

Section Subject	UTMB On-line Documentation Infection Control & Healthcare Epidemiology Policies and Procedures	01.49-Policy
Topic	01.49 - Exposure of UTMB Patients and Visitors to Bloodborne Pathogens	12.20.23 Revised
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01.49 - Exposure of UTMB Patients and Visitors to Bloodborne Pathogens

Purpose To provide first aid, evaluation, prophylaxis and follow up of patients and visitors who are exposed to blood and body fluids while at UTMB

Audience All employees of UTMB Health System, including those in hospitals, clinics, and outpatient surgical center.

Definition **Definitions of exposure to infectious pathogens:**
Occupational exposure to blood, body fluids and tissues with infectious pathogens may occur under the following circumstances. (Body fluids include semen; vaginal and oral secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; and wound exudate)

- Percutaneous injury (e.g. needle stick, laceration with a sharp object)
- Contact of mucous membranes or ocular membranes (mucosal exposure)
- Contact of non-intact skin (e.g. skin that is chapped, abraded)

NOTE: Exposure to blood, body fluids and tissues that have been inactivated of pathogens with effective means is not a considered an infection risk; eg, body tissues that have been fixed in formalin for 24 hours is not a risk for infection.

Policy

1. Exposure of either patients or visitors
When a patient or visitor is inadvertently exposed to blood and or body fluids, the exposed is at risk for developing a blood borne infection. The following steps should be taken by the closest appropriate healthcare worker:
 - Provide first aid if needed
 - Wash the wound with copious amounts of water (including eyes)
 - Contact the administrator on call and complete a Patient Safety Network (PSN) report
2. Patient exposures
The designated healthcare worker should contact Healthcare Epidemiology for directions for follow up care for the patient beyond first aid.
The designated healthcare worker should contact the attending

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physician and explain the situation. Healthcare Epidemiology will direct the attending physician in ordering serologic tests that need to be run and discuss available options for prophylaxis.

The designated healthcare worker should contact the administrator on call and alert them of the situation. The administrator will assure that an entry into PSN is completed

The attending physician and Healthcare Epidemiology will work together to schedule follow-up appointments for future laboratory tests.

The attending physician will contact the patient with the results of initial laboratory tests and all follow-up tests

3. Visitors Exposures

Campus police should be called and a report filed.

Campus police or an involved UT Health System employee should contact Healthcare Epidemiology for the direction of any follow up care for the visitor beyond first aid.

Campus police or the involved UT Health System employee should contact the administrator on call and alert them of the situation.

If necessary, the visitor should be sent to the Emergency Department ED and the exposure assessed per UTMB protocols.

If the exposure is deemed significant, the attending physician in the ED will order the following baseline labs.

- a. HIV antigen/antibody
- b. Hepatitis B surface antibody
- c. Hepatitis C antibody

The visitor will be handed an information sheet that explains how to have his/her personal physician obtain the results of the blood tests that were drawn in the Emergency Department. The information will also offer physicians information on which laboratory tests to request for the remainder of the follow-up period.

References:

1. Kuhar DT, Henderson DK, Struble KA, Heneine W, et al. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infect Control Hosp Epidemiol* 2013;34:875-892.

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2. Centers for Disease Control and Prevention. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, 2013;62(No. RR-10):1-16.
3. Jaeckel E, Cornberg M, Wedemeyer H, et al. Treatment of acute hepatitis C with interferon alfa-2b. N Engl J Med 2001; 345:1452-7.
4. Tivicay package insert. Research Triangle Park, NC: GlaxoSmithKline; 2013 Aug.
5. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at: <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed January 29, 2008.