **AND** by completing the VHS BBP Exposure Survey via https://redcap.link/Fluid_Exposure_Worksheet. Follow the disposition at end of the survey. Call VHS Exposure Pager at 757-554-1192 if you have urgent questions.

- Report all exposures immediately; circumstances of the exposure.
- Report source patient name, date of birth and medical record number.
- Report the location of the exposure (e.g. operating room, emergency room, clinic).
- DO NOT LET THE SOURCE PATIENT LEAVE THE PREMISES!
- Have lab work drawn on the source patient.
- If the source patient is HIV negative, there is no need to have labs drawn on yourself, unless directed to do so by Occupational Health.
- There is a choice of two EPINet forms to complete in the packet, depending on the type of exposure. Pick *either* "Needlestick/and Sharp Object" OR "Body Fluid Exposure".
- Complete the remaining paperwork and submit to Occupational Health by the NEXT business day.

An exposure that might place health-care personnel (HCP) at risk for hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. The following contains information that might help you understand your relative risk after such an exposure should the source of your exposure prove to be infected with one of the three viruses in question. **According to the CDC, "if the source person (*patient*) is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person (*HCP*) is not necessary."**

Hepatitis B vaccine is 95% effective in preventing HBV infection and its chronic consequences. The risk of a non-vaccinated HCP developing clinical hepatitis varies from 1% to 31% depending on the infectivity of the blood and other factors relating to the exposure. Post-exposure prophylaxis (PEP) for HBV exposure, which includes HBIG and Hepatitis B vaccine are 75% effective and are usually well-tolerated. Any HCP experiencing exposure to Hepatitis B virus should report the following to Occupational Health: *an acute illness with symptoms that last several weeks, including yellowing of the skin and eyes (jaundice), dark urine, extreme fatigue, nausea, vomiting and abdominal pain.*

Control of Communicable Diseases Manual, American Public Health Association, (2004). (18th ed.). Heymann, D.L. (Ed.)

Morbidity and Mortality Weekly Report, June 29, 2001 / 50(RR11);1-42. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis.

Morbidity and Mortality Weekly Report; CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B virus Protection and for Administering Post-exposure Management. December 20, 2013 / Vol.62 / No. RR-9.

Center for Disease Control; Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis. September 13, 2013

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Hepatitis C is not transmitted efficiently through occupational exposures to blood. The average incidence of anti-HCV seroconversion after accidental percutaneous exposure from an HCV-positive source is 1.8%. While there is no vaccine for HCV, HCP who are exposed to HCV should receive baseline serologic testing and repeat testing for anti-HCV and ALT at least 4-6 months post exposure. Following initial infection, approximately 80% of people do not exhibit any symptoms. Any HCP exposed to Hepatitis C virus should report the following to Occupational Health: *fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, grey colored feces, joint pain, and jaundice (yellowing of skin and the whites of the eyes)*.

HIV According to the CDC, as of 2010, 57 documented transmissions and 143 possible transmissions had been reported in the United States. No confirmed cases of occupational HIV transmission to health care workers have been reported since 1999. The risks for occupational transmission of HIV vary with the type and severity of exposure. HCP who experience an exposure to the blood of an HIV-infected source will be referred to a consulting physician as soon as possible following the exposure. This physician will determine whether PEP is advisable. Regardless of whether the HCP participates in prophylactic treatment, he/she should receive baseline testing at the time of exposure and follow-up testing at 6 weeks, and concluded at 4 to 6 months as long as the HCP test results continue to be negative. Most persons infected with HIV develop detectable antibodies within 1-3 months after infection. Extended HIV follow-up (for 12 months) is recommended for HCP who become infected with HCV after exposure to a source **co-infected** with HIV and HCV. Any HCP exposed to HIV should report the following to Occupational Health: *flu-like symptoms, including fever, sore throat, and rash as well as malaise and lymphadenopathy (swollen glands)*.

Always, but especially after an exposure to infection, healthcare workers are advised to practice a safe and healthy lifestyle.

- Avoid excessive alcohol and, if possible, medications that may be toxic to the liver.
- Maintain good nutrition, rest, and activity and other stress-management practices.

Until follow-up testing is completed, it is *strongly* recommended that you refrain from:

- Donating blood, plasma, organs, tissue, or sperm.
- Sharing personal care items such as razors or toothbrushes.
- Sharing needles, syringes, or other equipment to inject drugs.

If you were exposed to HIV, it is advisable to:

- Use condoms or sexual abstinence to prevent sexual transmission and avoid pregnancy; (latex-based condoms used correctly with water-based lubricants during oral, anal or vaginal intercourse have been shown to reduce the risk of sexual transmission of HIV). Use another alternative to breastfeeding until follow up testing is completed.

My signature below indicates that I have read the information contained in this fact sheet and that I will seek clarification of any of its components from the Occupational Health staff.

Print Name _____ Date ____/____/____

Signature _____ Last 4 SSN: XXX-XX-____

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