



## **EMPLOYEE INFORMATION FOLLOWING EXPOSURE TO BLOOD BORNE PATHOGENS**

### **Occupational Exposure to Blood and Body Fluids**

#### **Initial Action**

Wash wounds with soap and water and flush exposed mucous membranes as soon as possible after an exposure. You may also need to shower and change clothing.

You may go to the emergency roomer (ER) for evaluation. The ER physician will speak to you about the exposure incident and review the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401) to determine your treatment. The ER physician may offer or recommend that you take medication. Since it is important to begin medication as soon as possible (within hours rather than days) in order to prevent HIV infection, you may want to begin taking the prescribed drug treatment and later discontinue it after discussion with loved ones or your physician, or when negative source tests are known. Further follow up may be through your personal physician.

#### **Risk of HIV Infection After Exposure**

The risk is decreased if the needle first passed through clothing or a glove, was not a hollow needle, or when the source has HIV with an undetectable viral count. The risk of infection after mucous membrane or non-intact skin exposure is much lower than after a needle stick exposure. The vast majority of people do not have HIV infection.

If you have a significant exposure, your treating physician will offer you the opportunity to begin drug treatment. A workers' compensation claim may be filed.

#### **What is the Antibody Test (AT)?**

The antibody test is a blood test used to detect antibodies to HIV. The current recommendation is to test the exposed worker up to 6 months after a possible exposure to HIV. Testing is also recommended if the exposed individual develops symptoms suggesting acute HIV infection (fever, rash, swollen lymph nodes) or develops Hepatitis C infection.

#### **Risk of Hepatitis B After Exposure**

Most DOC workers have been immunized or have been offered immunization against Hepatitis B by receiving a series of three shots. Having Hepatitis B antibodies protects you from becoming infected.

#### **Risk of Hepatitis C After Exposure**

The severity of the Hepatitis C illness varies but is usually very mild. There is no vaccine for Hepatitis C at present.

If the source results for Hepatitis C antibody testing are negative, no further testing needs to be done. If the source results for Hepatitis C antibody testing are positive, your Hepatitis C antibody test will be repeated at 6 months. There is no preventive treatment for Hepatitis C available. If you become infected with Hepatitis C, you will need to be seen on a regular basis by your physician so that your liver function tests may be monitored.

### **Source Results**

The results from testing the source will be given to your treating physician to discuss with you. Remember that these are confidential test results.

### **Consideration After Exposure**

If you have been exposed to a blood borne pathogen, it is important to protect your sexual partner. Until you test negative at your final antibody test, you should practice abstinence or use latex condoms during sexual intercourse. To protect others from possible exposure, refrain from donating blood, plasma, body organs, other tissues, or sperm. Do not share toothbrushes, razors, needles, or other implements that could be contaminated with blood. Breast-feeding is discouraged until you test negative at your final antibody test because HIV has been isolated from human breast milk.

If you elect not to have HIV testing or Hepatitis B or Hepatitis C screening done on yourself, the final outcome of any workers' compensation claim filed for this exposure may be affected, as they recommend baseline testing within 2 weeks of exposure.

**\* Data from Oregon Health Division based on several years of annual sampling and testing for HIV and Hepatitis C.**



## POST EXPOSURE - ROLES/RESPONSIBILITIES/DUTIES

NOTE: This is only a general listing of roles, duties and responsibilities and general order of process. The severity and nature of the incident may affect this process. In most situations, this outline should be followed. Attachment C Outline of BBP Exposure Roles and Responsibilities summarizes duties in the exposure incident.

A. Employees sustaining a workplace exposure incident shall:

1. Notify their supervisor immediately. If the supervisor is not available, notify a manager through the chain of command. If in the rare case a manager is not available through the direct chain of command, the employee shall contact another manager (in institutions, this is usually the Officer-in-Charge), who will endeavor to notify the appropriate chain of command manager.
2. Be given the opportunity to shower and change clothing, dependent on the exposure incident.
3. Provide information to the supervisor to facilitate completion of the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401). This report is used by the treating physician to help assess the employee patient exposure incident.
4. Provide the supervisor or manager the name of the source individual, if known.
5. Be given the time to receive consultation and treatment from an outside licensed health care professional within 2 hours for any workplace exposure incident. It is the employee's choice to seek medical consultation or treatment.
6. For exposure incidents involving AICs: If the employee seeks consultation or treatment from an outside licensed health care professional, the Treating Physician Authorization Release of Information form (CD1947) will be provided to the employee to take with them to the visit.

For Exposure Incidents Involving Other Persons (Such as Adults on Supervision, Staff, Visitors): The employee will follow the process outlined on the Post-Exposure Follow-Up Checklist (CD1402). As an employee of the Department of Corrections, per ORS 433.085, if you come into contact with blood or OPIM of another person(s) you may petition the court to have that person tested for HIV and Hepatitis B and C. You can ask the judge to order the testing without the source individual even being notified or present. Refer to Attachment D Instructions for Filling Out Affidavit, Petition, and Order for Required Medical Testing.

7. Present a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401) to the treating physician.
8. Complete or help complete any other reports concerning the incident that may be required.
9. Complete a Workday Safety Report.
10. Complete the worker section of a Report of Job Injury or Illness (SAIF 801 form), if the employee intends to file a claim for an on-the-job injury or illness. Give the signed form to

the department's Workers' Compensation specialist for completion.

11. As soon as possible, provide information to Health Services to prepare for a request by the staff members treating physician for AIC health information.
12. Within the limitations of ORS 433.085, seek to have the source individual tested for HIV and Hepatitis B or C by petitioning the circuit court for an order compelling the testing. Notify supervisor or manager of intent to compel source individual to submit to testing.

B. Supervisor or Manager shall:

1. Arrange for the exposed employee to be released from their post, as soon as possible.
2. Follow the post-exposure process. If a manager in the chain of command cannot be immediately located or notified, the manager who takes the report is responsible and shall follow the post-exposure process.
3. Give the exposed employee the opportunity to shower and change clothing, dependent on the exposure incident.
4. Review the workplace exposure incident with the employee and complete the required documentation on a Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401). The supervisor or manager shall endeavor to provide a copy to the employee before the employee is seen by a licensed health care professional.
5. Provide the exposed employee(s) time to access a licensed health care professional within a two-hour window if the exposed employee chooses to seek medical consultation or treatment.

For exposure incidents involving AICs, provide the employee with a copy of DOC policy 20.6.7 Attachment A - Employee Information Following Exposure to Blood Borne Pathogens, Attachment B - Post Exposure Roles/Responsibilities/Duties and Attachment C - Outline of BBP Roles and Responsibilities; and the Treating Physician Authorization Release of Information form (CD1947), and a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident form (CD1401). The treating medical provider can contact the location's Health Service Staff Manager or designee who will help provide the needed source health information.

For exposure incidents involving Other Persons (Such as Adults on Supervision, Staff, Visitors), provide the employee with a copy of DOC policy 20.6.7 Attachment A - Employee Information Following Exposure to Blood Borne Pathogens and a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident form (CD1401). Supervisors will assist the exposed employee as needed and as appropriate in petitioning the court to compel testing of source individuals.

Note: If the employee refuses to seek medical attention or consultation, the supervisor or manager shall document that fact on the Post-Exposure Follow-Up Checklist (CD1402). If the exposed employee(s) changes their decision on seeking treatment or consultation and the exposed employee chooses to seek medical attention or consultation, the employee(s) shall

be released as soon as possible to do so.

6. Upon receipt of the AIC source individual's name, provide the source AIC's name to Health Services.
  7. Arrange for the employee's contaminated clothing to be laundered or sent to a laundry labeled as "contaminated laundry" and returned before the employee(s) takes possession of the clothing.
  8. Complete the employer section of Report of Job Injury or Illness (Form 801), if the employee intends to file a claim for an on-the-job injury or illness, and forward to the department's insurer.
  9. Offer CISM counseling as soon as possible to those involved in an exposure incident.
  10. Complete the supervisor's accident investigation report in Workday
  11. Respect the exposed staff member by restricting any discussion about the exposure incident to those staff that have a need to know.
- C. Health Services shall: (Note: Health Services involvement in this process is limited to issues concerning the AIC source individual(s)).
1. Per DOC policy 20.6.7 Bloodborne Pathogens, use the Treating Physician Authorization Release of Information form (CD1947) to release health information to the health care provider concerning the AIC source individual identified by the exposed employee(s) as soon as possible.
  2. Refer to Medical Services for further medical testing of the source AIC, as soon as possible, if needed. Medical Services will obtain written consent for testing from source AIC before blood can be drawn.
  3. Upon receipt of such information, release results of further testing of the source AIC to the health care provider identified by the exposed employee as soon as possible.
- D. Policy Statements
1. At no time shall anyone involved in an exposure incident be discriminated or retaliated against.
  2. Employees shall adhere to DOC Policy 20.1.3 Code of Conduct, DOC Policy 20.1.7 Promotion and Maintenance of a Respectful Workplace, and respect the exposed staff member by restricting any discussion about the exposure incident to those staff that have a need to know and to only that information necessary to complete required reports.

For exposure incidents involving AICs, the Department of Corrections will provide support for affected employees throughout this process as described in DOC policy 20.6.7 Bloodborne Pathogens and within DOC policy 20.6.7 B Post Exposure – Roles/Responsibilities/Duties. form.



## Outline of BBP Roles and Responsibilities

**All: Restrict discussion of BBP incident respecting privacy of those involved**

Employee	Supervisor	Health Services
Wash or shower or change clothing	ASAP allow employee to shower or change (provide clothing and arrange for laundering of employee's clothing, if needed)	Render emergency care, as needed
Notify supervisor of exposure incident ( )	Encourage employee to seek medical evaluation or treatment	For Exposure Incident Involving AICs: Contact AIC source.
Assist supervisor by providing information, including source if known, for CD1401 and CD1402	Document exposure and gather evidence for Supervisor's Report CD1401	Provide AIC health information to employee's physician upon request.
Seek (or refuse) emergency medical evaluation or treatment (provide CD1401)	For Exposure Incident Involving AICs: Provide staff a copy of DOC policy 20.6.7 Attachment A-C and CD1401 prior to staff seeking medical treatment	
Provide name and address of treating physician to Health Services	For Exposure Incident Involving Other Persons: Provide staff a copy of DOC policy 20.6.7 Attachment A-D and CD1401 prior to staff seeking medical treatment	
For Exposure Incident Involving AICs: If seeking medical treatment, take CD1947 to appointment	Notify Health Services of incident and source, if known	
For Exposure Incident Involving Other Persons: Follow process in Attachment D to petition for medical information	Complete Supervisor's Report CD1401 and CD1402	
Assist or complete Workday Safety Report	Offer *CISM counseling services to affected staff	
Assist or complete Form 801	Complete supervisor's section of Workday Safety Report	
Return EMSR* to supervisor, HR Manager, or Worker's Compensation Specialist Assist/Complete SAIF 801	Assist or complete SAIF 801, if needed	

\*EMSR = Employee Medical Status Report

\*CISM = Crisis Incident Stress Management



**FOR EXPOSURE INCIDENTS INVOLVING OTHER PERSONS  
(SUCH AS ADULTS ON SUPERVISION, STAFF, VISITORS)**

**INSTRUCTIONS FOR FILLING OUT AFFIDAVIT, PETITION, AND ORDER  
FOR REQUIRED MEDICAL TESTING**

**As an employee of the Department of Corrections, per ORS 433.085 if you come into contact with the blood or other potentially infectious materials of another person(s) you may petition the court to have that person tested for HIV and Hepatitis B and C. You can ask the judge to order the testing without the source individual even being notified or present.**

**STEP 1      PETITION** - Fill in the blanks, sign your name and that's it.

**STEP 2      AFFIDAVIT** - Fill in the blanks. Describe source individual's location – such as, is the individual in custody, at home, in the hospital? Be specific.

Describe how you came into contact with the source individual's bodily fluids. The exposure needs to be a substantial contact, so be explicit. Discuss the exposure incident with a licensed medical professional and if they agree you need testing **include that information in the affidavit** (even if you have to call the medically trained individual on the phone and have them agree you need testing).

Swear to and sign the affidavit in front of a notary public. Once the notary public has signed and placed their seal on the affidavit, attach the affidavit to the petition.

**STEP 3      ORDER** - Fill in the caption of the order but leave the rest of the page blank for the court to complete.

**STEP 4      FILE** - File the petition, affidavit, and order with the court. There should be no charge or filing fee imposed. If there is a charge or filing fee imposed, the department will pay or reimburse the employee.

**STEP 5      HEARING** - The court is to hold an ex parte hearing, in person or by telephone, on the day of receipt of the petition, if possible, or within a reasonable period of time not to exceed three judicial days. If there are no mistakes in the petition and affidavit, the court will sign the order to require the source individual to be tested for HIV and Hepatitis B and C. If the affected individual is a Department of Corrections employee, cost of testing is paid by the Department of Corrections.

**STEP 6      SERVICE** - If the source individual is in custody, deliver the signed order to the institution or agency that has custody and direct the institution or agency that has custody to deliver a copy of the order to the source individual and arrange for the required testing on your behalf. If the source individual is out of custody, arrange with the local jurisdiction for service of the signed order to the source individual or seek alternative methods of service.