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OPERATIONS MEMORANDUM

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Guidelines for Medical Management of Staff Exposure to Bloodborne Pathogens

/s/

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1. INTRODUCTION

Each institution must establish a plan for management of employee exposures to bloodborne pathogens (BBP) using the following general guidance and the clinical information provided in the BOP Clinical Practice Guidelines *Medical Management of Exposures*. The institution-specific plans for employee post-exposure management should be incorporated into the facility's Exposure Control Plan.

Exposed employees must report all exposures to their immediate supervisor or manager as soon as possible and will be relieved immediately. Prompt reporting of exposure incidents permits timely medical evaluation and follow-up. If evaluation of the circumstances indicates post-exposure treatment, the exposed employee will benefit from the prompt initiation of treatment. In addition, timely reporting enables the BOP to more effectively evaluate the circumstances surrounding the exposure incident to determine preventive measures.

Each institution must make an effort to establish a relationship with nearby healthcare facilities (emergency room or urgent care center), where licensed health care providers (HCPs) are familiar with Occupational Safety and Health Administration (OSHA) standards for BBP, as well as Centers for Disease Control (CDC) guidelines for post-exposure prophylaxis for HIV, Hepatitis B, and Hepatitis C. Employees can then be referred to these facilities for medical evaluation and follow-up care, including baseline and follow-up labs, with the understanding that

each affected employee can seek medical attention at a place of his/her choice. The goal is to obtain PEP within 2 hours if clinically indicated.

2. EVALUATION STEPS (TO BE FOLLOWED IN SUCCESSION IMMEDIATELY)

a. The injury site is given immediate care.

(1) Needle stick and sharps injuries:

- The area is allowed to bleed freely for 30 seconds.
- The area is washed with soap and water or scrub solution.
- Pressure is applied to stop the bleeding, and a bandage applied if necessary.
- The exposed employee's supervisor or manager is notified, along with the CD or physician on call.

(2) Eye, nose, and mouth contact:

- The affected area is flushed with water for 2 minutes.
- Mouth contamination: spit out any fluid, rinse with fluid, and spit out again.
- The exposed employee's supervisor or manager is notified, along with the CD or physician on call.

b. The exposure incident is assessed using BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form.

PEPline (888-448-4911) should be called for expert physician consultation in assessing the infectious disease risks associated with the exposure, as well as for recommendations for follow-up. *All efforts should be made to have the employee participate in the call to PEPline.*

The results of the PEPline consultation are recorded on BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form. The exposed employee is given a copy of the form and instructed to share the information with the outside licensed HCP who will be providing post-exposure management.

When the there is a potential BBP exposure is known, that person is tested as follows, but not limited to (unless he/she has a prior positive result):

- HIV testing (rapid testing preferred).
- Hepatitis B (HBsAg and HBeAg).
- Hepatitis C (Anti-HCV).

The above test results for the “exposure source” (*without* personal identifiers) are recorded on the BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form, so that the exposed employee can share this information with the outside licensed HCP.

A copy of the BP-A1050 is shared with the Environmental & Safety Compliance Department (ESCD) for inclusion in the OSHA 300 log.

c. PEpline Advice and Post Exposure Evaluation/Prophylaxis.

In the interests of time, institutions should consider pre-identification of a clinic or hospital that could provide counseling and treatment.

(1) If PEpline advises Post Exposure Evaluation/Prophylaxis (PEP).

If PEpline recommends HIV PEP, **then** provisions will be made for the BOP facility to provide **one** dose of HIV PEP to an exposed employee, within two hours of exposure, in accordance with PEpline recommendations (and after the BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form, is completed). The single dose of HIV PEP can be deferred only if the institution has an established written agreement with a local emergency medical facility or urgent care center that ensures provision of HIV PEP within 2 hours of exposure.

The employee is relieved from his/her shift and directed to a local emergency medical facility or urgent care center immediately, where licensed HCPs are familiar with BBP standards, experienced in the application of CDC post-exposure prophylaxis, and available for medical evaluation and follow-up care, including baseline and follow-up labs.

(2) If PEpline does not recommend PEP after a *percutaneous injury from an unknown source*.

If an employee has incurred a percutaneous exposure to blood or other potentially infectious bodily fluids from an *unknown source* for which the *PEpline does not recommend PEP*, **then** BOP will offer emergent PEP medications to the employee and will pay for the entire PEP regimen if an outside healthcare provider provides the said prescription.

The employee is relieved from his/her shift and directed to a local emergency medical facility or urgent care center immediately where licensed HCPs are familiar with BBP standards, experienced in the application of CDC post-exposure prophylaxis, and available for medical evaluation and follow-up care, including baseline and follow-up labs.

(3) If PEPline does not recommend PEP and there is *not* a percutaneous injury from an unknown source.

The employee is relieved from his/her shift and directed to a local emergency medical facility or urgent care center immediately where licensed HCPs are familiar with BBP standards, experienced in the application of CDC post-exposure prophylaxis, and available for medical evaluation and follow-up care, including baseline and follow-up labs.

In all case scenarios the exposed employee is provided with a packet containing copies of the following documents to share with the licensed HCP:

- *From OSHA:* Bloodborne pathogen standard (29 CFR 1910.1030).
- *From the CDC:* Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for post-exposure prophylaxis. *MMWR*. 2001:50 (No. RR-11) (updated as issued).
- Kuhar, David T., et al. Updated U.S. Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. *Infection Control and Hospital Epidemiology*, Vol. 34, No. 9 (September 2013), pp. 875-892.
- The BOP Clinical Practice Guidelines *Medical Management of Exposures*.
- A copy of the completed BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form.

The outside licensed healthcare professional collects a blood sample from the exposed employee to obtain baseline serologic information, in accordance with OSHA standard 1910.1030(f)(2)(iii). No procedure is done without the staff member's consent. The sample is tested for the presence of HBV, HCV, and HIV infections.

Note: Testing on an immediate basis (baseline testing) determines the exposed employee's infection status at the time of the incident. It will not reveal whether the incident caused an infection. Follow-up testing is necessary for this determination. If baseline testing does not reflect any infection, but later blood tests are positive, the baseline information will help the exposed employee to establish the fact that the infection resulted from the exposure incident. *Without this baseline information, an employee will be challenged to prove that his/her infection resulted from the exposure incident.*

The actual testing of the exposed employee's blood sample does not need to occur immediately after the sample has been collected. The exposed employee may refuse to give permission for the initial HBV, HCV, and HIV testing. If this happens, the licensed HCP must maintain the

blood sample for 90 days in case the exposed employee changes his/her mind about testing. If the blood sample is not tested within 90 days, it is destroyed appropriately.

The outside licensed HCP is expected to counsel the exposed employee based on the results of the medical evaluation and on any medical conditions resulting from exposure to blood or other potentially infectious materials.

The outside licensed HCP completes the “Healthcare Professional Written Opinion” that is attached to the BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form, and forwards it to the BOP institution within 15 calendar days of completing the initial evaluation. The written opinion includes:

- Whether the Hepatitis B vaccine was indicated and provided.
- Whether Hepatitis B Immune Globulin was indicated and provided.
- Whether the exposed employee was informed of the results of the evaluation.
- Whether the exposed employee was informed of any medical conditions resulting from exposure to blood or other potentially infectious materials.

Note: Any findings not related to the exposure incident remain confidential and must *not* be included in the written opinion.

3. PAYMENT FOR POST-EXPOSURE EVALUATION AND FOLLOW-UP

The U.S. Department of Labor (DOL), Office of Workers’ Compensation Program (OWCP), pays for diagnostic testing only when there has been both a work-related injury and exposure to a bloodborne pathogen.

In instances where an exposure to blood or other potentially infectious material occurs while at work, any costs for evaluation, follow-up, and prophylaxis (when medically indicated, as recommended by the CDC) that are not borne by OWCP are paid by the BOP at no cost to the employee in accordance with 29CFR1910.30f(1)(ii)(A).

The injured employee is directed to file an OWCP Claim with DOL by completing and submitting a CA-1 form with required supporting documents, per DOL direction and as requested through the BOP ESCD.

If the PEpline consultation indicates the need for evaluation and follow-up, a CA-16, “Authorization for Examination and Treatment” form, for the employee is issued by the ESCD to the outside HCP within 4 hours. If the employer gives a verbal authorization for such care, he or she should issue a Form CA-16 within 48 hours.

IF PEpline indicates the need for HIV PEP, or the licensed HCP determines that exposure has occurred per CDC guidelines, **and** has prescribed the indicated regimen for the exposure, **then** the Health Services Administrator (HSA) or Duty Officer uses the Government Purchase Card to pay for the prescribed medication(s).

Each institution will have written local procedures to address off-duty hour coverage. This written procedure will include payment procedures to address off-duty hour coverage as well as procedures to access medical care.

If the injured employee is seeking reimbursement for any outstanding costs, he/she must submit the following packet to the Central Office Occupational & Employee Health Branch and HSD, once all medical bills are received from HCP:

- Copy of the completed BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form.
- Copy of the claim acceptance letter from DOL.
- Copy of the denial of coverage letter for specific medical procedures and/or treatments, as it relates to the exposure incident.
- Payment receipt for medical expenses not covered by DOL/OWCP/FECA.

4. **RECORDKEEPING**

The following are medical records and are maintained in the Employee Medical File (EMF) in accordance with 5 CFR 293, Subpart E:

- Copies of all results of examinations, medical testing, and follow-up procedures received from the outside provider.
- A copy of the completed BP-A1050, Bloodborne Pathogen Exposure Assessment & Referral Form.

Employee medical records must be kept confidential and are not to be disclosed or reported without the employee's express written consent to any person within or outside the BOP, except as required by law. These records are maintained for the duration of employment plus 30 years, in accordance with 29 CFR 1910.1020.

Work-related needle stick injuries and cuts from sharps that are contaminated with another person's blood or other potentially infectious material must be entered on the OSHA 300 Log as an injury. To protect the employee's privacy, his/her name is not entered on the log. Instead, "Privacy Case" is written in place of his/her name (29 CFR 1904.8 and 29 CFR 1904.29).

Work-related needle stick injuries and cuts from sharps not contaminated with blood or other infectious material, or when contamination is not known, are only recorded on the OSHA 300 Log if the case meets the recording criteria of 29 CFR 1904.7.

5. ESTABLISHING A RELATIONSHIP WITH THE LOCAL EMERGENCY ROOM OR URGENT CARE CENTER

Each institution must make an effort to establish a relationship with nearby healthcare facilities (emergency room or urgent care center) that have licensed HCPs who are familiar with OSHA standards for BBP standard and are experienced in the application of the CDC post-exposure prophylaxis for HIV, Hepatitis B, and Hepatitis C infections. Employees can then be referred to these facilities for medical evaluation and follow-up care, including all baseline and follow-up labs, with the understanding that the injured employee can seek medical attention at a place of his/her choice.

6. CONCERNS WITH PEPLINE

PEPline, sponsored by the National HIV/AIDS Clinicians' Consultation Center, is a quick guide to assist in urgent decision-making for occupational exposures to HIV and hepatitis B and C. PEPline (888-448-4911) is available daily from 9 a.m. – 2 a.m. EST (6 a.m. – 11 p.m. PST).

Concerns with PEPline are directed to the Occupational & Employee Health (OEH) Branch Chief for review. The OEH Branch Chief will notify the Union and the National Workers' Compensation Coordinator regarding any issues with PEPline.