



# Bloodborne Pathogens Standard Exposure Control Plan

Original Plan Prepared by: The Bloodborne Pathogens Committee,  
Student Health Services, University of Hawai'i  
at Manoa. March, 1993.

Modified by: Mark Lane  
Vice Chancellor Administrative Services

For: Leeward Community College

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Approved by: Manny Cabral  
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## 1. PURPOSE

Leeward Community College Blood Borne Pathogens Exposure Control Plan has been developed in compliance with the OSHA Bloodborne Pathogens Standard and the HiOSH Bloodborne Pathogens - Biological Agents Standard, Part 8, Chapter 205. This plan describes how employee occupational exposure to blood or other body fluids can be eliminated or minimized.

## 2. SCOPE

All activities/sections of the department will utilize this Plan when possible risk of occupational exposure to potentially infectious materials and bloodborne pathogens exists. These standards must be followed in order to meet Federal and State requirements for worker protection. Flexibility exists for individual section supervisors to develop more stringent guidelines as needed. All infection control policies and procedures will be consistent with the intent of this Plan.

## 3. RESPONSIBILITIES FOR COMPLIANCE

- A. The Auxiliary Services Officer will be responsible for the integrated compliance of actions, such as engineering controls, work practice modifications, appropriate use of personal protective equipment, training and education, hepatitis vaccination, and post-exposure follow-up, to prevent or reduce the risk of employees' exposure to blood and body fluids. The Auxiliary Services Officer will also be responsible for keeping UHM Environmental Health and Safety informed of any occupational exposure incident.
- B. The section supervisors within the department will assure that all personnel, regular and student employees and volunteers, are aware of and following this bloodborne pathogen and other infectious materials exposure control plan. Section supervisors will identify and direct specific section work practices which facilitate meeting this plan, and immediately notify the administrator of any occupational exposure incident.
- C. Employees, students, and volunteers will be responsible for complying with procedures established by their work supervisors in accordance with this exposure control plan to minimize their infectious risk. They are also

responsible to promptly report any work site blood exposure incident to their section supervisor. Any refusal to practice this exposure control plan is subject to disciplinary action by the Head of the Department and violates the mandate of the Occupational Safety and Health Administration, Department of Labor, Washington, D.C.

#### 4. EXPOSURE DETERMINATION

In the following job classifications at the Leeward Community College, these employees may have contact with blood and other infectious materials. They may be exposed to infectious materials regardless of whether they wear or use protective equipment. Full, part-time, per diem, temporary, and student employees as well as volunteers are included.

- A. The following employees/students/volunteers will have a risk of occupational exposure:
  - 1. None
  
- B. The following employees/students/volunteers may have risk of occupational exposure:
  - 1. Food Service faculty, staff & students
  - 2. Automotive faculty, staff & students
  - 3. Maintenance Mechanic
  - 4. General Laborers
  - 5. Chemistry/Biology faculty, staff & students
  - 6. Janitors
  - 7. Building Maintenance Workers
  - 8. Security Officers
  - 9. Student Health Center staff and students
  
- C. The following tasks and procedures usually performed involve a potential risk of occupational exposure to blood and other potentially infectious materials:
  - 1. Chemistry and Biology Lab experiments
  - 2. Maintenance of Building and Grounds
  - 3. Applying First Aid
  - 4. Instruction in Food Service and Automotive Technology

#### 5. UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS

- A. "Universal blood and body fluid precautions" is an approach to infection control to reduce exposure to bloodborne pathogens. Universal precautions

will be used to prevent contact with blood or other potentially infectious materials by all personnel.

Universal precautions apply to blood and to other body fluids containing visible blood, semen and vaginal secretions, human tissue, and the following fluids: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Materials will be considered potentially infectious when it is impossible to distinguish between body fluids. Precautions must be uniformly used with all persons regardless of whether their blood or body fluids are known to be infected. Protective barriers precautions, such as the use of gloves, gowns, masks and protective eye wear or face shields, reduce the risk of exposure to blood and other fluids to which universal precautions apply.

- B. Although universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood, other methods of infection control apply to these pathogenic sources of nosocomial and community-acquired infections, such as hepatitis B. Universal precautions should not replace procedures for routine infection control, such as hand washing and using gloves.
- C. Practicing "universal precautions" consists of the following CDC recommendations:
  - 1. Appropriate barrier precautions should be routinely used to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
    - a. Gloves should be worn: for touching blood and body fluids, mucous membranes, or non-intact skin, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact and hands should be washed.
    - b. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to the worker's mucous membranes (mouth, nose, or eyes).
    - c. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
  - 2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after personal protective gloves are removed.

3. All "touch and splash" surfaces must be carefully disinfected with an intermediate or higher level EPA registered, hospital-grade disinfectant or covered with a protective barrier.
4. Contaminated and potentially contaminated waste must be disposed of properly.

## 6. SPECIFIC ENGINEERING AND WORK PRACTICE CONTROLS

### A. ENGINEERING CONTROLS

1. Sharps disposal containers are puncture-and leak-proof and appropriately labeled with the universal biohazard symbol. They will be located as close as possible to where sharps are used. They shall be examined on a regular schedule and replaced when the containers are 7/8 filled. They are not reusable containers. These containers will be closed when they are moved to prevent spillage. In the event that the sharps containers appear to be leaking, closable, leak-proof containers with the appropriate color coding or labeling are available.
2. In addition to needles and syringes, "regulated waste" includes used disposable gloves, blood contaminated items, or pathologic and microbiological wastes containing blood or other potentially infectious material.
3. Regulated waste requires special handling, storage, and disposal.
4. Waste generated during the course of work with potentially infectious materials, other than sharps, will be immediately transferred upon generation into a red biohazard bag held within a closable, leak-proof secondary container with biohazard labeling or color coding. Bags will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. They will be closed prior to removal to prevent spillage or protrusion of contents at any time.
5. Specimens of blood or potentially infectious materials are kept in leak-proof containers during collection, handling, processing, storage, transport, or shipping. Any specimen which could puncture a primary container will be placed within a secondary container which is puncture resistant.
6. The following items will have a biohazard label or be stored in a red bag or container: regulated waste that has not been decontaminated, refrigerators or freezers used to store blood or other potentially

infectious material, and equipment or containers used to store, transport, or ship blood or other potentially infectious materials.

7. Soiled laundry will be kept in a closed laundry hamper that can hold all contents without leakage during handling, storage and transport, and is color-coded or labeled.
8. Equipment that may become contaminated will be inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary. The schedule and procedures are identified in the work section's policy manual.
9. Section supervisors will be responsible for examining engineering controls used to eliminate or minimize exposure to bodily fluids on an established, regular schedule, which is identified in their policy manuals. They will ensure the effectiveness of these controls.

## B. WORK PRACTICE CONTROLS

1. Handwashing facilities must be readily accessible. Handwashing should be done with antiseptic soap and running water as soon as feasible after contamination, and after removal of gloves or other personal protective equipment.
2. Handwashing guidelines are already described with Universal Precautions procedures. In the event of contact with blood or other potentially infectious materials by eyes, nose, or mouth, these mucous membranes will be flushed with water immediately or as soon as feasible.
3. Contaminated needles and other contaminated sharps will not be bent, sheared, or purposely broken. Recapping is permitted if a procedure does not have a feasible alternative and the action is required by the specific medical procedure. If needle removal or recapping is necessary, removal or recapping must be done either by one-handed scooping (passive recapping) or through a removal device.
4. Reusable sharps that are contaminated with blood or other infectious materials are stored and processed in a way that does not require anyone to reach, by hand, into the containers where these sharps have been placed.
5. Mouth pipetting, or suctioning of blood or other potentially infectious materials are prohibited.

6. All procedures involving blood or other potentially infectious material must be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
7. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in work areas where there is any risk of occupational exposure.
8. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
9. Warning labels containing the biohazard symbol and the word BIOHAZARD will be used to warn employees who may have contact with containers of the potentially hazardous materials. Labels are not required when red bags are used.

## 7. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. Personal protective equipment (PPE) will be used when appropriate to protect employees from potential occupational exposure incidents. PPE will be chosen based upon the type of anticipated exposure to blood or other potentially infectious materials. The specific equipment for a situation will be determined by each departmental section in which the potential for occupational exposure occurs and may include gowns, aprons, lab coats, disposable gloves, utility gloves, chin-length face shields, face masks, eye protection, shoe covers, surgical caps, and mouthpieces or pocket masks.
- B. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the health care provider's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- C. The financial responsibility for providing personal protective equipment (PPE) rests with the Leeward Community College. However, there is no obligation to provide general work clothes. All PPE will be cleaned, laundered, or disposed of by the department. All garments which are penetrated by blood or other infectious materials shall be removed as soon as feasible and laundered. Contaminated clothing will not be sent home with the worker for cleaning.
- D. Appropriate sizes of personal protective equipment will be made available for use. At a minimum, gloves will be used whenever there is a reasonable anticipation of hand contact with blood or other potentially infectious materials. Hypoallergenic gloves, powderless gloves, glove liners, or other

similar alternatives shall be readily accessible to those who are allergic to the gloves normally provided.

- E. A worker may temporarily and briefly decline wearing personal protective equipment under rare and extraordinary circumstances of life-threatening situations when the use of protective equipment will pose an increased hazard to workers or prevent the delivery of immediate care. When this judgment is made, the circumstances shall be investigated and documented by the section supervisor in order to determine whether changes can be instituted to prevent such occurrences in the future. Appropriate follow up action will occur.
- F. Disposable personal protective equipment will be discarded after use in the appropriate receptacle. Reusable PPE will be decontaminated and cleaned prior to storage in a designated area for future use. All PPE will be removed prior to leaving the work area.
- G. PPE will be replaced as often as necessary. At a minimum, this will occur after each use where the equipment becomes contaminated and cannot be decontaminated effectively, and when equipment becomes old and ineffective.

## 8. HOUSEKEEPING

- A. Leeward Community College is a university facility which should be maintained in a clean and sanitary condition. Each section of the department will implement an appropriate written schedule for the manner in which and the time when their areas are cleaned and disinfected. This schedule will also include an explanation of the cleaning and decontamination of equipment which has been in contact with blood or other potentially infectious materials.
- B. Work surfaces must be decontaminated, with a hospital-grade, tuberculocidal, fungicidal, and virucidal disinfectant which is registered with the EPA at the intermediate or higher level, after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
- C. Reusable receptacles, such as bins, pails, and cans that have a likelihood for becoming contaminated, must be inspected and decontaminated with a hospital-grade disinfectant on a regular basis. When contamination is visible, receptacles should be cleaned and decontaminated as soon as feasible.
- D. Any broken glassware which may be contaminated will not be picked up directly with the hands. Tools which are used in the clean-up of broken glass (brush, dust pan, forceps and/or tongs) must be decontaminated after use



and the contaminated broken glass should be placed in a sharps container. Vacuum cleaners are not appropriate for cleanup of contaminated broken glass.

## 9. LAUNDRY

- A. Contaminated laundry will be handled as little as possible. Sorting or rinsing of contaminated laundry will be performed in designated areas. Contaminated, soiled laundry will be placed and transported in biohazard labeled or color coded red bags or containers.
- B. Contaminated laundry, which is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, will be stored and transported in double bags which prevent soak-through and/or leakage of fluids to the exterior.
- C. Protective gloves, and other appropriate personal protective equipment as required, will be used by anyone who has contact with contaminated laundry.

## 10. HEPATITIS B VACCINE

- A. Leeward Community College will make the hepatitis B vaccine and vaccination series available at no cost to all employees/ students/ volunteers who have been identified in this plan as having occupational exposure. The vaccine series will be explained at an employee training session held within 10 days of initial assignment of duties which may result in potential occupational exposure to bloodborne pathogens. The department will also make routine booster doses of the hepatitis B vaccine available if booster doses are recommended by the U.S. Public Health Service.
- B. Personnel identified in the high risk exposure category will be asked to complete and sign a copy of Hepatitis B Immunization Form. This form will be included in their confidential personnel record (and medical record if occupational exposure occurs).
- C. The Hepatitis B vaccination will continue to be available without cost to anyone who initially declines the vaccination if that individual is still covered by the OSHA standard and requests the vaccine series at a later date.
- D. The vaccination must be given at a reasonable time and place, be performed by or under the supervision of a licensed physician and provided according to the recommendations of the U.S. Public Health Service. All laboratory tests for antibody testing shall be conducted at no cost to the employee. Participation in pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

## 11. EXPOSURE INCIDENT REPORTING, EVALUATION AND FOLLOW-UP

- A. Immediately following exposure, flush the injured area with water or saline, and thoroughly clean the area with soap and water. If exposure to the eyes has occurred, use an eye wash station or the nearest sink to flush the eyes with water for at least five minutes. Injuries requiring medical intervention should be promptly evaluated by private physician, or the nearest Emergency Room.
- B. Any exposure incident shall be promptly reported, investigated, and documented by the worker's supervisor and routed to the person in the department who has been designated as the responsible person for evaluation and record keeping. The protocol of the University of Hawaii Blood Borne Pathogens Post Exposure Response Plan will be followed in cases of exposure.
- C. Post-exposure medical evaluation and follow-up will be made available immediately at no cost, to any employee/ student/ volunteer who has experienced an occupational exposure incident. Post-exposure evaluations must be confidential and provided according to the recommendations of the U.S. Public Health Service.
- D. The exposed employee/ student/ volunteer will be offered blood collection and/or testing. This individual has the right to refuse either or both. However, if the exposed person gives consent for blood collection but not for HIV or HBV testing, the blood will be kept for 90 days, during which time the exposed person can choose to have the sample tested. In addition, laboratory tests performed in connection with an initial evaluation must be conducted at no charge to the exposed individual.
- E. Information on HIV and HBV infection and prophylaxis shall be given to the exposed individual, and the opportunity to accept prophylaxis, if appropriate, shall be offered. Acceptance or refusal shall be documented in writing.
- F. The confidential medical evaluation and follow-up must include, at least, the following:
  - 1. Documentation of the route of exposure and the circumstances under which the exposure incident occurred;
  - 2. Identification and documentation of the exposure source, unless it can be established that identification is not feasible or prohibited by state or local law.

3. Consent obtained from the exposure source and having the source person's blood tested as soon as possible to determine hepatitis (HBV) and HIV infectivity. If consent is not obtained, the head of the department must show that legally required consent could not be obtained. The source person's blood need not be tested if the source's HIV and HBV infection status is known.
  4. Results of the source individual's testing shall be made available to the exposed individual, and the exposed individual also be informed of the confidentiality laws protecting those results.
- G. The head of the department or designated responsible person shall ensure that the healthcare professional responsible for the employee's/ student's/ volunteer's post-exposure medical evaluation shall be given the following:
1. A copy of the OSHA standard and HiOSH's Part 8, Chapter 205,
  2. A written description of the job duties relevant to the exposure incident,
  3. Documentation of the route(s) of exposure and circumstances under which exposure occurred,
  4. The results of the source individual's blood tests, if available, and
  5. All relevant employee/ student/ volunteer medical records, including vaccination status.
- H. The responsible departmental person shall obtain and provide the exposed employee/ student/ volunteer with a copy of their evaluating healthcare professional's written opinion within 15 days of completion.
1. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the exposed individual, and if that individual has received such vaccination.
  2. The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:
    - a) A statement that the exposed individual has been informed of the results of the evaluation; and
    - b) A statement that the exposed individual has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

3. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

- I. If determined by the treating clinician to be necessary, post-exposure prophylaxis must be offered to the exposed employee/ student/ volunteer as recommended by the U.S. Public Services. These may include Hepatitis B immune globulin (HBIG), Hepatitis B vaccine and/or AZT. The recommendations of the current CDC guidelines on post-exposure prophylaxis treatment for HIV should be followed in the event of HIV exposure.

## 12. LABELS AND SIGNS

- A. Each section supervisor shall ensure for their work section that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.
- B. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.
- C. Red bags or red containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the State of Hawaii.

## 13. INFORMATION AND TRAINING

- A. The head of the department or designated person will be responsible for assuring that all personnel receive training at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training.
- B. When modifications of tasks or procedures occur after the training period, the supervisor shall provide or arrange for additional necessary training. When necessary, the training program will be modified to accommodate the educational or language level of the employee.
- C. Training will be done at no cost to the employee and will be conducted during working hours or the employee will otherwise be compensated for the time in training, as per union contracts.
- D. The department is responsible in arrangement for appropriate training sessions. The person(s) conducting the training shall be knowledgeable in the subject matter.

- E. Training records shall be maintained for three years from the date of training. These rosters will include the dates of the training sessions, an outline or summary describing the material presented, the names and qualifications of persons conducting the training, and the names, signatures, and job titles of all persons attending the training sessions.
- F. Training will be interactive and cover the following: (1) a copy of the standard & explanation of its contents; (2) discussion of the epidemiology and symptoms of bloodborne diseases; (3) explanation of the modes of transmission of bloodborne pathogens; (4) explanation of the Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy; (5) recognition of tasks that may involve exposure; (6) explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment (PPE); (7) information on the types, use, location, removal, handling, decontamination, and disposal of PPEs; (8) an explanation of the basis of selection of PPEs; (9) information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge; (10) information on appropriate actions to take and persons to contact in an emergency involving blood or potentially infectious materials; (11) explanation of the procedures to follow if an exposure incident occurs, including the method of reporting an medical follow-up; (12) information on the evaluation and follow-up required after an employee exposure incident; (13) an explanation of the signs, labels, and color coding systems.

#### 14. RECORD KEEPING

- A. Confidential medical records are kept for all employees/ students/ volunteers with University related occupational exposure for the duration of employment or student status plus 30 years. They will include the following:
  - 1. Exposed individual's name and social security number,
  - 2. Hepatitis B vaccination status (including dates of vaccinations, records relating to person's ability to receive the vaccine, and signed consent or declination form),
  - 3. All information given to evaluating health care professional in the event of an exposure incident, and
  - 4. A copy of the evaluator's written opinion including examination results, medical testing, and follow-up procedures.

- B. The information in these files related to employee/ student/ volunteer exposure will not be disclosed or reported without that person's written consent except as required by law.
- C. Medical records or laboratory studies obtained for past exposures will be maintained by the practitioner or agency administering the care.
- D. All employee/ student/ volunteer training and medical records required by HIOSH Standard Chapter 205 and 29 CFR 1910.20 will be provided upon request for examination and copying to the subject employee/ student/ volunteer, to anyone having the written consent of the individual, and to the authorized representatives of the Director of Labor and Industrial Relations/HIOSH/OSHA and the Assistant Secretary of Labor.

15. SPECIFIC EXPOSURE CONTROL PLAN FORMS

- A. Hepatitis B Immunization Form
- B. Exposure Incident Reporting - Evaluation Form or Exposure Documentation
- C. Exposure Incident Reporting - Report to Health Care Professional Form
- D. Health Care Professional's Written Opinion Form
- E. Exposure Incident Individual Checklist
- F. Post Exposure Individual's Medical Record Keeping Form
- G. Training Record for OSHA Bloodborne Pathogens Standard Form
- H. Blood Test and Prophylaxis Acceptance/Refusal Form.

16. PLAN REVISIONS, EVALUATION, AND REVIEW

- A. The head of the department of designated person will be responsible for annually reviewing this plan and its effectiveness and for updating this plan as needed.
- B. This plan will also be revised whenever necessary to reflect new or modified tasks, procedures, exposures, or rule changes.



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**Standard Forms**

**For**

**University of Hawaii**

**Exposure Control Plan**

**EXPOSURE INCIDENT - INDIVIDUAL'S CHECKLIST**

Instructions: Use to insure that all required post-exposure actions are accomplished for the individual. Immediate supervisor should complete this checklist and insure that it is confidentially kept with a copy of "Exposure Incident - Evaluation Form."

1. Name of Exposed UH Employee: \_\_\_\_\_
2. Date of Exposure: \_\_\_\_\_
3. Health Care Professional responsible for exposure follow-up: (identify name/address/phone)  
\_\_\_\_\_
4. Date(s) the following requirements are given to this health care professional:
  - OSHA standard \_\_\_\_\_
  - Exposure Incident - Report to Health Care Professional Form \_\_\_\_\_
  - Health Care Professional's Written Opinion Form \_\_\_\_\_
  - All relevant medical records maintained for employment or work \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
5. Date written report received from this health care professional: \_\_\_\_\_
6. Date report from health care professional to exposed individual: \_\_\_\_\_
7. Date exposed individual received test results:
  - Of source (if applicable): \_\_\_\_\_
  - Of self (if applicable): \_\_\_\_\_
8. Date information about applicable disclosure laws given: \_\_\_\_\_
9. Date exposed individual begins follow-up medical-psychological counseling : \_\_\_\_\_
10. Date exposed individual received health care benefits information: \_\_\_\_\_
11. Date copies of OSHA standard and UH. Exposure Control Plan given to exposed individual: \_\_\_\_\_



**BLOODBORNE PATHOGEN EXPOSURE INCIDENT**

Health Care Professional's Written Opinion for  
Post-Exposure Evaluation and Follow-up Form

**Instructions to medical professional:** All other findings or diagnoses should not be noted on this form and should remain confidential.

**Instructions to employer:** File in exposed worker's confidential medical record at University of Hawaii for the length of employment plus 30 years.

Name of individual: \_\_\_\_\_

Date of this post-exposure medical evaluation: \_\_\_\_\_

1. Is a Hepatitis B vaccination indicated for this University of Hawaii employee?    Yes [ ]    No [ ]
2. Has this individual received this vaccination?    Yes [ ]    No [ ]
3. Has this UH. worker been informed of the results of this evaluation?    Yes [ ]    No [ ]
4. Has this individual been counseled regarding the option of HIV/HBV testing?    Yes [ ]    No [ ]
5. Has this healthcare worker been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?  
Yes [ ]    No [ ]

Printed Name and Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Practitioner's Signature: \_\_\_\_\_

OSHA requires that the employer provide the exposed worker with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

Please send confidentially to:

Auxiliary Services Officer  
Leeward Community College  
96-045 Ala Ike  
Pearl City, Hawaii 96782

University of Hawaii

**HIV TESTING/ HBV TESTING/ AZT CONSENT FORM**

**Instructions:** The individual who has been involved in the blood exposure incident should fill this form out together with their physician or consultant HIV physician. Please give to the health care professional responsible for medical evaluation and follow-up of exposed University of Hawai'i employee.

By signing below, I (print name)\_\_\_\_\_  do  do not give informed consent for HIV (Human Immunodeficiency Virus) testing based on my having received an explanation satisfactory to me of this test, including the following:

1. The test is to determine the presence or absence of antibody to or other evidence of HIV infection. It is not diagnostic for AIDS. You may have antibody and not develop AIDS. The absence of antibody does not rule out infection with HIV.
2. The test for HIV is VOLUNTARY.
3. The test is strictly confidential and the results will not be disclosed without my permission.
4. False positives and false negatives may occur due to the screening procedure's limitations.
5. I agree to pay all costs associated with testing.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

I also  give  do not give permission to release the results of this HIV antibody test to the following individuals: (This may include, but are not limited to, the other person involved in the blood exposure incident, the individuals involved in the evaluation of the blood exposure incident, your private physician, etc.)

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

- I  do  do not give my permission for the blood test assessing exposure to Hepatitis B.
- I  do  do not accept treatment with Hepatitis-B Immune Globulin (HBIG)
- I  do  do not accept treatment with zidovudine (AZT). If I decline, I agree to assume the risk of injury or damages from the lack of medical treatment.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## EXPOSURE INCIDENT - EVALUATION FORM

**Instructions:** Use to document & assess the route(s) of exposure and how an exposure incident has occurred. Keep in confidential files only. Exposed UH. employee and immediate supervisor should fill this form out together.

1. Name of exposed UH. employee: \_\_\_\_\_

Last tetanus vaccine:  < 5 years  > 5 years  unknown

HBV vaccine:  no  yes, doses \_\_\_\_\_ year completed \_\_\_\_\_ HBsAG \_\_\_\_\_ HBsAB \_\_\_\_\_ AntiHCV \_\_\_\_\_

Will consent for baseline blood collection:  no  yes

Signed consent form:  no  yes

Will consent for HIV serologic testing:  no  yes

Referred to anonymous testing in community:  no  yes

2. Date, time, & place of exposure: \_\_\_\_\_

3. Description of work duties during incident: \_\_\_\_\_  
\_\_\_\_\_

4. Personal protective equipment used at the time: \_\_\_\_\_  
\_\_\_\_\_

5. Route(s) of exposure: (please check as appropriate)

Needlestick:  contaminated  not contaminated

Sharp Instrument:  contaminated  not contaminated

Injection of Blood:  no  yes estimated amount: \_\_\_\_\_

Other: \_\_\_\_\_

nonintact skin  intact skin  mucous membrane

6. Type of fluid(s):  Blood: (circle est. probability) definite, possible, none, unknown

Vaginal Secretions  Urine

Other: \_\_\_\_\_

7. Source person:             unknown  known

Consent for HIV/HBV infectivity testing obtained by employer:

yes, will agree to testing             no, but asked

Not asked: State reason: \_\_\_\_\_

Hepatitis B:  no             acute             chronic carrier  unknown

Hepatitis C:  no             acute             chronic carrier  unknown

HIV:             negative  positive  unknown

Date of test: \_\_\_\_\_

Other risk factors: \_\_\_\_\_

Date when results of source person's serologic testing made available to exposed UH. employee abiding with confidentiality law: \_\_\_\_\_

8. Circumstances under which exposure occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Confidential medical evaluation and follow-up by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Disposition or recommendations (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Evaluation of incident:

Is new engineering or work practice needed to minimize chance of recurrence?

a. Suggestions for remedial action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If procedure changed, describe how/when implementation will occur:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
U.H. Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Exposure Incident Evaluator's Signature & Date

Note: A copy of this document will be retained in exposed worker's confidential medical record for the length of employment plus 30 years.

University of Hawaii

**HEPATITIS B IMMUNIZATION FORM**

**To be filled out by Supervisor:**

The following individual participated in a training program on bloodborne pathogens. Information regarding hepatitis B, hepatitis B vaccination (the efficacy, safety, method of administration), benefits of vaccination and that the vaccine and vaccination are provided free of charge to UH employees potential occupational exposure to bloodborne pathogens was provided on (Date)

\_\_\_\_\_.

Name and SS#: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Occupational hepatitis B vaccination (circle one):

**Recommended**

**Not Offered** (If this option used, the bottom half of this form should remain blank.)

Supervisor's Printed Name & Title: \_\_\_\_\_

Supervisor's Signature and Date: \_\_\_\_\_

**To be completed by Employee:**

Have you ever been immunized for hepatitis B?       Yes     No

\* If yes, give the approximate dates of each dose below and return this form to your supervisor after signing. If you are otherwise known to be immune, via infection, please note that here.

Dose No. 1: \_\_\_\_\_                      Dose No. 3: \_\_\_\_\_

Dose No. 2: \_\_\_\_\_                       Not sure.

\* If no, do you accept the hepatitis B antibody test and/or hepatitis B vaccination?

Yes, test and/or vaccination starting date: \_\_\_\_\_

No, I decline hepatitis B antibody test and/or hepatitis B vaccination.  
This is not an irrevocable waiver.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be retained in personnel records for length of employment with University of Hawai'i.**

University of Hawaii

**INDIVIDUAL'S MEDICAL RECORD KEEPING FORM**

**Instructions:** Use to insure compilation of all medical records for the individual with an occupational exposure to blood or bloodborne pathogens in accordance with 29 CFR 1910.20. Then attach this worksheet to those confidential medical records.

University of Hawaii's Employee Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date began work at University of Hawai'i: \_\_\_\_\_

Date terminated work at University of Hawai'i: \_\_\_\_\_

Check the empty space when the following records are placed in the medical records of the individual with occupational exposure:

- A copy of the "U.H. Hepatitis B Immunization Form" including the dates of all hepatitis B vaccinations.
- A copy of all results of examinations, medical testing, and follow-up procedures
- The employer's copy of the healthcare professional's written opinion ("Exposure Incident - Health Care Professional's Written Opinion for Post- Exposure Evaluation and Follow-up Form")
- A copy of the "U.H. Exposure Incident - Report to Health Care Professional Form."
- A copy of the "U.H. Exposure Incident - Individual's Checklist."

OSHA requires that the University of Hawaii ensure that medical records of workers with occupational exposure be kept confidential and are not disclosed or reported without the individual's express written consent to any person within or outside the University of Hawaii except as required by law. The University of Hawaii will maintain these required records for at least the duration of employment or work plus 30 years.

Occupational exposure medical records are to be made available upon request to the Assistant Secretary and the Director of OSHA/HIOSH.

If the University of Hawaii closes, it is understood that the U.H. must inform the Director at least three months before disposing of these records. Confidential medical records are kept within the U.H. Department Administrator's office.



University of Hawaii

**TRAINING RECORD  
HiOSH BLOODBORNE PATHOGENS STANDARD**

**Instructions:** Maintain this record of mandatory occupational exposure to bloodborne pathogens training for three years following the date on which the training occurred. These records are available upon request to all employees or their representatives as well as to the Assistant Secretary and the Director of OSHA/HIOSH.

Date of Training Session: \_\_\_\_\_

Trainer(s) & Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Training Contents or Summary: "Bloodborne Pathogens: Workplace Precautions for Industry" HIOSH Library videotape V147 Running time: 18:40

1- Overview of OSHA regulations on bloodborne pathogens & location of a copy of regulatory text, 2- SHS Exposure Control Plan: explanation & availability, 3- Epidemiology & symptoms of bloodborne pathogens, 4- Modes of transmission of bloodborne pathogens, 5- How to recognize tasks or procedures which may involve exposure to blood & other potentially infectious materials, 6- Use & limitations of methods to prevent or reduce occupational exposure, 7- Selection, use, handling, decontamination & disposal of personal protective equipment, 8- Hepatitis B vaccination information, 9- Actions and reporting procedures following an occupational exposure, 10- Required post-exposure evaluation and follow-up, 11- Explanation of labels, signs, and color coding, 12- Interactive question and answer session with trainer(s).

**Attendance List:**

<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>JOB TITLE</u>
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
8 _____		
9 _____		
10 _____		

University of Hawaii

**EXPOSURE INCIDENT - REPORT TO HEALTH CARE PROFESSIONAL FORM**

**Instructions:** Exposed U.H. worker and immediate supervisor should fill this form out together. Give to the health care professional responsible for post exposure medical evaluation and follow-up of U.H. worker.

U.H. worker's name: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Name & address of Health Care Professional responsible for post exposure follow-up:

\_\_\_\_\_  
\_\_\_\_\_

Exposed U.H. worker previously vaccinated against HBV? Yes  doses: \_\_\_\_\_  
year completed: \_\_\_\_\_  
no

Description of job duties relevant to exposure incident:

Route(s) of exposure:  Needlestick:  contaminated  not contaminated  
 Sharp Instrument:  contaminated  not contaminated  
 Injection of Blood:  yes estimated amount: \_\_\_\_\_  no  
 Splashing/spraying of blood or other infectious material  
 other:

Circumstances under which exposure occurred:

Source individual: Known  Unknown

Known to be infected with HBV:  yes  no

Known HIV infection:  yes  no

Consent obtained for blood testing of source  yes  no

Results of testing on source: (positive, negative or unknown)

Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_ HIV \_\_\_\_\_

(information on applicable disclosure laws & regulations concerning the source identity and infectious status must be provided.)

Exposed U.H. worker:

will give consent for baseline blood collection: yes  no

will give consent for HIV serologic testing: yes  no

Date when relevant employee medical records, including vaccination status, given to health care professional post-exposure evaluator: \_\_\_\_\_

Copy of OSHA standard given to health care professional on \_\_\_\_\_

## INFORMATION SHEET FOR AN EXPOSED PERSON ABOUT HEPATITIS-B AND HIV

**Instructions:** Provide this information sheet to U.H. employees with occupational exposure to blood or bloodborne pathogens.

This sheet contains information for individuals who may have been exposed to infectious blood or body fluids. Contact with infectious blood or body fluids could result in infection. A number of diseases may be transmitted by exposure to infectious blood or body fluids. The greatest concerns relate to Hepatitis-B, which is caused by the Hepatitis-B virus and Acquired Immune Deficiency Syndrome (AIDS), which is caused by the Human Immunodeficiency Virus (HIV).

Hepatitis B affects the liver. The severity of the disease is highly variable. Many people have relatively mild flu-like symptoms of fatigue, low grade fever, nausea, and low appetite. More serious symptoms include abdominal pain, jaundice, liver failure, and death. About 85% of persons with hepatitis B recover fully from the infection. However, the remainder may develop persistent inflammation of the liver, cirrhosis, and liver cancer. Some patients also become asymptomatic carriers who can transmit the virus to others through their blood and body fluids. A blood test can detect the presence of the disease within 2-6 weeks of exposure.

The HIV virus infects the immune system cells, thus reducing the body's capacity to fight other infections. Symptoms, initially, may be hardly noticeable, or resemble a mild flu-like illness (low grade fever, fatigue, swelling of the lymph glands, body aches). Subsequently, the infected person may feel completely well for as long as ten years. When the immune system begins to fail, multiple symptoms develop and eventually lead to AIDS. Currently, AIDS is inevitably fatal. While a person can remain unaware of HIV infection, the virus may be transmitted to others who come into contact with the infected person's blood or body fluids. HIV antibody tests may be positive from as early as 2 weeks to as long as 1 year after exposure. Therefore, more than 1 test may be necessary to determine whether a person has been infected.

It is possible to contract these diseases from a single exposure to body fluids which contain these viruses. Multiple exposures to the same virus-containing body fluids increase the likelihood of contracting the disease. The body fluids which contain the highest concentrations of these viruses, posing the greatest risk of disease transmission, are blood and blood products, semen, and vaginal fluid. Other body fluids such as cerebral-spinal, amniotic, peritoneal and pericardial fluids, breast milk, saliva, sputum, urine, feces, inflammation exudates, tears, and perspiration, all may contain small amounts of virus. Exposure to any of these contaminated fluids may put an individual at risk for contracting Hepatitis-B or HIV infection.

There are effective vaccines available for Hepatitis-B. The Hepatitis-B vaccine is given in a series of 3 injections, the first 2 doses are given a month apart, and the third dose is 5 months after the second dose. The vaccination must be given as a preventative measure and is not effective if given after exposure. A passive immune globulin, HBIG, may be given after exposure to potentially infected blood or body fluids.

There currently are no vaccines against HIV.

Although zidovudine (AZT) is indicated for treatment of established HIV infection, it is not approved by the U.S. Food and Drug Administration for preventing HIV infection after exposure. PRESENTLY, THERE IS INSUFFICIENT EVIDENCE TO STRONGLY SUPPORT OR DISCOURAGE THE USE OF AZT FOR PREVENTING INFECTION IN OCCUPATIONALLY EXPOSED PERSONS. There is, however, some evidence that pregnant women who are exposed to HIV will lessen their chances of passing the infection on to their unborn child by taking AZT for the remainder of their pregnancy. It is common clinical practice, at this time, to discuss the possibility of AZT treatment with exposed individuals. This allows those individuals to decide whether or not they want to take AZT. The side effects of AZT may include gastrointestinal distress, nausea and vomiting, and anemia. Long-term effects of AZT are not known at this time.

## POST-EXPOSURE RESPONSE TEAM - PROTOCOL

The Post-Exposure Response Team should use the following guidelines for management of exposures to Blood & Body fluids:

### Confirm that:

1. Immediate care, wound care or first aid has been completed (see p. 2);
2. Person in charge of unit where exposure has occurred has been notified and agency protocol followed;
3. If emergency care was needed, student/faculty reported to nearest emergency room or Student Health Service on campus, where available. Kaiser clients should Report to Kaiser facility if able;
4. If exposure has occurred at the Queen's Medical Center, call Exposure Hotline at 547-4004. If at Kaiser Medical Center, call Exposure Hotline at 834-9089.

### Response Team Member continue with the following:

5. Identification of the body fluid involved in the exposure;
6. Determination of level of exposure (see pp. 2-3 for details);
7. Preliminary exposure source evaluation;
8. Identify need for tetanus, hepatitis and/or HIV prophylaxis (see pp. 3-6 for details);
9. Call exposed person's private medical doctor or one of the physicians listed on pp. 6-7; private physicians can also consult with these on-call physicians.
10. Exposure source evaluation and testing if HIV and/or HBV status unknown (see pp. 7-8 for details);
11. Notify appropriate Program Head. Complete UH System Exposure Documentation Form. For faculty, complete Workers' Compensation forms;
12. Follow-up care, counseling and testing (see p. 9 for details); and
13. Education and counseling to prevent future accidental exposures.

## **IMMEDIATE TREATMENT OF THE EXPOSED PERSON**

1. Immediately following exposure:
  - A. Flush the injured area with water or saline.
  - B. Thoroughly clean the area with soap and water if possible.
  - C. If exposure to the eyes has occurred, use an eye wash station. Or,
  - D. Injuries requiring medical intervention should be promptly evaluated in the nearest Emergency Room, Student Health Service where available, or private physician.

### **LEVELS OF EXPOSURE**

#### **A. Hepatitis B (HBV) Exposure Criteria**

Due to the high infectivity of HBV, all parenteral and mucous membrane contacts with blood and body fluid are considered "exposures". Examples of potentially infective body fluids and tissues are: blood, blood products, bloody fluids, semen, CSF, amniotic fluid, menstrual discharge, pleural, peritoneal, pericardial fluid, blood tinged urine and stool, saliva, and inflammatory exudates.

#### **B. Definition of Levels of Exposure to HIV**

Potentially infective body fluids are essentially the same as for HBV. HIV is less infective and the extent of exposed person's exposure guides the recommended treatment. (The following definitions are taken from San Francisco General hospital's exposure protocols.)

##### **1. Massive Parenteral Exposure**

- a. Transfusion of blood or an injection of a large volume of blood/body fluids ( $\geq 1$  ml).
- b. Parenteral exposure to laboratory specimens containing a high titer of the HIV virus.

##### **2. Definite Parenteral Exposure**

- a. Intramuscular (IM/"deep") injury with a blood/body fluid-contaminated needle.
- b. Injection of blood/body fluid not included in B1a above.
- c. Laceration or similar wound which causes bleeding in exposed person produced by a visibly blood/body fluid-contaminated instrument.

- d. Laceration or similar fresh wound inoculated with blood/body fluid.
- e. Any inoculation with HIV (usually research settings) not included in B1b above.

3. **Probable Parenteral Exposure**

- a. Subcutaneous (SQ/"superficial") injury with blood/body fluid-contaminated needle.
- b. A wound produced by blood/body fluid-contaminated instrument which does not cause visible bleeding.
- c. Prior wound or skin lesion contaminated with blood/body fluid.
- d. Mucous membrane inoculation with blood/body fluid.

4. **Doubtful Parenteral Exposure**

- a. Subcutaneous (SQ/"superficial") injury with non-bloody body fluid-contaminated needle.
- b. A superficial wound produced by non-bloody body fluid-contaminated instrument which does not cause visible bleeding.
- c. Prior wound or skin lesion contaminated with non-bloody body fluid.
- d. Mucous membrane inoculation with non-bloody body fluid.

5. **Non-Parenteral Exposure**

- a. Intact skin visibly contaminated with blood/body fluid.

## **EARLY TREATMENT OF THE EXPOSED PERSON**

Counseling will be made available to the exposed person and shall include at least a discussion of the following treatments:

### **A. Tetanus Prophylaxis**

Tetanus prophylaxis is indicated  $\leq 72$  hr. if serious "dirty" injury; (i.e., soil contaminated). An emergency room visit may be required, otherwise follow-up with private physician. If treatment refused, document the discussion.

### **B. Hepatitis Prophylaxis**

#### **1. Hepatitis B**

- a. HBIG prophylaxis to be given  $\leq 24$  hrs. if possible after exposure if the exposed person is not completely vaccinated against HBV and:
  - exposure source known HBsAg positive;
  - exposure source has clinical hepatitis and HBV has not been excluded;
  - exposure source unknown;
  - exposed person has begun but not completed vaccination, one dose of HBIG given within 24 hours, vaccine should be completed as scheduled.
- b. Hepatitis B Vaccine series should begin as soon as possible
  - Exposed person HBsAg negative.

#### **2. Hepatitis - All Other Types**

- a. Human Immune Globulin (HIG) prophylaxis  $< 72$  hrs. after exposure if the exposure source tests positive for HAV IgM or Hepatitis C Ab and exhibits abnormal liver tests and viral hepatitis is possible.

### **C. HIV Prophylaxis**

#### **1. Benefits of Treatment with Zidovudine (AZT)**



The benefits of AZT in preventing infection of the Human Immunodeficiency Virus (HIV) after exposure are unproven. Experiments in mice, cats, and monkeys suggest that AZT might prevent infection when treatment is started soon after exposure. Therefore, AZT **may** prevent infection in humans after exposure to HIV.

The duration of AZT treatment likely to prevent infection is not known. If the decision is made to take AZT, most physicians recommend taking the drug for four weeks.

## 2. Possible Side Effects from AZT

Headache, muscle pain, tiredness, loss of appetite, trouble sleeping, fever, nausea, vomiting, dizziness, diarrhea, anemia, low white blood count, low platelet count, hepatitis (liver inflammation), nervous system inflammation (meningitis/ encephalitis), and muscle inflammation. These adverse effects are expected to disappear after AZT treatment is stopped, but could be life- threatening or irreversible.

Although considered unlikely, delayed effects of AZT could include cancer (carcinogenesis) or mutations in my genetic material (mutagenesis).

If exposed person discontinues the treatment of AZT, physician should be notified within 24 hours.

## 3. Recommendations for AZT Prophylaxis

In the absence of any proven beneficial therapy, the use of AZT **should be discussed** with exposed person, though AZT is **not recommended**. If AZT prophylaxis is chosen by exposed person, it may be prescribed for MASSIVE, DEFINITE and PROBABLE parenteral exposures, and, at the discretion of the supervising clinician, for some DOUBTFUL parenteral exposures. AZT **should not be prescribed** for NON-PARENTERAL exposures. **Exceptions can only be made after consultation with one of the consulting physicians listed on pp. 6-7.**

Exposed person who have received AZT therapy in the past may be treated again if:

- greater than 3 months has elapsed since the completion of the previous course and
- no more than 2 prior courses of treatment have been given.

## 4. AZT Administration

- a. In all cases here AZT is administered\* every effort should be made to initiate treatment ASAP (recommended times are within one hour for MASSIVE and within 4 hours fro DEFINITE, PROBABLE, and DOUBTFUL parenteral exposures).
  - b. The Response Team must arrange follow-up visit for treated exposed person within 72 hours of starting AZT.
  - c. Exposed person may request referral to a physician of their choice for additional evaluation and non-protocol treatment.
- \* If pharmacy is closed, AZT may be administered at the Queen's Medical Center Pharmacy.

#### 5. AZT Prescription

DOSE: 200 mg p.o. every 4 hrs. for 6 doses for a total of 1200 mg/day for the first 3 days, then 200 mg p.o. every 4 hrs. for 5 doses for a total of 1000 mg/day for the next 27 days. Dispense number 36. This may be ordered for 72 hrs. pending subsequent evaluation by the private physician.

#### 6. AZT Exclusion Criteria

- a. Exposed persons sustaining "non-parenteral" exposures.
- b. Men or women of child-bearing capacity who decline to perform acceptable contraception or abstinence during the period of chemoprophylaxis and for four weeks thereafter.
- c. Women who elect to continue breast-feeding during the period of treatment.
- d. Prior diagnosis of HIV infection-- AZT should be discontinued if baseline HIV tests are found to be positive after treatment is begun. Exposed person will be referred to their private MD for continued follow- up.
- \*e. Underlying renal insufficiency (a creatinine level greater than 3 times normal).
- \*f. Underlying hepatic insufficiency (SGOT, Alk Phos, or total bilirubin > 3 times normal).
- \*g. Endogenous or drug-induced immunosuppression.

\*h. Bone marrow dysfunction (Hgb < 10 g/dl); granulocytes < 1500 mm<sup>3</sup>).

i. Probable or expected non-compliance with treatment follow-up.

\* (This clinical information will not be available when the initial AZT is ordered. An assessment of the exposed person health status must be made by taking a brief health history . If AZT is to be continued beyond 72 hours, blood work must be done to obtain the exposed person baseline lab values and to evaluate the safety of continued AZT administration).

## 7. **Exposed Person Evaluation**

Exposed person electing to take prophylactic AZT should have baseline lab work drawn as soon as possible. The Response Team member will assist the physician to make arrangements through a laboratory to have blood and urine collected. This may be done through the emergency room if the exposed person requires first aid or immediate care for the exposure.

a. Draw blood for: CBC, hepatic profile, HIV, HBsAb and HBsAg on all

b. Draw blood for HCG on fertile females.

c. Obtain urine for routine urinalysis.

## PHYSICIAN CONSULTANT LIST

If the exposed person does not have his/her own physician, one of the following maybe called for follow-up medical treatment.

1. Jennifer Frank (Mornings, Student Health Services) 956-8965  
(After 12 Noon, private practice) 944-9053
2. Francis Liu (Kaiser) 834-5333  
*If unavailable, Kaiser patients may ask for the Infection Control Coordinator, Mary Kim)*
3. Erlaine Bello (Queen's) 537-6335
4. David McEwan (Honolulu Medical Group) 537-2211
5. Francis Pein (Straub) 522-3850
6. Russell Wong (Kuakini) 531-2731
7. Joseph Koo (St. Francis) 533-3808
8. Saito, David (Kapiolani Med Ctr at Pali Momi) 487-2277
9. Hamasaki, Craig (St. Francis West) 671-3715

## EXPOSURE SOURCE EVALUATION GUIDELINES

1. Exposure source known and available for HBV evaluation.  
**TEST SOURCE UNLESS SOURCE KNOWN TO BE HBsAG POSITIVE**
  - a. Diagnosed HBV (HBsAg + with or without HBeAg +)
  - b. High Risk HBV (Asian/Pacific Island ethnicity, injection drug user, homosexual or bisexual male, known HIV+, abnormal LFTs). **TEST SOURCE.**
  - c. HBV Known seronegative or no apparent risk for HBV.  
**TEST SOURCE.**
  
2. Exposure source known and available for HIV evaluation.  
**TEST SOURCE UNLESS SOURCE KNOWN TO BE HIV POSITIVE**
  - a. Diagnosed HIV Infection  
  
**TEST UNNECESSARY** – exposure source considered HIV infectious.
  - b. In order to comply with HIOSH regulations, **all** exposure sources involved in an occupational exposure must be approached for HIV testing.
  
3. Exposure source unknown/unavailable for evaluation.  
Individualized management of the exposed person will depend on exposure severity.
  
4. Laboratory Evaluation of the exposure source  
  
The following lab tests should be done on exposure source:
  - a. Hepatic Profile
  - b. HBsAg
  - c. HIV (with informed consent)
  - d. Anti-HCV

Testing following an occupational exposure cannot be charged to the exposure source or his/her health insurance (state statute). It must be paid for by the exposed person or their employer. Agency may choose to pay for exposure source testing.

The exposure source is to receive counseling and give written consent prior to HIV testing. If the person seeking consent has any question about the exposure source's

ability to consent to the testing, contact the exposure source's attending physician. Exposure source HIV tests should be expedited when the exposed person has elected to begin prophylactic AZT treatment. Test results will be communicated to the exposure source, exposure source's attending physician, and the exposed person's physician. The exposed person may find out the results from their physician.

### **HIV COUNSELING & TESTING**

- A. HIV testing (baseline, 6 weeks, 3 months, 6 months, 12 months after exposure) recommended if the exposure warrants it and:
  - 1. Exposure source known HIV positive
  - 2. Exposure source tests HIV positive
  - 3. Exposure source high risk for HIV
  - 4. Exposure source unknown
  - 5. Exposed person anxious
  
- B. HIV testing optional if:
  - 1. Exposure source low risk HIV
  - 2. Exposure source HIV test negative
  
- C. Counseling should also be included by the agency giving the testing.

### **HBV COUNSELING & TESTING**

- A. HBsAg testing for exposed person if:
  - 1. Exposure source known HBV positive
  - 2. Exposure source tests HBV positive
  - 3. Exposure source high risk for HBV
  - 4. Exposure source unknown
  - 5. Exposed person anxious
  
- B. If HBsAg results are positive – no further treatment.
  
- C. If HBsAg result is negative:
  - 1. Booster if HBV series completed}
  - 2. Complete HBV series } within 7 days
  - 3. Start HBV series }
  
- D. HBIG as soon as possible for exposed person if:
  - 1. Exposure source known HBV+

2. Exposure source not available for testing and high risk for HBV.

### **FOLLOW-UP CARE, COUNSELING & TESTING**

Each treated exposed person should be evaluated and counseled by a physician at 2 weeks, 4 weeks, 6 weeks, 3 months, 6 months, and 1 year after therapy is started. Individuals who do not have a personal physician may be referred to a physician from the list on pages 6-7. Repeat HIV testing is recommended, if the exposure warrants and prior tests have been negative, at 6 weeks, 3 months, 6 months and 12 months after exposure.

### **EXTENT OF RESPONSE TEAM RESPONSIBILITY**

- A. **Population:** UH system employees, students and visitors to UH-sponsored activities.
- B. **Circumstances:** Exposures occurring during UH-sponsored activities (e.g., academic, research, sports or other events).  
If called for inappropriate reasons (e.g., IV drug use, sexual
- C. **Hours:** 24-hour coverage.
- D. **Nature of response:** Evaluate situation, determine risk, and counsel exposed person, make referral, and document incident.

The decision about seeing the exposed individual in person can be made on a case-by-case basis. Telephone consultation may be sufficient in some cases.

If a referral is made, team member may decide to call the referral to transmit information about the exposure. This can be determined on a case-by-case basis.

- E. **Limits:** The responsibility of the Response Team for the consultation ends once the referral is made and documentation is complete.

## CONFIDENTIALITY OF INFORMATION AND RECORDKEEPING

- A. Information related to exposures must be limited to those with a clear need to know.
- B. Confidential records of exposure shall be kept in an access-restricted location of the exposed person's Program.
- C. Response Team records of exposures should be sent to a central coordinating location in a confidential manner within 24 hours of the incident. The records shall be kept in a highly secure location.
- D. Testing results for both exposure source and exposed person shall be made available to exposed person accompanied by the appropriate counseling, and to the exposed person's physician if requested. The exposed person shall also be informed of the confidentiality laws protecting those results.
- E. Other medical records related to the exposure shall be made available as follows:
  - 1. Faculty and staff – All records related to the exposure shall be provided on request for examination and copying to the exposed person and anyone having his/her written consent, to the Director of the State DLIR or his/her representative, to the UH System President and to the CE of the institution where the exposure occurred.
  - 2. Student – All records related to the exposure shall be provided on request for examination and copying to the exposed student and anyone having his/her written consent, to the UH System President and to the CEO of the institution where the exposure occurred.



## **PROTOCOL FOR POST-EXPOSURE TO BODY FLUIDS - FACULTY AND STAFF**

1. Immediately following exposure:
  - A. Flush the injured area with water or saline.
  - B. Thoroughly cleans the area with soap and water if at all possible.
  - C. If exposure to the eyes has occurred, use an eye wash station. Or, use the nearest sink to flush the eyes with water for at least five minutes.
  - D. Injuries requiring medical intervention should be promptly evaluated by private physician, or the nearest Emergency Room.
  - E. Follow the applicable protocol for exposure to body fluids at place of exposure. Notify person in charge at place of exposure.

*Kaiser clients should report to Kaiser facility if able. If exposure occurred at Kaiser, call Exposure Hotline at 834-9089.*

*If exposure occurred at the Queen's Medical Center, call Exposure Hotline at 547-4004.*

2. Call UH Post-Exposure Response Team member at Pager # **574-2246**.
3. Faculty/Staff will be responsible for personal medical care.
4. Notify appropriate Program Head and complete the Workers' Compensation reporting requirements (Incident Report). Workers' Compensation reports must be submitted within seven working days of the accident.
5. Post-Exposure Response Team member advises exposed faculty/ staff regarding follow-up and completes the UH System Exposure Documentation Form, which should be submitted in a sealed envelope, marked "**Confidential**" to the Department Chair.
6. Confidential records of incidents will be kept in a locked file in a location designated by the appropriate Program Head, identified by code number only, and will include a copy of the UH System Exposure Documentation Form as well as a record of counseling and follow-up for each case.

## **PROTOCOL FOR POST-EXPOSURE TO BODY FLUIDS - STUDENTS**

1. Immediately following exposure:
  - A. Flush the injured area with water or saline.
  - B. Thoroughly cleans the area with soap and water if at all possible.
  - C. If exposure to the eyes has occurred, use an eye wash station. Or, use the nearest sink to flush the eyes with water for at least five minutes.
  - D. Injuries requiring medical intervention, should be promptly evaluated by private physician, Student Health Service where available, or the nearest Emergency Room.
  - E. Follow the applicable protocol for exposure to body fluids at place of exposure. Notify person in charge of supervising the student.

*If the injury occurred on UH System campus, report to Student Health Service where available.*

*If exposure occurred at Kaiser, call Exposure Hotline at 834-9089.  
(Kaiser clients should report to Kaiser facility if able.)*

*If exposure occurred at the Queen's Medical Center, call Exposure Hotline at 547-4004.*

2. Call UH Post-Exposure Response team member at Pager# 574-2246.
3. The student is responsible for personal medical care and costs not covered by the agency or institution. Students are not considered employees of the University, training agency or institution, and are not eligible for Workers' Compensation.
4. Notify appropriate Program Head.
5. Post-Exposure Response Team member advises exposed student regarding follow-up and completes the UH System Exposure Documentation Form, which should be submitted in a sealed envelope marked "**Confidential**" to the appropriate Program Head.
6. Confidential records of incidents will be kept in a locked file in a location designated by the appropriate Program Head, identified by code number only, and will include the UH System Exposure Documentation Form as well as a record of counseling and follow-up for each case.

ASSIGNED CODE NUMBER: \_\_\_\_\_

UNIVERSITY OF HAWAII SYSTEM

**EXPOSURE DOCUMENTATION FORM**

To be completed by Post Exposure Response Team member only.

1. Faculty/Student (circle one)
2. Department/Program: \_\_\_\_\_
3. Date and Time of Exposure: \_\_\_\_\_  
Place of Exposure: \_\_\_\_\_
4. Date and Time of Call to Response Team: \_\_\_\_\_  
Date and Time of Interview: \_\_\_\_\_
5. Description of incident in exposed person's own words:
6. Type of Exposure: (circle as appropriate)  
skin puncture                      aerosol/spray                      splash  
scrape cut                      mucous membrane      skin  
other \_\_\_\_\_
7. Exposure Source: (circle as many as appropriate)  
blood              serum              saliva              sputum  
vaginal                      vomitus                      urine              feces  
semen              CSF                      amniotic              wound drainage  
pleural                      peritoneal              pericardial              tears  
perspiration      other \_\_\_\_\_
8. Source Person:  
Dx (if known): \_\_\_\_\_  
HIV status - positive\_\_\_ negative\_\_\_ unknown\_\_\_  
HBV status - positive\_\_\_ negative\_\_\_ unknown\_\_\_  
Lab tests ordered \_\_\_\_\_
9. Determination of Relative Risk of Exposure: (circle only one)  
Massive Parenteral                      Definite Parenteral  
Possible Parenteral                      Doubtful Parenteral  
Non-Parenteral

10. Exposed Person Medical History:
- a. Current medication or treatments:
  - b. Presently under physician/nurse practitioner's care for any chronic health problem? yes\_\_\_ no\_\_\_  
For what? \_\_\_\_\_  
Name of physician/nurse practitioner: \_\_\_\_\_
  - c. Year of last tetanus vaccination: \_\_\_\_\_
  - d. Previous Hepatitis B testing? yes\_\_\_ no\_\_\_  
Month and year of testing: \_\_\_\_\_
  - e. Hepatitis B vaccine series completed: yes\_\_\_ no\_\_\_  
Month and year series completed: \_\_\_\_\_
  - f. Previous HIV antibody testing: yes, HIV+\_\_\_ Yes, HIV-\_\_\_  
no, not tested\_\_\_ Month and year of testing: \_\_\_\_\_
  - g. Previous use of AZT: yes\_\_\_ no\_\_\_ How often? \_\_\_\_\_  
When last used? \_\_\_\_\_ For how long? \_\_\_\_\_
11. ACTION BY RESPONSE TEAM:
- a. Prophylaxis discussed: Tetanus yes\_\_\_ no\_\_\_  
HBIG yes\_\_\_ no\_\_\_  
AZT yes\_\_\_ no\_\_\_  
Consent/Refusal (circle one) form signed: yes\_\_\_ no\_\_\_
  - b. Prophylaxis ordered: yes\_\_\_ no\_\_\_ What types? \_\_\_\_\_  
By whom: \_\_\_\_\_  
Medication(s) obtained: yes\_\_\_ no\_\_\_
  - c. Baseline HIV antibody testing discussed: yes\_\_\_ no\_\_\_  
Consent/Refusal (circle one) form signed: yes\_\_\_ no\_\_\_  
Baseline HIV antibody testing completed: yes\_\_\_ no\_\_\_  
Referred to anonymous or confidential testing  
sources in the community: yes\_\_\_ no\_\_\_
12. FOLLOW-UP RECOMMENDATIONS:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_