

Post Exposure Protocol

Option #1: Patient Testing and Employee Medical Evaluation will be outsourced.

- The source patient will be referred for the required testing procedures.

_____ (Name of the facility)

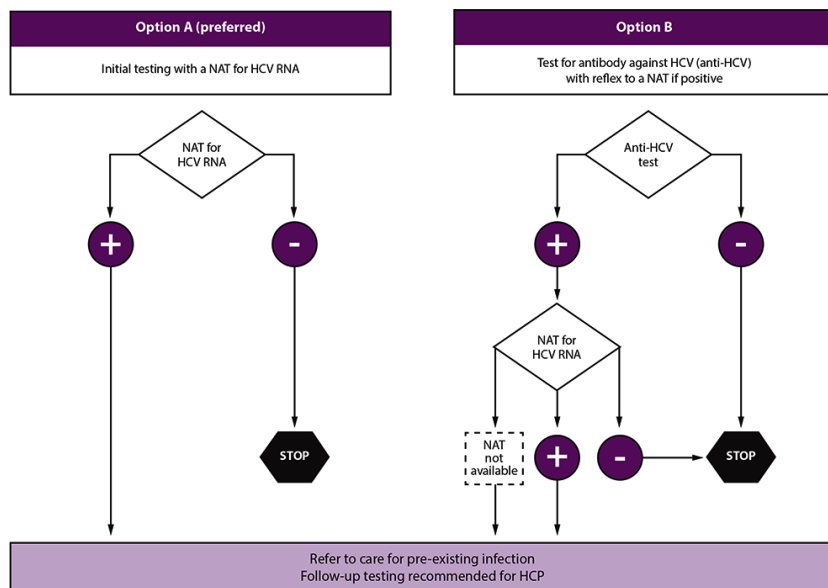
- The exposed employee will immediately be offered a confidential medical evaluation and counseling.

_____ (Name of the facility)

Option #2: The Source Patient testing and the Employee Medical Evaluation will be provided on-site (at this facility).

Source Patient—Obtain patient consent based on state law using form ECP 107, Source Patient Consent for Blood Test.

- Based on CDC guidelines, the following tests will be ordered by the provider for the source patient unless already known to be infected:
 - HIV Antibody. If available, a rapid HIV test will be used. If not, expedite the test.
 - Hepatitis B Surface Antigen (HBsAg)—Source patient testing is not indicated if the exposed worker has documented serologic evidence of hepatitis B immunity.
 - Hepatitis C: Review the attached CDC guidance on source patient testing. (MMWR: July 24, 2020)



- The ordering provider will review the results of the source patient tests. If the source patient requests it, forward the results to another provider.

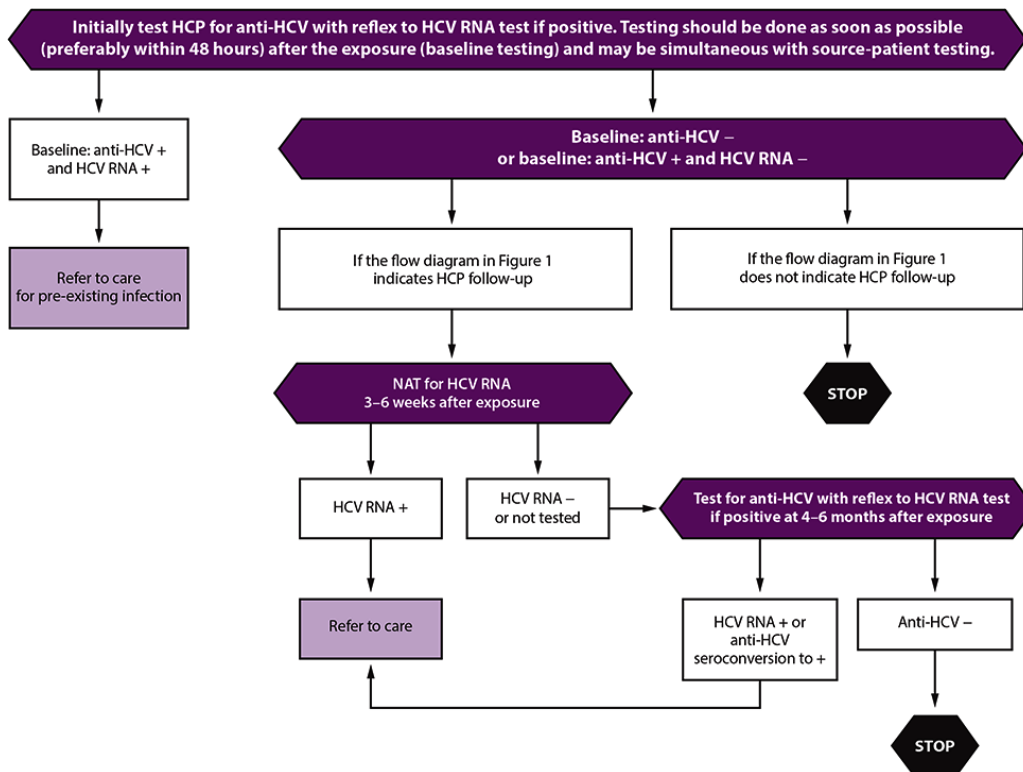
Exposed Worker - Obtain consent or declination from the exposed employee for treatment and blood tests using form ECP 106 Post Exposure Medical Evaluation. If an exposed employee declines HIV testing, offer the option to draw and hold blood for 90 days.

Testing for the exposed worker will be ordered based on the following criteria:

- Hepatitis C will be obtained with all exposures.
- HIV and Hepatitis B will be obtained for exposures to an unknown source.
 - HIV and Hepatitis B will be obtained for ALL exposures.
 - HIV and Hepatitis B testing will be performed only if the source patient's test results indicate the presence of one or both viruses.

Unless already known to be infected, the tests listed below are identified in the CDC guidelines for testing the exposed workers.

1. HIV Antibody
2. Hepatitis B Surface Antigen (HBsAg) -Testing of employees is not indicated if documented serologic evidence indicates immunity to hepatitis B.
3. Anti-HCV and, if positive, NAT HCV RNC: Review attached CDC guidance on exposed worker testing. (MMWR: July 24, 2020)



4. Provide counseling to exposed workers based on CDC Guidelines

HCPs exposed to HBV or HCV-infected blood do not need to take any special precautions to prevent secondary transmission during the follow-up period.

HCPs exposed to HIV should be advised to use precautions to prevent secondary transmission during the follow-up period. For exposure for which PEP is prescribed, the HCP should be informed about possible drug toxicities and the need for monitoring and potential drug interactions.

For **all** exposure situations, the following information will be made available to the **treating provider**:

- Medical records relevant to the appropriate treatment of the employee, including information on Hepatitis B vaccinations and titers.
- A description of the employee's duties related to the exposure incident.
- Documentation of the exposure incident. You may use form **ECP105 or OSHA 301**.
- A copy of the OSHA 1910.1030- Bloodborne Pathogen Standard – pages 12-19 in the Legislation section of the TMC OSHA Compliance manual.
- A copy of form **ECP 108** Physician Written Opinion. The treating physician will complete this form, and a copy must be provided to the employer/employee within 15 days of examination.

Physician Written Opinion to Employer - As required by OSHA 1910.1030(f) (5), a letter must be sent to the employer of the exposed employee within 15 days of the initial treatment. All other findings or diagnoses shall remain confidential and not be included in the written report to the employer.

Resources for Post-Exposure Management:

- PEPLINE <https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>
- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management – 2013
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis – 2013/2018
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis – 2001
- <https://www.cdc.gov/niosh/docs/2007-157/default.html>
- Moorman AC, de Perio MA, Goldschmidt R, et al. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020. *MMWR Recomm Rep* 2020;69(No. RR-6):1–8. <https://www.cdc.gov/mmwr/volumes/69/rr/rr6906a1.htm>