MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS AT ZSFG/SFDPH AND FOR ALL CITY WORKERS

What is an exposure?
For transmission of blood borne pathogens (HIV, HBV, and HCV) to occur, an exposure must include both of the following:

Infectious body fluid: Blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid can transmit HIV, HBV and HCV. Saliva is considered infectious only if bloody.

A portal of entry (percutaneous, mucous membrane, cutaneous with non-intact skin)

If both these factors are not present, there is no risk of blood borne pathogen transmission and further evaluation is not required. If you are not sure about the exposure, treat as an exposure and follow the steps below.

What should I do if I have been exposed?
Initial treatment for an accidental exposure to blood or body fluids:

STEP 1. CLEAN/DECONTAMINATE: Lightly Wash wounds and contaminated skin with soap and water; rinse mouth, nose and eyes thoroughly for several minutes with water or saline.

STEP 2. **CALL the Blood & Body Fluid Exposure HOTLINE (628) 206-4411 AS SOON AS POSSIBLE:** Available 24 hours a day every day for expert assessment and advice regarding immediate treatment. Hotline providers are specifically trained to answer and respond to blood borne pathogen exposures.

- Inform the hotline call center operator that you are City and County of SF employee, OR a UCSF employee, student, or resident working at ZSFG, LLH or other SFDPH clinic where the exposure occurred.
- The Hotline call center operator will ask for your name, contact information and basic exposure information and will page a provider.
- A ZSFG or UCSF provider will call you back directly within 15 minutes. If you do not receive a call within 20 minutes, then call the hotline again.
- If you are not sure about an exposure or whether you are eligible to use the hotline, please call anyway and a hotline provider can help you determine next steps.

STEP 3. **CCSF WORKERS MUST INFORM YOUR SUPERVISOR:** Your supervisor will ask you to complete workers' compensation paperwork and an injury report. UCSF workers will complete an injury report at the ZSFG OHS clinic.

STEP 4. FOLLOW-UP WITH RECOMMENDED MEDICAL TREATMENT:

If there is a significant injury or risk of infection in addition to the BBP exposure, such as a bite wound, or need for antibiotics, the Blood & Body Fluid Exposure Hotline provider will refer you to an authorized emergency department for immediate treatment.

If advised by the hotline provider, you may be referred for confidential source patient evaluation, medical care and prophylaxis, counseling, testing, and workers' compensation documentation.

Who provides my follow-up care?

Zuckerberg San Francisco General Occupational Health Services:
Our hotline team at ZSFG OHS will reach out to you for a follow-up appointment You may also make an appointment for a baseline visit by calling the main clinic number (628) 206-6581, Monday – Friday, 7:30 AM to 3:30 PM. Closed Holidays. OHS is located on the ZSFG campus, Building 9, 1st floor. All efforts will be made to see HCW's on the day of their exposure, the next working day, or when most convenient for the employee.

Employees who have been prescribed HIV post-exposure prophylactic treatment (PEP) must be seen for their baseline visit within three days of starting PEP. It is important to complete the baseline testing within two weeks of any exposure if PEP is not prescribed.

UCSF staff or students may receive follow-up care with UCSF Occupational Health. ZSFG OHS staff will facilitate this coordination of your care.

Exposure Assessment, Treatment, and Counseling:
A detailed description of your incident will be made and documented in your confidential employee medical record. An assessment of your risk for acquiring hepatitis B, hepatitis C, HIV and other infections will be made, and appropriate treatment and follow-up will be provided. Education regarding occupational transmission of bloodborne pathogens, as well as personal and occupational risk reduction is included in this visit. All services related to occupational exposures are **free of charge**.

You may be requested to have blood tested for hepatitis B, hepatitis C and HIV. HIV testing will **only** be done with your verbal consent. The purpose of baseline testing is to document your status at the time of the incident should you become infected in the future.

Source Patient (SP) Evaluation:
The Needlestick Hotline clinicians will obtain information from you about the source patient involved in your exposure and guide you through the testing process. You will need to identify another provider or RN in your facility to provide informed consent and testing of the source patient. **The exposed person should not initiate or participate in the source patient testing process**

What are the risks of exposure? How can I minimize those risks?

Average Risk for Transmission of HIV, Hepatitis B, and Hepatitis C
Prospective studies of HCWs have estimated that the average risk for

- HIV transmission after a percutaneous exposure is approximately 0.3%
- HBV transmission is 6 to 30%
- HCV transmission is approximately 1.8%

Factors influencing the risk to an individual HCW over a lifetime career include the number and types of blood contact experienced by the worker, the prevalence of blood-borne pathogen infection among patients treated by the worker, and the risk of transmission of infection after a single blood contact.

POST-EXPOSURE PROPHYLAXIS (PEP) FOR HIV EXPOSURES:
The average infection risk from injuries involving HIV-infected needles or other sharp instruments is 1 in 300 or 0.3%.

All HIV testing is done by rapid ELISA available every few hours every day; we no longer need to start PEP while waiting for SP HIV results. If indicated, the two-drug combination **Emtricitabine and Tenofovir** in one pill **(Truvada)** and **Raltegravir** (**Isentress**) or **Dolutegravir** (Vivicay) are recommended as the standard treatment regimen. There are many alternate regimens available as well

Treatment should begin as soon as possible following the exposure, preferably within the first few hours. The treatment course is 4 weeks (28 days). This is expected to protect the exposed health care worker from becoming infected by treating with anti-HIV drugs during the time before HIV infection is established. PEP is available on a 24-hour basis through the SFGH in-patient pharmacy **when arranged by the Blood & Body Fluid Exposure Hotline Clinician.**

OHS provide serial follow-up HIV testing out to 6 months after exposure.

HEPATITIS B EXPOSURES
Fortunately, transmission of HBV is preventable with vaccination. All workers not already immune to hepatitis B virus are strongly advised to receive the HBV vaccine series through Employee Health. UCSF staff must go UCSF Employee Health. Exposed workers who are not immune to hepatitis B virus are encouraged to start the HBV vaccine series at the time of their OHS baseline visit. **The best time to get immunized is BEFORE AN EXPOSURE OCCURS**.

In cases of significant exposure where an exposed worker has not been immunized against HBV and/or does not have documented immunity to HBV **AND** the source patient is known to be an HBV carrier or is at high risk for HBV, we may recommend injection of Hepatitis B Immune Globulin (HBIG). **Prophylactic treatment, if indicated should start as soon as possible and no later than 72 hours after parenteral exposure.**

HEPATITIS C EXPOSURES
There is currently no prophylaxis or vaccine available for HCV infection. We provide serial follow-up testing at 6 weeks, and 4-6 months after an HCV exposure. In most cases, Hepatitis C infection be treated to cure.

FREQUENTLY ASKED QUESTIONS

1. Q. I got body fluid in my eye. What should I do?
   A. Wash your eye for several minutes with water or saline. *Then* call the Blood & Body Fluid Exposure Hotline.

2. Q. I might be pregnant. Does the Hotline provider need to know this?
   A. Yes. Notify the Hotline provider of this fact if you have a potential exposure because this affects the medication that is prescribed to reduce the risk of HIV transmission, if you require Post-Exposure Prophylaxis.

3. Q. I had a potential exposure. Should I go straight to the Emergency Room?
   A. Unless you had a severe injury or a wound that will not stop bleeding, most exposure events can be safely managed over the phone with the Blood and Body Fluid Exposure Hotline provider. They may direct you to the Emergency Room if there is a concern for a wound infection or other significant injury. Otherwise, your case will usually be safely managed in less time than with an ER visit.

4. Q. I felt a sharp poke but am not sure if it was a puncture through the glove (e.g. felt pain, but no blood, visible hole in glove or visible puncture site). How can I tell?
   A. Try filling glove with water and look for a leak. If no leak, the glove is intact and therefore skin will be intact. If in any doubt, contact the Hotline for advice.

WHAT IF I'M EXPERIENCING STRESS AND ANXIETY FROM THE EXPOSURE INCIDENT?

Exposure to a blood borne pathogen is stressful. If you are feeling stressed or anxious, having difficulty concentrating or sleeping following your exposure incident and wish to talk to someone, there are free counseling services available.

City and County of SF Employee Assistance Program (EAP):
800-795-2351 or 628-652-4600
Free tele-counseling 24/7

UCSF EAP:
Faculty & Staff (415) 476-8279

Medical Student 24-Hour Urgent Line: (415) 476-0468