

**WICHITA STATE STUDENT HEALTH SERVICES  
POLICY FOR THE FOR EVALUATIONAND MANAGEMENT  
OF BLOOD BORNE PATHOGEN EXPOSURES**

**PURPOSE:**

The purpose of this document is to establish Wichita State University (WSU) policy for evaluation and testing procedures following a blood borne pathogen exposure. This policy applies to all WSU staff, faculty and students who are working in a clinical setting as part of their program requirements.

**DEFINITION:**

For transmission of a blood borne pathogens to occur, an exposure must include the following:

- Infectious body fluid such as: blood, semen, vaginal fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.  
**AND**
- A portal of entry (percutaneous, mucous membrane, cutaneous).

If these factors are not present, there is not a risk for transmission and further evaluation is not required. (PEPline Guidance for Occupational Exposures, 2010)

**GENERAL GUIDELINES:**

This plan covers any Student Health employee, WSU College of Health Professions student or faculty working in a clinical site or any other WSU employee with potential for exposure to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or Human Immunodeficiency Virus (HIV). The exposure determination is made without regard to the use of personal protective equipment.

Exposed person must complete the “Exposure Incident” report (attachment #1) which will be placed in the employee’s/student’s medical record. The Director of Student Health, Office Manager and/or designee for those individuals, is responsible for maintaining records of exposure incidents.

If the exposure occurs as part of a WSU employee workers compensation related injury, the “WSU Employee Accident and Illness Report” (attachment #2) needs to be completed and signed by the employee’s supervisor. The accident and illness is report must be sent to Employee Relations as per Human Resources policy.

WSU worker's compensation (State Self Insurance Plan) will evaluate the incident based on the WSU Employee Accident and Illness Report to determine whether it qualifies for payment of any charges incurred for staff and faculty.

The "Healthcare Professional Written Opinion" form will be completed and send to HR when a WSU employee is seen in the Student Health clinic for the evaluation of a work related blood borne pathogen exposure (see attachment #3).

Medical records for occupational injuries are confidential, stored separately from the employee's regular medical record and will be kept on file for the duration of employment and for thirty years after termination of employment.

A healthcare provider either at Student Health Services (SHS) or at the student's clinical site will evaluate all students and staff after a blood borne pathogen exposure. Refer to the "Post Exposure Testing and Counseling" section of this document for specifics on testing, education and counseling for the exposed person.

The source individual's blood test results will be made available to the exposed person as part of the Post Exposure evaluation and follow up. The exposed person will be informed of applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

All SHS staff will complete an annual Blood Borne Pathogens update. Educational sessions on the WSU's Exposure control plan including prevention and management of blood borne pathogen exposures will be done at the request of any of the College of Health Profession's programs or other campus departments. Education will include at the minimum an explanation of standard precautions, engineering and work practice controls, use of personal protective equipment, safe handling of sharps and post exposure protocol.

The Medical Director is to be notified if the source is diagnosed HIV/AIDS, or if an exposure involved a positive HIV, AIDS, Hepatitis B or C source.

The Director of SHS and the Medical Director have been designated to assure that the policy outlined here is effectively carried out and records are maintained as stated in the policy.

## **Management of Blood Borne Pathogen Exposures**

### **Students on clinical rotations:**

- If a student has an exposure while at a clinical site, the student needs to notify the clinical site, their WSU instructor, and then WSU Student Health Services (SHS) as soon as possible.
- Timeliness of reporting is critical and preferably will be done within an hour of the exposure incident. Some clinical sites will have their own post exposure policy/procedure that the student should follow in addition to WSU procedures.
- If testing is done at the clinical site, lab results for students and source need to be faxed to Student Health Services.
- The student **MUST** report the incident to SHS and complete an “Exposure Incident” report (attachment #1). Student can come into SHS to complete exposure report after completing any required follow up at their clinical sites.
- For clinical rotations outside of the Wichita area, student can either call SHS to report incident or, if they have a copy of the incident report, fax a completed copy to SHS.
- Students are responsible for the cost for all post exposure testing blood work (the EP and/or the source patient) and any required prophylaxis. The Dental Hygiene Dept. will pay for only the source patient testing. KBOR Student insurance can be billed or the student can submit the charges to their own health insurance.

### **Faculty and staff:**

- An Exposure Incident Report needs to be completed and the faculty or staff member needs to be seen in SHS for evaluation and follow up.
- A “WSU Employee Accident and Illness Report” (attachment #2) also needs to be completed by the faculty or staff member and filed with their supervisor within three days of the incident.
- Cost of testing and any required prophylaxis for faculty or staff will be covered under WSU Worker’s Compensation.

Note: If the exposure occurs when SHS is closed (after hours, weekends or holidays) student should proceed as directed by your clinical site and faculty/staff should follow up with occupational health clinic or the emergency room. Student/faculty/staff must notify SHS on the next business day of the incident and come to SHS to complete the exposure report form and workers compensation form, if applicable, as previously stated.

## Post Exposure Testing – All Exposure Incidents

**Recommended baseline testing:** – *Remember if incident did not meet the definition of a blood borne pathogen exposure - no testing is indicated.*

Exposed person – HIV antibody (HIV), Hepatitis C antibody (HCV Ab), Hepatitis B surface antibody titer (HBsAb) and Hepatitis B surface antigen (HBsAg)

Source patient – Rapid HIV(if available), Hepatitis C antibody (HCV Ab), Hepatitis B surface Antigen (HBsAg).

If Rapid HIV is positive, send confirmatory Western Blot testing.

Notes: If source patient's Rapid HIV Ab positive, assume true positive and proceed with Post Exposure Management for positive HIV exposure.

If the source has known diagnosis of acquired immunodeficiency syndrome (AIDS), the CD4 count and viral load need to be ascertained.

If the source has known history of HBV or HCV, please indicate this in the appropriate place on the exposure form.

Testing done at clinical sites: Post exposure blood tests for the student and the source may be done at the clinical site according to their protocol. A copy of **all** lab work for exposed person and source needs to be sent to SHS for the students exposure file. Inform students, staff and faculty that the cost of these blood tests may be less at SHS than at the clinical site or physician's office.

### Follow up testing:

Source person: No follow up testing needed

Exposed person: Follow up testing for exposed person is based on the source person's blood test results.

HIV: If source person is:

- HIV positive – check HIV Ab at 6, 12 and 24 weeks.  
Symptoms of acute HIV should prompt immediate evaluation.
- Is unknown or cannot be tested for HIV - check HIV Ab at 6, 12, and 24 weeks  
Symptoms of acute HIV should prompt immediate evaluation.
- Negative for HIV - no follow-up HIV testing is needed for the exposed person.

Hepatitis C: If the source person is:

- Hepatitis C positive – Check a HCV RNA PCR viral load at 6 weeks and HCV Ab at 12 and 24 weeks. Symptoms of acute hepatitis

should prompt immediate evaluation.

- Unknown HCV status - Check a HCV Ab at 12 and 24 weeks. Symptoms of acute hepatitis should prompt immediate evaluation.
- HCV negative, no follow-up testing is needed for the exposed person.

HBV: There is no routine serologic follow-up testing for HBV exposures. However, prophylaxis may be indicated based on the exposed persons status determined by the baseline HBsAb testing. See table below.

## Post Exposure Prophylaxis (PEP)

### Hepatitis B:

<b>Recommendations for Post Exposure Prophylaxis After Exposure to HBV*</b>			
<b>Vaccination and Antibody status of Exposed person</b>	<b>Source Hepatitis B surface antigen (HBsAg) positive</b>	<b>Source HBsAg* negative</b>	<b>Source unknown or not available for testing</b>
<b>Unvaccinated for Hepatitis B</b>	HBIG <sup>#</sup> x 1 and initiate HBV vaccine series immediately	Initiate HBV vaccine series	Initiate HBV vaccine series If known high risk source, may treat as if source were HBsAg positive
<b>Previously vaccinated with Hepatitis B:</b>			
<b>Known responder</b>	No treatment	No treatment	No treatment
<b>Known nonresponder</b>	HBIG x 1 and initiate revaccination or HBIG x 2 with second dose separated from first by 4 weeks	No treatment	If known high risk source, treat as if source were HBsAg positive
<b>Antibody response unknown</b>	Test exposed person for HBsAb  1. If adequate, no treatment necessary  2. If inadequate, administer HBIG x 1 and vaccine booster, recheck HBsAb titer in 3-4 months. If titer is still inadequate for immunity, complete full second series of vaccinations.	No treatment	Test exposed person for HBsAb  1. If adequate, no treatment necessary  2. If inadequate, administer vaccine booster and recheck HBsAb titer in 1-2 months. If titer is still inadequate for immunity, complete full second series of vaccinations.
<p>Note: Persons who have previously been infected with HBV are not at risk of re-infection and do not require post exposure prophylaxis.</p> <p>High Risk for Hepatitis B include those with acute or chronic liver disease, high risk sexual behavior (multiple partners, homosexual, illicit injectable drug users, household contacts of HBV carriers, hemodialysis patients, healthcare personnel with frequent blood contact, Asian &amp; Pacific Islanders, unexplained elevated liver enzymes, unexplained jaundice.</p> <p><i>*Adapted from MMWR 2001;50(No. RR-11) (PEPline Guidance for Occupational Exposures, 2010)</i></p>			

**HIV** - If no source testing available or source is positive for HIV/AIDS:

- Start PEP as soon as possible, preferable within 1-2 hours after exposure. Student

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Health will contact Medical Director and Dr. Donna Sweet's office (316-293-1840 or cell - 316-806-7823) for appropriate PEP protocol based on specifics of exposure.

- Optional resource for post exposure prophylaxis recommendations is the PEpline (1-888-448-4911)
- Additional lab results or information may be required from source and exposed person.
- Student Health will do any additional lab, post exposure counseling and help schedule any necessary follow up for the exposed person

**Hepatitis C** – There is no PEP available for HCV exposure. See “Follow Up Testing” for recommended testing following exposure to positive HCV source.

### **Post exposure counseling – All Exposure Incidents**

Student Health Services staff will provide educational counseling to exposed person. Counseling shall include but not be limited to:

- Risk of infection for Hepatitis B, Hepatitis C and HIV including basic information on diseases, risk factors for transmission, treatment or prophylaxis options if needed.
- Results and interpretation of all blood tests (exposed person and source).
- Practice protected sex (use condoms or abstain) until source lab results confirmed or, if serial testing required, until follow up laboratory work is completed.
- Recommendation on reporting of any febrile illness during the 6 month follow up period for known exposures.
- Follow up testing may be required if source is unknown, refuses testing or positive for HIV or Hepatitis C.
- If source testing positive for Hepatitis B, C or HIV or is source is unknown, counsel exposed person to no donate bloods, semen or organs for 12 months.
- Education on use of prophylaxis medications if positive HIV exposure.
- Pregnancy and Breastfeeding – If exposed person is breastfeeding, advice that breastfeeding should be discontinued when taking HIV PEP and during follow up for positive HIV exposure. Pregnancy is not a contraindication for HIV post exposure prophylaxis through risks should be discussed with Dr. Sweet or PEpline before prescribing. Hepatitis B vaccine and HBIG are not contraindicated for pregnant women. There are no precautions against Hepatitis B vaccine and breastfeeding.

## Written Opinion and Record Keeping

### Healthcare Professional's Written Opinion for WSU employees:

A written opinion shall be obtained from the healthcare provider who evaluates the employees of Wichita State University Student Health Services for exposure to blood borne pathogens. See attachment #3 "Healthcare Professional Written Opinion."

Health care providers shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine booster is indicated or not indicated.
- Whether Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) evaluation follow-up is needed.
- Whether the employee has been informed of the results of the evaluation and the need for follow-up evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the **written opinion** to the employer **is not** to reference any personal medical information.)

### Record Keeping:

Students: Separate records on blood borne pathogen exposure incurred by students will be kept on file in Student Health Services. These files will include the Exposure Report, lab reports from exposed student and source, if applicable, and copies of any treatment records. Reference to the exposure incident will also be kept in the students medical records. Confidentially under FERPA and HIPAA will apply to these records and they will be maintained for 10 years after the student leaves WSU.

Faculty and Staff: Separate records on blood borne pathogen exposure incurred by faculty and staff will be kept on file in Student Health Services. These files will include the Exposure Report, lab reports from exposed student and source, if applicable, and copies of any treatment records. Medical records for occupational blood borne pathogen exposures will be confidential, stored separately from the employee's regular medical record and will be kept on file for the duration of employment and for thirty years after termination of employment.

References:

National HIV/AIDS Clinicians' Consultation Center - PEPLINE Guidance for Occupational Exposures)

(<http://www.nccc.ucsf.edu/home>) 2010

OSHA Blood Borne Pathogen Standard 29 CFR 1910.1030 (last update 4/2012)

([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051))

Center for Disease Control - Breastfeeding and Vaccinations, Immunizations and Pregnancy and Exposure to Blood – What Healthcare Personnel Need to Know

(<http://www.cdc.gov/breastfeeding/recommendations/vaccinations.htm>) **4/2010**

([http://www.cdc.gov/vaccines/pubs/downloads/f\\_preg\\_chart.pdf](http://www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf)) 3/2013

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