

University of Wisconsin-Milwaukee
Department of Student Health
Norris Health Center

Blood or Body Fluid Exposure
Outline of Response /Medical Evaluation Post-Exposure

A. First Aid/ Injury Management-

- percutaneous injury- clean wound / update tetanus
- mucosal/ocular splash-- flush with water. There is an eyewash for use in the lab.
- skin contact with blood or body fluids-- wash with soap and water

B. Exposure determination/ Evaluation of Exposed --

1) provider needs to assess incident and determine if a significant exposure occurred. If exposure significant, record the following regarding the circumstances of exposure:

- location of the incident
- describe the incident—what procedure? preventive measures used? protective equipment used?
- give a description of the device used

C Evaluate the Exposed --

1) establish exposed HBV, HCV, HIV baseline status

- if vaccinated, only HBV post vaccine sAB
- if unvaccinated, baseline HBsAg/AB
- HCV AB, ALT,
- HIV

To assure confidentiality of result within the health center , we have established a separate employees health account w/ CSM. The provider writes the orders for the exposed employee's lab tests on the checkin form and sends him/her to lab. Results return directly to the ordering provider

D. Risk Assessment

1) Evaluate Exposure Source for risk of transmission (HBV, HCV, HIV)

(needs to be completed ASAP as response to allow timely PEP). The institution's infection control or student's faculty can aid in this process.

Review may include:

- review of the source's medical records for status or risk history,
- consultation with the source's physician, and/ or
- conducting a confidential interview with the source about the above.

a) If Known Source—

- Establish status re: HBV, HCV, HIV
- Draw labs to clarify status
- Determine if the source belongs to a known risk group

KEY LABS: HBsAg, HCV AB, ALT , HIV (rapid HIV ideal)

b) If Unknown Source, or unknown risk because of non consent:

- Use incident specific risks to further evaluate need for prophylaxis See risk assessment algorithms [protocol]

2) Incident specific risk evaluates the risks associated with the type/ degree of injury as well as the setting in which the exposure occurred in order to arrive at recommendations.

D. Counseling the Exposed includes:

- 1) Recommendations for testing, immediate follow-up re: risk & serial screening
- 2) Relative risks in blood & body fluid exposure
- 3) Summary of risk appraisal, with plans for follow-up [modification as added data is available].—see attached.
- 4) Recommendations, rationale, & risks of intervention.
- 5) Risk reduction for transmission during surveillance period

E. Recommendation PEP

1)for HIV -- need for and selection of regimen see “CDC recommendations” summary tables/drug information

HIV PEP --prophylaxis for high risk exposures to prevent viral replication
[see attached guidelines]

- consult National PEP Hotline 1-888-448-4911

- Select Regimen: Basic(2drug) or Expanded(3 drug)
- Requires labs: Baseline & at 2 wk [CBC, BUN, Cr., LFTs, Urine HCG]
- Serial screening re: seroconversion—6wks., 12 wks., & 6mos.

2), Recommendation for Hepatitis B immunization /prophylaxis- CDC recommendations Table 4

- Immunize if needed. Test for HBVsAB one to two mos. after vaccine completion (delay 3-4 mos. if HBIG given)
- HBIG if high risk
- Serial screening

3). Recommendations for Hepatitis C-- no intervention recommended by CDC, only follow-up labs at 6 mos. (HCV & ALT)

Note: Community experts have offered PEP w/ antivirals for high risk exposure

G. Initial Recommendations--see attached

- 1) Health care professionals written opinion --copy to supervisor
- 2) Post-Exposure Recommendations --for exposed only; can be delayed to # 1.

- H. Immediate follow-up: baseline results, source status & modify recommendations. Refer for counseling if needed.
- I. Follow-up surveillance re: seroconversion is virus specific.
- J. Forms -- Source and exposed are more often evaluated by different providers and/or at different agencies. If needed the form below may allow confidential sharing of source status between providers/ agencies
- **Determination of Exposure** (Form WKC-8165 -tri-part multicolored state form) may be used:
- a) to document exposure for a non-employee/ non-student (i.e., visitor /volunteer) to take to outside evaluator
 - b) to facilitate communication between agencies when exposed and source are not evaluated at the same agency
 - c) to provide verification of exposure for blood testing of a non-consenting source
- for Employees
- a) employee completes
Employee's Work Injury & Illness (UWS/OSLP-1Emp)
 - b) Provider completes Physician's Certification (Wis. form AD-WC-4)
- for Students
- a) student completes --a school or clinical facility incident report and forwards it to their instructor
- K. Costs of the evaluation/ prophylaxis:
- 1) Employee-- may submit to WC/evaluation costs.
 - 2) Student -- University policies indicate that the responsibility is the student's. Insurance is billed when available.
 - 3) Volunteers/Visitors/ Guests-- notify their health insurance carrier. Expenses of post-exposure evaluation & treatment are not covered by NHC or the University