



Administrative Services – Risk Management
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A P P E N D I X E

POST-EXPOSURE PROTOCOL



Bloodborne Pathogen Post-Exposure Protocol

Post-exposure evaluation and follow-up is offered to all employees who have had an exposure incident in the work place, in compliance with state and federal laws:

- a. At no cost to the employee
 - b. At a reasonable time and place
 - c. Performed by or under the supervision of a licensed physician
 - d. Provided according to the recommendation of the U.S. Public Health Service
 - e. With laboratory tests conducted at an accredited laboratory at no cost to the employee
1. Upon exposure to blood or other potentially infectious material the **employee** will wash hands and any other skin surface that may have been exposed, and will flush with water mucous membranes which may have been in contact with blood or other potentially infectious materials, as soon as feasible after exposure. Following washing/flushing as described above, the **employee** will report exposure to his/her **supervisor and Program Coordinator** (employer representative) or designee.
 2. After an exposure incident occurs, the **employer** (Program Coordinator or designee) will complete the Post-Exposure Report Form and direct employee to healthcare professional for evaluation, testing, and other appropriate care. The employee's blood is collected as soon as feasible for baseline testing.

Program Coordinator or designee is responsible to:

- * Provide the following to the Healthcare Professional:
 1. Copy of the Bloodborne Pathogen Policy
 2. Employee's Job Description or a description of the employee's duties as they relate to the exposure incident.
 3. Post-Exposure Report to Healthcare Provider Form or documentation of the route(s) of exposure and circumstances under which exposure occurred.
 4. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
 - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
 - b. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's HBV, HCV or HIV status need not be repeated.
 - c. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- * Document event on OSHA Form 101 as required by Public Law 91-596.
- * Obtain and provide the employee with a copy of the evaluating healthcare professional's written

opinion within 15 days of the evaluation. This written opinion includes:

- a. Whether a vaccination is indicated or employee has received vaccination.
- b. The employee has been informed of the results of the evaluation.
- c. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

3. Following are the steps the **healthcare professional** (HCP) must take in treating an employee after an exposure incident occurs:

(Confidential Information)

- * Evaluate exposure incident
- * Arrange for testing of employee:
 - a. Blood is collected and tested as soon as feasible after employee consent is obtained.
 - b. If the employee consents to baseline blood collection, but does not consent to HIV serologic testing at the time, the sample is preserved for 90 days and is tested as soon as feasible if the employee consents to serologic testing within the 90 days.
 - c. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
 - d. Source individual's blood shall be tested as soon as feasible and after consent is obtained in order to obtain HBV, HCV and HIV infectivity (if not already known).
- * **HCP** evaluates exposure incident and all tests and facts and:
 - a. Provides counseling and post-exposure prophylaxis when medically indicated, as recommended by U.S. Public health Services.
 - b. Warns employee not to disclose the source patient's HIV/ HBV/ HCV status.
 - c. Evaluates patient progress and reported illnesses.
- * **HCP** provides written opinion to employer and employee regarding post-exposure evaluation and follow-up.

Note: All other findings and diagnosis remain confidential and are not included in the written report.

5. **Program Coordinator** or designee documents events in the **employee's** confidential file and:

- * Files the HCP written opinion.
- * Files the Employee Exposure Incident Form.
- * Record on the OSHA Form No. 200 if:
 - a. Work-related injury that involves loss of consciousness, transfer to another job, or restriction of work or motion.
 - b. Recommendation of medical treatment beyond first aid (e.g. gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, or zidovudine) regardless of dosage.
 - c. The incident results in a diagnosis of seroconversion. The serological status of the employee shall not be recorded on the OSHA 200.

4. **Medical records** will be maintained by the **employer** relative to the appropriate treatment of the employee, including vaccination status. An accurate medical record is maintained on each employee with an occupational exposure.

- * The medical record contains:
 - a. The name and social security number of the employee.
 - b. A copy of the HBV vaccination status and any medical records relative to the employee's ability to receive vaccination.

- c. A copy of the written opinion of the healthcare professional who saw the employee for vaccination and/or follow-up.
- d. A copy of the information provided to the healthcare professional.
- * The employee medical records are:
 - a. Kept confidential
 - b. Not disclosed or reported without employee's expressed written consent within or outside the medical office, except as required by the OSHA regulation or by law.
- * Employee medical records are provided upon request for examination and copying to:
 - a. The Director of NIOSH (National Institute of Occupational Safety Hazards) or representative and the Assistant Secretary of Labor or designated representative.
 - b. The subject employee
 - c. Anyone having written consent of the subject employee.
- * The employee medical records are maintained for the duration of employment plus 30 years.
- * Transfer of medical records:
 - a. In the event that the employer ceases to do business and there is no successor employer to receive and retain the employee medical records for the required period of time, the employer will notify the Director of NIOSH at least three months prior to disposal. If required by the Director, the records will be transmitted to the Director within the three month period.

Definitions:

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Other Potentially Infectious Material - human body fluids: semen, vaginal secretions, cerebrospinal fluid, pericardial fluid, peritoneal fluid, amniotic 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: any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, and HIV or HBV or HCV containing culture medium or other solutions.