



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

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

#### **Initial Action**

It is important to 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 Room for evaluation. The Emergency Room Physician will talk to you and review the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD 1401) to determine your treatment. The Emergency Room 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 and HEP C infection, you may want to start it and later discontinue it after discussion with loved ones, your physician, or if/when negative source tests are known. Further follow-up may be through your own physician.

#### **Risk of HIV Infection after Exposure**

The probability of being infected after a single needle stick from a person infected with HIV is 0.3%. The risk is decreased if the needle first passed through clothing or a glove, was not a hollow needle, or 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. The prevalence of HIV inside the Oregon Department of Corrections (DOC) is just under 1%. \*

If you have had 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?**

A test is 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**

The probability of someone becoming infected following a needle stick injury with the source carrying the Hepatitis B virus is approximately 30%. Hepatitis B virus carriers are uncommon inside DOC. Most DOC workers have been immunized or have been offered immunization against Hepatitis B by receiving a series of three (3) shots. Having antibody protects you from becoming infected.

#### **Risk of Hepatitis C after Exposure**

The probability of acquiring Hepatitis C following a needle stick injury from a positive source is less than 2%. The prevalence of Hepatitis C infection inside DOC is about 30%. The severity of illness varies, but is usually very mild. There is no vaccine at present.

If source results for Hepatitis C antibody are negative, no further testing needs to be done. If source results are positive, your Hepatitis C antibody test will be repeated at 6 months. There is no preventive treatment available. If you become infected, you will need to be followed 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**

On the small chance that you have been exposed to a blood borne pathogen, it is important to protect your sexual partner. Until you test negative at your final 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 should also be discouraged in the follow up period because HIV has been isolated from human breast milk.

If you elect not to have HIV testing or Hepatitis B/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 not to be considered an “all inclusive” listing of order or of duties and/or responsibilities as the severity and/or nature of the incident may affect this process, but in most situations generally this outline of responsibilities should be followed. Attachment C, Outline of BBP Exposure Roles and Responsibilities summarizes duties in the exposure incident.

A. Employee’s 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 make every attempt possible to notify the appropriate chain of command manager.

If a manager in the chain of command cannot be immediately located/notified, the manager who is given the information and responsibility shall work through this post exposure process.

2. Be given the opportunity to shower and make a change of 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 (CD 1401). Provide the supervisor/manager the name of the inmate source individual, if known. This report is used by the treating physician to help assess the employee patient exposure incident.
4. Be given the time to receive consultation and/or treatment from an outside licensed health care professional within two (2) hours for any workplace exposure incident. It is the employee’s choice to seek medical consultation and/or treatment.
5. Present a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD 1401), Attachment A and Healthcare Provider’s Written Opinion (CD 1404) to the treating physician.
6. Once received consultation and/or treatment from licensed healthcare professional, return Healthcare Provider’s Written Opinion (CD 1404) to supervisor.
7. Provide name and address of licensed healthcare professional to supervisor.
8. Complete page 1 of the Department’s Employee/Volunteer Report of Incident/Near-Miss/Injury/Illness form (CD 1381) and give to supervisor for completion of page 2.
9. Complete the employee’s section of a Workers' Compensation Claim form, (SAIF 801 form), if the employee intends to file a claim for an on-the-job injury/illness. Give the signed form to the Human Resource Generalist, for

completion and forwarding to SAIF Corporation.

10. Notify superintendent/FUM of intent to compel source inmate to submit to testing.
11. Within the limitations of ORS 433.085 - HIV and hepatitis testing at request of law enforcement officer; procedure, petition through the circuit court to compel testing of the source inmate if the inmate refuses to release medical information and further testing.

B. Supervisor/Manager shall:

1. Arrange for the exposed employee to be released from his/her post, as soon as possible.
2. Give the exposed employee the opportunity to shower and make a change of clothing, dependent on the exposure incident.
3. Document exposure and collect evidence (pictures and clothing), if possible.
4. Notify Health Service of incident and advise them of the name of source inmate, if known.
5. Encourage employee to seek medical evaluation/treatment.
6. Review the workplace exposure incident with the employee. Complete required documentation on a Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD 1401). The Facility Safety Liaison/Designee shall make every attempt to provide a copy to the employee before the employee is seen by a licensed health care professional.
7. 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. Also, provide the employee with a copy of, Employee Information Following Exposure to Blood Borne Pathogens, (Attachment A).

Note: If the employee refuses to seek medical attention/consultation the supervisor/manager shall document that fact. If the exposed employee(s) changes his/her decision on seeking treatment/consultation and the exposed employee chooses to seek medical attention/consultation, the employee(s) shall be released as soon as possible to do so.

8. Notify the assigned facility safety liaison immediately when there is an exposure incident. If the employee refuses medical treatment, provide Employee Information Following Exposure to Blood Borne Pathogens (Attachment A) and Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD 1401) to the facility safety liaison.
9. Offer ESS counseling as soon as possible to those involved in a blood borne pathogens incident.

10. Complete the Supervisors section of the DOC Employee/Volunteer Report of Incident/Near-Miss/Injury/Illness form (CD 1381) and SAIF Form 801.

Copies shall be provided to the Human Resource Generalist, and to the extent possible shall be treated as confidential.

11. Respect the exposed staff member by restricting any discussion about the exposure incident to those staff that has a need to know.
12. Superintendent or FUM will contact DOJ for assistance of preparing Order to Compel packet for uncooperative source inmates.

C. Facility Safety Liaison/Designee shall:

1. Encourage employee to see medical evaluation/treatment from medical provider.
2. If the employee refuses to seek medical evaluation/treatment, document the refusal, include the refusal for Workerman's Compensation Benefits Claim.
3. Assist the supervisor/manager in this process of post exposure procedures, as needed.
4. Complete the Post-Exposure Follow-up Checklist (CD 1402).
5. Assist the exposed employee in the Workers' Compensation Claim process, if needed.
6. Maintain confidentiality concerning the exposure incident to the extent possible, only releasing information on a need to know basis or as required.

D. Health Services shall: (Note: Health Services involvement in this process is limited to issues concerning the inmate source individual(s)).

1. Render needed emergency care to employee or source individual if needed.
2. On receipt of the exposure source inmate's name, and when it is appropriate, contact the source inmate about releasing known appropriate medical information and/or submitting to future appropriate testing.
3. Document the source inmate's willingness or unwillingness to supply medically appropriate information and/or to submit to future medical testing.
4. Obtain samples from source inmate for testing. Release test results to employee's medical provider.
5. Release known appropriate medical information concerning the inmate source individual to the health care provider identified by the exposed employee(s) as soon as possible after consent is given by the inmate source.
6. Notify the exposed employee and the health care provider as soon as possible if the inmate source individual(s) refuses to release known information or

submit to further testing so that the employee's health care provider can determine the appropriate care.

7. If court orders testing of source inmate, arrange for vendor to administer the test and forward results to employee's medical provider.
  8. Release results of further testing of the source inmate to the healthcare provider identified by the exposed employee as soon as possible on receipt of such information.
- E. Department of Justice shall (if source inmate does not comply to testing):
1. Prepare petition for an Order to Compel by the circuit court, for testing of the source inmate.
  2. Represent Department of Corrections in the ex parte hearing with circuit court.
- F. Policy Statements (III - Policy, C - Post Exposure (3) (4) (5) (6))
1. At no time shall anyone involved in a blood borne pathogens incident be discriminated or retaliated against.
  2. Employees shall adhere to the Departments Code of Conduct (DOC Policy 20.1.3), Promotion and Maintenance of a Respectful Workplace (DOC Policy 20.6.1), 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
  3. Obtaining Testing of an Exposure Source who refuses to voluntarily be tested for HIV and Hepatitis B or C (ORS 433.085 HIV and hepatitis testing at request of law enforcement officer; procedure).
    - a. An exposed employee (as defined in ORS 433.085 – only certain employees are eligible) may petition the circuit court for an order to compel the testing (HIV, HEP B &C) of the source person.
    - b. The petition submitted to the court must set forth the facts and circumstances of the contact and the reasons the petitioner and a medically trained person representing the petitioner, if available, believes the exposure was substantial and the testing would be appropriate testing six months after the first test was conducted.
    - c. The petition must also include information sufficient to identify the alleged source person and the location of the alleged source person, if known. The court shall hold an ex parte hearing within the time frames as listed in ORS 433.085.
    - d. If the court orders a test, the court shall direct the source person to allow the required test to be performed. The court order will be directed to the agency with custody of, or to the person with legal control over the source person. The source person shall be provided a copy of the court order. The agency or other person in control of the source person shall

ensure that the required test is performed.

- e. Testing will be performed by a licensed health care provider.
- f. The petitioner shall designate a physician to receive the test results.
- g. The court order shall be served on the source person in the manner directed by the court.
- h. The results of any test ordered by the court are confidential and subject to the confidentiality provisions of ORS 433.045 (3).
- i. If the test results are negative, the court may order the source person to submit to additional testing. The cost of any testing ordered shall be the responsibility of the Department of Corrections.



## INFORMATION TO THE SOURCE PATIENT IN BLOOD AND BODY FLUID EXPOSURE FROM HEALTH SERVICES

A worker at \_\_\_\_\_

(Name of facility)

has been exposed to your blood or body fluids. This means that an employee came in contact with your blood or body fluids, either by poking or cutting themselves with a sharp instrument, such as a needle, or by having their mucous membranes (eyes, mouth, nose, etc.) or non-intact skin (open sores, burns, etc.) splashed by your blood or body fluid. The three main diseases that can be transmitted from one person to another this way are Hepatitis B, Hepatitis C, and HIV.

These diseases can sometimes be prevented with proper follow-up of exposed individuals. Therefore, we are asking you to agree to have your blood tested for these three diseases. We need to have your consent, including a special informed consent for HIV testing, before we can do these tests. The tests will be done confidentially and will be noted only in your health care record and in a confidential file in the exposed worker's medical record at his or her physician's office. You will be informed of the results by your DOC physician. The results will only be known you, to the DOC physician or practitioner ordering the test, and to the employee's treating physician, who will discuss the results with the employee, who will be counseled that these results are confidential.

We very much appreciate your understanding and cooperation in consenting to have the testing performed. If you have any questions, please contact Health Services.



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

**As a correctional officer or parole and probation officer, if you come into contact with the bodily fluids of another person you may petition the court to have that person tested for HIV and hepatitis B and C. The statutory basis for this is in ORS 433.085. You can make the petition ex parte, which means you can ask the judge to order the testing without the source person 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 person's location - i.e. is he/she in custody, at home, in the hospital? Be specific.

Describe how you came into contact with the source person's bodily fluids. It needs to be substantial contact, so be explicit. Discuss with a licensed medical professional and if they agree you need testing **PUT THAT 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. Once the notary has signed and placed his/her seal on the affidavit, attaché 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 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 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 person to be tested for HIV and hepatitis B and C. Cost of testing is paid by the Department of Corrections.

**STEP 6      SERVICE** - If the source person is in custody, deliver the signed order to the institution or agency that has custody and direct it to deliver a copy of the order to the source person and arrange for the required testing. If the source person is out of custody, arrange to have the signed order delivered to the source person personally, or discuss alternative methods of service with the local jurisdiction.