

Guidelines for Blood-Borne Pathogen Exposure and Post-Exposure Prophylaxis

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Employees and students at Evangel University should report all blood-borne pathogen exposure events as soon as possible. Immediate reporting is crucial for timely evaluation and treatment of serious infections such as hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). It also allows for evaluation of exposure circumstances to find way to prevent future incidents.

Definition of Infectious Blood-Borne Pathogens

- Exposure incidents are events where blood or other potentially infectious materials contact the eye, mouth, other mucous membrane, non-intact skin, or parenteral contact.

Exposure to blood-borne pathogens should be avoided as much as is reasonably possible, as outlined by Universal Precautions guidelines. When an exposure occurs, immediate action will be taken to protect the exposed person:

1. The exposed person should stop what they are doing and rinse/disinfect the exposed area. Percutaneous injuries should be allowed to bleed and be rinsed under running water for 5 minutes. Mucous membranes including the eyes should be rinsed with saline or water for 5 minutes.
2. Employees and students in clinical areas should notify their direct supervisor or instructor as soon as possible, but should *not* wait on notification to disinfect or seek medical treatment.
3. Exposures related to patient care can be seen at the University Health Services. The phone number is 417-865-2811 x7280.
4. The exposed person should receive immediate confidential medical evaluation/treatment either in the on-campus Health Services department or at the nearest, appropriate medical facility.
 - a. Employees may seek initial assistance and guidance in the EU Wellness Center, but because of Workman's Compensation guidelines, may ultimately be referred to an approved off-campus healthcare provider. EU Health Services personnel will provide initial treatment/disinfection and assist with notification of the Human Resources department.
 - b. Students with non-occupational exposures should also seek immediate medical treatment. They may be evaluated and treated in the EU Wellness Center or, based on insurance restrictions or other financial concerns, they may ultimately be referred to an off-campus emergency health facility within their insurance coverage network.
5. Appropriate medical evaluation and treatment should include the following:
 - a. Laboratory testing---HIV, Hepatitis Serology including Hepatitis B Surface Antigen, Complete Blood Count, ALT, AST, and Urine HCG.
 - b. Evaluation and, if possible, laboratory testing of the source patient.

- c. Counseling about possible implications of exposure and current infection status as well as the risks and benefits of post-exposure prophylaxis (PEP).
 - d. If indicated, initiation of HIV PEP medication within two hours post-exposure. Patients are encouraged to complete at least 28 days of anti-retroviral treatment. If more than 72 hours have passed since the exposure, consultation with an HIV specialist is recommended before initiating treatment.
 - e. Hepatitis B vaccination (except for those who have been vaccinated within the past five years AND have had antibody testing to prove response with anti-HbS level > 10 IU/L or for those with anti-HbS >100 IU/L regardless of when the last vaccine was given).
 - f. Immune globulin treatment (in addition to hepatitis B vaccine) for individuals who have not been previously vaccinated.
 - g. Follow up consultation with an infectious disease specialist with laboratory testing at 2 week, 6 week, 12 week and 6 month intervals.
6. In cases of occupational or clinical exposure, an incident report should be submitted to either the Human Resources department or the appropriate academic department. Copies of these reports will also be included in the patient medical record. Reports should contain the name of the person exposed, the date, narrative details of the exposure, classification of the exposure and source patient, documentation of PEP and changes in on-going laboratory tests. Disclosure of test results and the course of PEP treatment is voluntary, but should be requested from the patient in order to evaluate the effectiveness of post-exposure procedures.
- a. Counseling and evaluation of reported illnesses to include a written assessment of the employee's risk and recommended follow-up due to an exposure incident which is given to the employee within 15 days of the exposure.