Bloodborne Pathogens (BBP) – Occupational Post-Exposure Chemoprophylaxis

**Audience** All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, Bronchoscopy Service, Sleep Disorder Center, and Center for Pulmonary Rehabilitation.

**Purpose** The purpose of this document is to establish UTMB policy for the initiation of prophylaxis after occupational exposure to the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and early treatment of infection with the hepatitis C virus (at time of seroconversion) to prevent chronic infection. This policy has been developed from the most current medical literature, clinical experience at UTMB and the September 30, 2005 recommendations from the Centers for Disease Control and Prevention (CDC). This prophylaxis protocol and regimen will be continuously updated with the most recent medical information.

**Definitions** An occupational exposure requiring the initiation of prophylaxis is defined as:
- Percutaneous injury (e.g., needlestick, laceration with a sharp object).
- Contact of mucous membranes or ocular membranes.
- Contact of non-intact skin (e.g., skin that is chapped, abraded) with blood or other potentially infectious fluids (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

An occupational exposure requiring monitoring is defined as:
- Percutaneous injury (e.g., needlestick, laceration with a sharp object).
- Contact of mucous membranes or ocular membranes.
- Contact of non-intact skin (e.g., skin that is chapped, abraded).
- Contact with intact skin that is prolonged or involves an extensive area with blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

**Occupational Exposure Monitoring**
All UTMB employees and students with a documented occupational exposure shall have the exposure evaluated and documented by a healthcare provider following the standard protocol. The healthcare provider shall:
- Recommend prophylaxis for percutaneous exposures, contact of mucous membranes or non-intact skin with blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
- Obtain source-patient blood for analysis.
- Refer other exposures to the Employee Health Center/Student Health Services at UTMB for enrollment in the occupational monitoring program.
Prophylaxis  Prophylaxis shall be recommended to all UTMB employees or students.

**HIV**
- For percutaneous exposures, contact of mucous membranes or non-intact skin with blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
- Ideally within two hours after exposures, but may be initiated up to 96 hours after exposure.
- With appropriate drug therapy.
- Until the source-patient blood has been obtained and analyzed. If the source-patient HIV status is determined to be negative, prophylaxis will be discontinued.
- HBV – prophylaxis for HBV prevention will be evaluated on an individual basis.
- HCV – Employees/students testing positive for Hepatitis C Qualitative RNA (PCR) at 6 weeks, 3 months or 6 months, will be referred immediately to a hepatologist for early treatment to prevent chronic hepatitis C infection.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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<td>V. Cardenas, MD</td>
<td>Medical Director Pulmonary Laboratory</td>
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