## IDCR-O-GRAM: Management of Occupational Exposures to Blood or Body Fluids

### Provide immediate care to exposure site.

Wash wounds and skin with soap and water; flush mucous membranes with water.

## Determine risk associated with exposure by:

- type of fluid (i.e. blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus) and
- type of exposure (i.e. percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure).

## Evaluate exposure source.

Assess the risk of infection using available information. Test known source case for HBsAg, anti-HCV and HIV antibody (consider using rapid testing).

For unknown source cases, assess risk of exposure to HBV, HCV, or HIV infection.

Do not test discarded needles or syringes for virus contamination. iv

## Evaluate the exposed person.

Assess immune status for HBV infection (i.e. by history of hepatitis B vaccination and vaccine response). Test for baseline HIV, HBV and HCV RNA

# Give Post-Exposure Prophylaxis (PEP) for exposures posing risk of infection transmission

(For more information, please see IDCR's "Hepatitis B, C, and HIV post-exposure prophylaxis in correctional settings" article, found in IDCR volume 6, issue 7/8.

Accessible at www.idcronline.org.)

## Perform follow-up testing and provide counseling.

Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up (defined as six months for HIV exposure; 12 months for those who become infected with HCV after exposure to source co-infected with HIV/HCV.)

- 1. CDC. Updated U.S. public health service guidelines for the management of occupational exposures to HBV, HCV and HIV and recommendations for postexposure prophylaxis. MMWR. 2001; 50(RR11):1-42.
- 2. CDC. Appendix B. Management of occupational blood exposures. MMWR. 2001; 50(RR11):45-6.

#### References:

i An exposure is defined as a percutaneous injury (i.e., a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (i.e., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. ii Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, peritorial fluid and amniotic fluid are all considered potentially infectious. Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomit are not considered potentially infectious unless they contain blood.

iii Laboratory information (i.e. previous HBV, HCV, or HIV test results or results of immunologic testing [i.e. CD4+ T-cell count]), liver enzymes (i.e. ALT), clinical symptoms (i.e. acute syndrome suggestive of primary HIV infection or undiagnosed immunodeficiency disease) and history of recent (i.e. within 3 months) possible HBV, HCV, or HIV exposures (i.e. injection-drug use or sexual contact with a known positive partner). iv The reliability and interpretation of findings in such circumstances are unknown, and testing might be hazardous to persons handling the sharp instrument.