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Bloodborne Pathogen Exposure Management	ACA Standards:		
Joel McCurdy, MD, Chief Medical Officer Oklahoma Department of Corrections		Signature on File	

Bloodborne Pathogen Exposure Management

I. Purpose and Overview

This treatment guideline deals with bloodborne pathogen (BBP) exposures.

II. Procedure

A. Inmate exposures are managed by the facility’s medical services.

B. Employee exposures are coordinated through the workers’ compensation carrier and the workers’ compensation case manager as defined in [OP-110345](#), entitled “Workers Compensation Insurance and Accommodations for Injured or Disabled Employees.”

C. Employees need to notify their supervisor.

III. Procedure for Exposed Employees

A. Determination of a bloodborne pathogen exposure:

1. The employee will report within two hours to the designated emergency room (ER) for counseling and treatment.
2. The facility/unit HRMS will file a form 2 “Employees First Notice of Injury” according to [OP 110345](#). The supervisor will send a completed copy of “Bloodborne Pathogen Exposure Report” ([Attachment A](#)).

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B. Treatment and Follow-up

1. If the worker's comp provider orders HIV post exposure prophylaxis, the initial 72-hour medication pack should be obtained from the facility's medical services. Medical Services will have the employee sign the "HIV Post exposure Prophylaxis Consent Form" ([Attachment I](#)) and will provide "Information Sheet: When you are considering PEP" ([Attachment G](#)).
2. If the worker's comp provider orders Hepatitis B Post Exposure prophylaxis, it will be administered by the Workman's Compensation provider.
3. The worker's compensation case manager will coordinate follow-up care with the appropriate medical provider.

Comp Choice Certified Workplace Medical Plan

During office hours call (405) 848-3595 or (800) 822-1852 ext. 147 or 151 or 0.
After hours both Fax (405) 841-3781 AND Beeper (405) 499-7167.

C. Source Testing

The exposure source if known will be tested for:

- (1) HIV (CPL 3540)
- (2) Hepatitis Panel (CPL 162) If known HIV +
- (3) CD4 (CPL 4875)
- (4) Viral Load (CPL 4141)

IV. Procedure for Exposed Inmates.

A. Determination of a Bloodborne Pathogen Exposure

1. For HIV refer to "HIV Exposure Prophylaxis ([Attachment J](#)) to determine exposure risk.
2. For Hepatitis B refer to "Hepatitis B Algorithm ([Attachment B](#)) to determine exposure risk.

- B. Treatment and Follow-up for Human Immunodeficiency Virus (HIV)
1. For HIV refer to:
 - a. “HIV Exposure Prophylaxis Guidelines” ([Attachment J](#)).
 - b. Inmate will sign “HIV Postexposure Prophylaxis Consent Form” ([Attachment I](#))
 - c. Provide “Information Sheet: When you are considering PEP” ([Attachment G](#)).
 - d. “Bloodborne Pathogen Exposure Follow –Up Instructions” will be maintained ([Attachment H](#)).
 2. For Hepatitis B refer to:
 - a. “Hepatitis B Algorithm” ([Attachment B](#)).
 - b. Provide inmate if indicated with “Hepatitis B Vaccine Information Sheet” ([CDC.gov](#)).
 - c. “Hepatitis B Immune Globulin Fact Sheet” ([Attachment D](#)).
 - d. “Vaccine Administration Consent Form” ([Attachment F](#))
 3. For Tetanus prophylaxis determine if more than 5 years have passed since the last tetanus vaccine. If indicated administer the vaccine and have the inmate sign:
 - a. “Vaccine Administration Consent Form” ([Attachment F](#)).
 - b. Give “Tetanus and Diphtheria Information Sheet” ([CDC.gov](#)).
- C. Exposed Individual Testing
1. Baseline
 - a. HIV (CPL 3540) (if previously HIV negative)
 - b. Hepatitis panel (CPL 162)
 2. Follow-up lab tests:
 - a. Refer to “HIV Exposure Prophylaxis Guidelines” ([Attachment J](#))
- D. Source Testing
- The exposure source if known will be tested for:
- a. HIV (CPL 3540)

b. Hepatitis Panel (CPL 162)

If known HIV +

a. CD4 (CPL 4875)

b. Viral Load (CPL 4141)

References

OP- 140125 entitled, “Bloodborne Pathogen Exposure Control Program”

OP- 140106 entitled, “Healthcare Record System”

CDC. Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR May 15, 1998/47 (RR-7)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00052722.htm>

Moyer, Linda A. RN, and Margolis, Harold S. MD, Needle Tips and the Hepatitis B Coalition News, Volume 9 – Number 1, Spring Summer 1999, page 20

<http://www.immunize.org/nsit.d/n21/n21.pdf>

CDC. Immunization of Health-Care Workers – Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR December 26, 1997/46 (RR-18)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>

CDC. Recommendations for Follow-up of Health-Care Workers After Occupational Exposure to Hepatitis C Virus. MMWR 1997/46: 603-606

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00048324.htm>

CDC: Epidemiology and Prevention of Vaccine-Preventable Diseases, 6th Edition, January 2000.

VI. Action

The chief medical officer will be responsible for compliance with this procedure. The chief medical officer will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140125-02 entitled “Bloodborne Pathogen Exposure Management” dated July 22, 2014.

Distribution: Medical Services Resource Manual

Attachments

Attachment A	Bloodborne Pathogen Exposure Report	Attached
Attachment B	Hepatitis B Algorithm Hepatitis B Vaccine information sheet (CDC) (2 pages)	Attached https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html
Attachment D	Hepatitis B Immune Globulin information sheet (British Columbia Ministry of Health) Tetanus and Diphtheria Vaccine information sheet (CDC) (2 pages)	Attached https://www.cdc.gov/vaccines/hcp/vis/vis-statements/td.html
Attachment F	Vaccine Administration Consent Form	Attached
Attachment G	Information Sheet: When you are considering PEP	Attached
Attachment H	Bloodborne Pathogen Exposure Follow-up Instructions	Attached
Attachment I	HIV Postexposure Prophylaxis Consent Form	Attached
Attachment J	HIV Exposure Prophylaxis Guidelines	Attached