I. PURPOSE

To provide guidance on how to manage HIV, Hepatitis B/C, bloodborne pathogen, or other potentially infectious material exposures in the North Carolina Department of Adult Correction (DAC).

II. DEFINITIONS

Exposure

A. An exposure that might place person at risk for HBV, HCV or HIV infection is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane (eyes, mouth) or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

B. In addition to blood and body fluids containing visible blood, semen and vaginal secretions also are considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HBV, HCV, and HIV, they have not been implicated in occupational transmission from patients to HCP.

C. The following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk for transmission of HBV, HCV, and HIV infection from these fluids is unknown; the potential risk to HCP/employee from occupational exposures has not been assessed by epidemiologic studies in health-care settings.

D. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain blood. The risk for transmission of HBV, HCV, and HIV infection from these fluids and materials is extremely low. Any direct contact (i.e., contact without barrier protection) to concentrated virus in a research laboratory or production facility is considered an exposure that requires clinical evaluation.

E. For human bites, the clinical evaluation must include the possibility that both the person bitten and the person who inflicted the bite were exposed to bloodborne pathogens. Transmission of HBV or HIV infection rarely has been reported by this route (CDC June 29, 2007).

III. POLICY

Exposure to HIV, Hepatitis B/C, bloodborne pathogen, or other potentially infectious materials shall be managed according to the North Carolina Communicable Disease Rules (10A NCAC 41A .0202-.0203).

IV. PROCEDURES

A. Department of Adult Correction Staff Procedure

When there has been a job-related exposure to blood or body fluids that poses a risk of transmission of a blood borne illness, exposure be reported immediately to the employee's supervisor and/or the facility Officer in Charge (OIC).

1. An Investigative incident report must be completed by the OIC.

2. If medical staff are readily available, the employee should be examined by the staff to advise whether an occupational exposure has occurred. In the absence of medical staff, the supervisor or OIC may confer with the employee to determine if potentially infectious body fluids have encountered mucous membranes of the mouth, eyes, or broken skin.

3. If the conferring staff and the employee agree that an occupational exposure has not occurred, there is no need for further evaluation.

4. If the employee or the staff feel strongly that an occupational exposure may have occurred, the employee should be referred for further evaluation and be immediately sent to the closest hospital emergency department and/or the closest approved Workers Comp Care Facility.

    a) If the examining physician determines that an occupational exposure has occurred, the source of the potentially infectious body fluid will be tested for HIV, Hepatitis B, Hepatitis C and syphilis as outlined in the NC Communicable Disease Rules (10A NCAC Chapter 41, Subchapter 41A .0202, .0203).

    b) The results of these tests will be made available to the physician treating the potentially exposed employee.

5. Once potential exposure has been determined.

    a) The Unit Health Authority will document the route of exposure and circumstances under which the exposure incident occurred on HR201, Employee Initial Report of Injury and make appropriate follow-up recommendations to the employee.

    b) The exposed employee may be referred to a physician in accordance to worker compensation guidelines.

i. The examining physician should provide recommendations for post-exposure follow-up in accordance to current CDC recommendations.

ii. If the examining physician determines an occupational exposure has occurred appropriate treatment should be initiated.

a. The facility medical staff shall release a copy of the source test results to the employee's physician as soon as the final reports are available.

b. It will be the responsibility of the employee's physician to notify the employee of the results.

B. Offender Procedure

There is a written program to address the management of communicable and infectious disease in offenders. The plan shall include Post exposure management protocols particularly for HIV and viral hepatitis infection. (5-ACI-6-12)

1. When an offender has a potential exposure to blood or body fluids that poses a risk of transmission of a blood borne illness, exposure will be reported immediately to the OIC. OIC will immediately refer offender to facility health care personnel or contact triage nurse if medical not on sight.

2. Offender will be referred for further evaluation by provider if determined an exposure has occurred and appropriate treatment will be initiated.

3. When an offender has a non-intact skin injury, mucous membrane, needle stick, or other exposure to the blood or body fluids of another offender as defined by the N.C. Communicable Disease Rules 10A NCAC 41A .0202-.0203, it shall be the policy of DAC to test the source offender for HIV infection and hepatitis B/C, unless the source is already known to be positive for these viruses.

4. In addition, testing for other potentially infectious diseases may be performed at the discretion of the physician. DAC medical staff will provide post-exposure follow-up to the exposed offender as appropriate.

5. Complete and thorough documentation of all interactions, discussions, counseling, and the offender's reaction shall be documented in the Outpatient Health Record.

6. Health Services Event report shall be completed by designated Health Services staff.

C. Employees of Other Agencies Procedure (per OSHA Temporary Worker Initiative)

1. When an agency supplies temporary workers, the staffing agency and the staffing client (Also known as the host employer) are joint employers of those workers.

2. Injuries and illnesses should be recorded on only one employer's injury and illness log. In most cases, the host employer is the one responsible for recording the injuries and illnesses of temporary workers.

3. The non-supervising employer (generally the staffing agency) still shares responsibility for its workers safety and health. The staffing agency or designee should maintain frequent communication with its workers and the host employer to ensure any injuries are properly reported and recorded.

4. In order to provide safe working conditions information about injuries should flow between the host employer and staffing agency. If a temporary worker sustains an injury the staffing agency should be informed.

5. Temporary worker should follow recommended guidance and procedures of the staffing agency.

D. Exposure Reporting and Record Keeping

1. OIC is responsible for reporting all staff potentially infectious exposures to facility personnel office by the next business day.

2. Health Services event report should be completed on all Offender exposure and testing.

3. A sharps Injury Log must be maintained by each facility for at least five years.

   a) Beginning with the calendar year 2001, all injuries resulting from sharps must be entered on the OSHA Injury/Illness Log with an 'S' prefix.

   b) The description must include the type and brand of device, body area affected, and procedure being performed.

E. Exposure Source Offender Testing

Health Care staff will discuss the exposure with the source offender and shall test the source offender for HIV infection, hepatitis B/C and other diseases as deemed appropriate by the physician.

1. The unit medical staff shall counsel the source offender, explain the reason for the test, and make an effort to obtain the offender's consent for testing. Patient consent shall be sought in all cases.

2. As soon as the source offender's test results are known, health care staff shall notify the attending physician of the exposed person.

3. Attending physician will inform the exposed person that they have been exposed to a blood borne virus and provide counseling, offer testing and follow-up treatment as appropriate.

4. If the same physician is attending both exposed and source offenders, the physician will be responsible for providing or arranging care for both offenders.

5. Provider will inform the source offender of the test results and provide counseling as appropriate.

6. Complete and thorough documentation of all interactions, discussions, counseling, and the offender's reaction to the testing shall be documented in the Electronic Health Record.

F. Offender Refusals

Source offenders may not refuse testing for hepatitis B/C or HIV antibodies when there is valid documentation of exposure to blood or body fluids. In such cases, testing will be performed as follows:

1. If the offender refuses, the DAC Medical Director shall be notified. The facility medical staff shall enlist the assistance of the unit custody staff.

    a) The offender shall be given a direct order to submit to the ordered test.

    b) If the offender still refuses, staff shall explain to the offender that force will be used to accomplish testing.

    c) A medical order shall be obtained from the DAC Medical Director prior to performing force testing on any offender.

    d) Upon the offender's continued refusal and with order from DAC Medical Director, custody staff shall restrain and hold the offender in order for medical staff to obtain the necessary lab specimens.

    e) Appropriately trained medical staff will collect the required specimens.

    f) Only the degree of force reasonable to accomplish testing is to be applied.

2. Documentation should be completed in the offender's medical record of the counseling, refusal to consent to testing, subsequent requirement for use of force and any other interaction with offender related to mandatory testing.

3. Clinical nurse management or designee shall complete the Medical Event Report and forward to risk management.

G. Staff Training

The Department of Adult Correction will provide all staff with potential of occupational exposure with training at the time of assignment and annually thereafter. The training will include the Exposure to Potentially Infectious Materials, Communicable Disease, and Infection Control Policies. Additional training will be provided when task/procedures change, or new task/procedures are instituted which affect occupational exposure.

H. Offender Training

During intake processing offenders will attend Health Education class that includes HIV and Viral Hepatitis components. Additional Bloodborne Pathogen training will be provided, and HBV vaccination will be offered when offender's job assignment may pose an occupational exposure risk.

V. REFERENCES

A. 5th Edition Standards for Adult Correctional Institutions

5-ACI-6A-12

B. NC Gen. Stat. § 130A-309.26

C. North Carolina Administrative Code 10A NCAC 41A.0202, 10A NCAC 41A.0203

****Questions pertaining to post exposure can be referred to POST EXPOSURE PROPHYLAXIS HOTLINE 1-888-448-4911 or the Division Occupational Health Consultant.**

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