



PROTOCOL FOR EXPOSURE

BLOODBORNE PATHOGEN EXPOSURE CONTROL INFORMATION FOR STUDENTS/EMPLOYEES

- **PROTOCOL FOR EXPOSURE INCIDENT AT OFF-CAMPUS CLINICAL SITE** Packets are available on campus or regional center offices.
 - A. **Student:** Immediate first aid.
 - B. **Student:** Report injury/incident immediately to your instructor.
 - C. **Student/Faculty:** If clinical exposure, follow the clinical site's established bloodborne pathogens exposure control plan.
 - D. **Faculty:** Complete a NWTC online Maxient [Injury/Illness Report](#) with full description of the incident and source of exposure. Check "Email me a copy of this report" and send a copy to the student.
 - E. **Student:** Complete **Exposure Report**. (Available in packets indicated above) Obtained from department/campus/regional center offices or faculty.
 - F. **Student:** Print Student Accident Insurance ID Card, take with you to your healthcare provider. Instructions available at the link below:
 - All students will be automatically enrolled in the "Wisconsin Technical Colleges Mandatory Accident Only Insurance Plan". The coverage is provided to students when they are injured in class, clinical (including internships or service learning, etc. if a required part of their classes) or on the way to or from class or clinical. **Please note: This insurance is in excess to any other valid/collectible health insurance coverage.** Additionally, please see Student Accident Page: [Student Accident Insurance - Northeast Wisconsin Technical College \(nwtc.edu\)](#) for eligibility and exceptions.
 - G. **Student:** You may refuse treatment. If so, you must complete and sign the **Student Informed Refusal of Post-Exposure Medical Evaluation**.
 - H. **Faculty:** Review the **Post Exposure Counseling Sheet** with the student.
- **PROTOCOL FOR ON CAMPUS DENTAL ASSISTANT/DENTAL HYGIENE CLINIC INCIDENTS**
 - A. **Exposed Person:** Follow protocol outlined in step 1, listed above.
 - B. **If Source is known:** The **Source Information Follow-up** must be completed and signed. Exposed person should take a copy of this to your healthcare provider.
 - C. **Source Individual:** If the source individual is a patient in the clinic, the patient will be asked to go to Bellin Health Emergency Room for serological testing and follow-up. NWTC will pay for the baseline testing. Provide the patient with the memo authorizing payment (memo available in DA/DH clinics), along with a copy of the **Exposure Report**, and the **Source Information Follow-up**. (Costs associated with the source testing will be paid by the department where the exposure occurred.)

- **PROTOCOL FOR EXPOSURE INCIDENT ON CAMPUS (NON-DENTAL)**

- A. **Exposed Person:** Follow protocol outlined in step 1, listed above.
- B. **Source Individual:**
 - **Student:** If the source individual is a student, complete the **Source Information Follow-up** and sign. Both the source individual and exposed person should take a copy of this to their healthcare provider (along with the **Exposure Report**).
 - **Non-Student:** If the source individual is not a student, the individual will be asked to go to Bellin Health Emergency Room for serological testing and follow-up. NWTC will pay for the baseline testing. Provide the patient with the memo authorizing payment (memo available in Health Sciences & Education Department Office), along with a copy of the **Exposure Report**, and the **Source Information Follow-up**. (Costs associated with the source testing will be paid by the department where the exposure occurred.)
- C. **Source Individual - Student:** Print Student Accident Insurance ID Card, take with you to your healthcare provider. Instructions available at the link below:
 - All students will be automatically enrolled in the “Wisconsin Technical Colleges Mandatory Accident Only Insurance Plan”. The coverage is provided to students when they are injured in class, clinical (including internships or service learning, etc. if a required part of their classes) or on the way to or from class or clinical. **Please note: This insurance is in excess to any other valid/collectible health insurance coverage.** Additionally, please see Student Accident Page: [Student Accident Insurance - Northeast Wisconsin Technical College \(nwtc.edu\)](https://www.nwtc.edu/student-accident-insurance) for eligibility and exceptions.
- D. **Source Individual - Student:** Serological testing and follow-up will be paid by Student Accident Insurance.

STANDARD PRECAUTIONS

Standard precautions will be observed in order to prevent contact with blood or Other Potential Infectious Material (OPIM). All blood and OPIM will be considered infectious regardless of the perceived health status of the source individual. Specific protocol should be followed for exposures.

EXPOSURE INCIDENT (CODE OF FEDERAL REGULATIONS 1910.1030)

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.

1. Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
2. Other potentially infectious materials include the following:
 - A. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - C. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
3. Other routes of exposure, defined as significant in rules promulgated by the Department of Health/Social Services. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the Centers for Disease Control.

EXPOSURE REPORT

EXPOSED PERSON

Name: _____
Student/Employee #: _____
DOB/Age: _____
Phone #: _____
Address: _____
City/State: _____
Work Area: _____
Occupation: _____
Employee Extension: _____
Description of incident resulting in exposure: Date: _____ Time: _____

EXPOSURE SOURCE

Name: _____
Clinic/File #: _____
DOB/Age: _____
Phone #: _____
Address: _____
City/State: _____

Injury/Exposure From:

Puncture from needlestick
 Puncture from instrument
 Cut/wound from _____
 Splatter/splash
 Mouth to mouth
 Other: _____

Body Area Involved:

Eye
 Nose
 Mouth
 Dermatitis
 Break in screen
Location: _____
 Other: _____

If Injury was Needlestick:

(check all that apply)
 Syringe (circle type)
Insulin, TB, Tubex, Injection
 IV insertion
 IV discontinuation
 Piggyback IV/tubing
 Intermittent needle
(capped needle)
 Other: _____

Fluid Involved:

Blood
 IV
 Sputum/Saliva
 Urine
 Feces
 Vomitus
 Vaginal Secretion
 Other

Protective Equipment Used:

Gloves
 Eyewear
 Mask
 Protective Clothing
 Pocket Mask
 None

Needle Recapped:

Yes
 No
 Unknown
 Clean Needle
(no patient contact)

Was above fluid bloody?
Yes ___ No ___ Unknown ___

Have you been vaccinated against tetanus? Yes ___ No ___ If yes, date: _____
Have you been vaccinated against Hepatitis B? Yes ___ No ___
Vaccine status (circle number of doses): 0 1 2 3 Booster
Do you know your post-vaccination status? Yes ___ No ___
Immune to Hepatitis B? Yes ___ No ___

Exposed Person's Signature: _____ Date _____

* * * * *

This portion completed by Post-Exposure Licensed Healthcare Professional: (student's personal healthcare professional)

The above described exposure is a significant exposure and carries potential for transmission of bloodborne disease.

Yes ___ No ___ Recommendations:

Signature of MD or Licensed Healthcare Professional

Date

3 copies (employee/student, physician,
employee/student medical files)

SOURCE INFORMATION FOLLOW UP

(to be completed by source individual) Copy of this form to exposed student's healthcare provider; Copy of this form to source individual's healthcare provider

Source Individual: _____ DOB: _____

Address _____
(Street)

(City) (State) (Zip)

Telephone Number(s) _____

Date of Exposure Incident _____

Date of Source Individual Contact _____

Consent to test? Yes ___ No ___

Name, address and phone number of Personal Healthcare Provide

Consent Signature: _____

Additional Notes:

STUDENT INFORMED REFUSAL OF POST-EXPOSURE

MEDICAL EVALUATION

I, _____, am a student in the _____ program.

My instructor has provided training and information to me on the risk of disease transmission and exposure control in my classroom activity.

On _____, 20____, I was involved in an exposure incident.

Describe briefly:

Bellin Occupational Health/Instructor provided information on follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed or contracted an infectious disease from this incident.

I have elected not to have a medical evaluation.

Signature/Date

Address

City/State/Zip Code

Witness/Date

Confidential (Send to: Safety Coordinator)



POST-EXPOSURE COUNSELING SHEET

On _____ (date) you experienced a significant exposure to blood or potentially infectious body fluids.

Your blood, and the blood of the patient you have been exposed to (if available) will be tested for HIV, Hepatitis B, and Hepatitis C.

Most exposures do not result in infection. However, HIV infection has been reported after occupational exposures to HIV infected blood through needlesticks, cuts, and splashes in the eyes, nose, or mouth.

Exposures from **needlesticks** or **cuts** cause most infections. The average risk of HIV infection after a needlestick/cut exposure to HIV-infected blood is 0.3%.

You will receive a written report within 15 days of the exposure which will include recommendations regarding your Hepatitis B status and the source patient test results. You will be informed of any lab results requiring further medical evaluation and treatment. Further testing will be offered to you and scheduled as appropriate.

You are advised to practice the following precautions to prevent the transmission of HIV during the follow-up period.

- Refrain from blood, semen, or organ donation.
- Abstain from or use measures to prevent HIV transmission during sexual intercourse and avoid any unprotected sexual practices.
- Females should not breast feed infants during the post-exposure period in order to prevent the infant's possible exposure to HIV in breast milk.
- Tooth brushes and razors should not be shared.
- Minor injuries, i.e. cuts, scrapes, should be cleaned promptly with soap and water to decrease risk of infection. Cover injury until healed.
- Use diluted solution of household bleach (1:10) to kill both the Hepatitis and HIV virus on non-porous surfaces, i.e. bathroom, counters, etc., contaminated with your blood.

If you experience any of the following signs and symptoms, please notify Health Services for further evaluation.

<input type="checkbox"/> Fever	<input type="checkbox"/> Excessive fatigue	<input type="checkbox"/> diarrhea	<input type="checkbox"/> swollen glands
<input type="checkbox"/> night sweats	<input type="checkbox"/> generalized rash	<input type="checkbox"/> nausea	<input type="checkbox"/> aching muscles and joints
<input type="checkbox"/> tenderness in abdomen	<input type="checkbox"/> loss of appetite or unexpected weight loss	<input type="checkbox"/> yellow tint to skin and whites of eyes	<input type="checkbox"/> light colored bowel movements

If you have questions regarding any of the above information, contact your healthcare provider.

Received: _____ Date: _____ Initials: _____

INFORMATION FOR INDIVIDUALS ABOUT THE TEST FOR ANTIBODIES TO THE HUMAN IMMUNE DEFICIENCY VIRUS

What is the Antibody Test?

When a person is infected with a virus, the body's white blood cells normally begin to fight infection by producing substances called antibodies. Antibody tests can therefore be used to indicate whether or not a person has been infected with a virus. Research has shown that antibodies to the human immune deficiency virus are usually found in the blood of persons who have AIDS-related conditions, and also in many people who are members of groups at increased risk for AIDS. However, a negative antibody test does not guarantee that a person is free of the virus, especially if he or she is a member of a group at increased risk for AIDS. For example, antibodies may not have developed if exposure to the virus was recent. That is why it is very important for members of groups at increased risk for AIDS to continue to refrain from donating blood or plasma. It is also possible that other factors, including other viruses, could cause the test to be positive even though the person was never infected with HIV.

What is the Antibody Test Being Used For?

This accurate highly specific test has been developed to determine if you have been exposed and have produced antibodies to the human immune deficiency virus. In addition, it is used to screen all blood and blood products donated for use in transfusions and production of blood products.

What Does A Positive Antibody Test Mean?

The most important thing to understand is that the antibody test is NOT a test for AIDS, and that a positive test does NOT mean that the person definitely will develop AIDS. All positive tests are confirmed by a second test called the Western Blot Test. As with many other blood tests, there will always be some people who have test results which are called "false-positives", that is, for some reason the test indicates that HIV antibody is present when, in fact, it is not really HIV antibody which is causing the test to register positive. For this reason it is especially important for persons with positive antibody test to consult with physician and have appropriate follow-up tests done to determine whether or not HIV antibody is truly present.

Based on what is currently known, more than 90% of people infected with the virus will develop AIDS. Although some of the people infected with the virus may never develop any illness, currently there is no information available which will enable physicians to predict which persons with the HIV antibody will develop AIDS. However, once an individual has a confirmed HIV antibody test they are considered able to transmit the virus to others.

What is AIDS?

Acquired immunodeficiency syndrome (AIDS) is a serious disease which reduces the body's ability to fight infection. Over the past several years increasing numbers of persons in certain high-risk groups have developed the disease. As of December, 1993, more than 300,000 cases of AIDS have been identified. Infection with this virus may take several forms, including produce no symptoms, or vary in severity and be identified as AIDS. A virus, HIV, is now known to be the cause of AIDS, and a test is available to detect antibodies to the virus. Additional information regarding the test for antibodies to the HIV virus or A.I.D.S. can be obtained from your physician. Additional resources or educational material are available upon request from hospital personnel.

INFORMATION FOR INDIVIDUALS ABOUT WISCONSIN AIDS LEGISLATION

Wisconsin State law contains the following major provisions:

A. Consent Provisions

The general rule is that no testing for HIV (antibody) may be performed by a health care provider, blood bank, etc. without the subject's informed consent. The record of the subject's informed consent is a form which must contain the subject's name and a list of persons to whom the results may be disclosed. The form must also contain the signature of the subject, the date and time period for which the consent is effective, and the name of any person authorized by the subject to receive the test results. The health care provider, blood bank, etc. which conducts the test is required to maintain a record of the consent form and the test results. In addition to the person authorized by the subject, the subject may authorize release of the results to anyone at any time after the informed consent is signed. The record of the subject's consent to this unlimited type of release of information must also be maintained by the health care provider, blood bank, etc. so authorized. The informed consent form must be signed by the patient unless the conditions apply:

- a. For persons determined to be incompetent under Chapter 880 of Wisconsin Statutes, consent may be obtained from the appointed guardian.
- b. For persons under the age of 14, consent may be obtained from the parent or guardian.
- c. For persons who are unable to communicate because of medication condition, consent may be obtained from the person's closest living relative or another with whom the individual has a meaningful social and emotional relationship.

There are two exceptions to the general requirement of informed consent to testing: 1) in organ donation cases, a health care provider may test for the HIV antibody in order to ensure medical acceptability of the gift for the intended purpose; 2) body fluids or tissues may be tested by the DHSS, a lab, a health care provider, a blood or plasma center or a blood bank, as long as the subject's identity is not known and cannot be discovered by the person conducting the test.

B. Disclosure of Test Results

1. General Disclosure State Law provides that the test results are confidential and may only be disclosed to certain persons. The list includes not only the subject and his/her healthcare provider, but also:
 - 1) health care providers providing emergency care;
 - 2) employees of the subject's health care provider:
 - a) provide patient care or,
 - b) handle or process specimens of body fluids or tissues,
 - c) prepare or stores patient health care records;
 - 3) blood banks, blood or plasma centers which subject a person to a test to either determine the medical acceptability of the subject's blood or plasma or;

- 4) health care providers who procure, process, distribute or use human body parts for transplantation to ensure that the gift is medically acceptable;
- 5) the State Epidemiologist or his/her designee in providing disease control or investigation;
- 6) funeral directors or others who prepare bodies for final disposition;
- 7) health care facility staff committees, accreditation or health care services review committees conducting program monitoring and evaluation of health care service reviews;
- 8) pursuant to court order;
- 9) persons conducting research for;
 - a) are affiliated with the subject's health care provider, and
 - b) have obtained permission from an institutional review board, and
 - c) provide written assurance that the information will only be used for research, will not be released to persons not connected with the study, and that the study will not reveal information identifying a particular person without that person's informed consent.
- 10) coroner or medical examiners if:
 - a) possible HIV infected status is relevant to cause of death,
 - b) "significant exposure" occurs;
- 11) good Samaritan or person rendering emergency care and documentation of a "significant exposure";
- 12) sheriff or jailer following documentation of a "significant exposure";
- 13) after patient's death to sexual partners or persons with whom the patient shared intravenous drug use paraphernalia.

When an exposure occurs to health care workers within a medical facility or in the community, the facility is required to provide follow-up including identifying the patient, informing the patient of the exposure, obtaining consent and testing for HIV and HBV. The health care employer responsible for costs incurred.

The test results are placed in your medical record.

2. Reporting Test Results – State law also requires that positive HIV antibody test results be reported to the State Epidemiologist. What constitutes a valid test result will be determined by the State Epidemiologist.

The report must contain the following:

- 1) Name and address of the entity making the report;
- 2) Name and address of subject's health care provider, if known;
- 3) Subject's name, address, telephone number, age or date of birth, race and ethnicity, sex and county of residence, if known;
- 4) date of test'
- 5) test results;
- 6) and other information required by the State Epidemiologist.

The report may not include the subject's sexual orientation or identity of persons with whom the subject may have had sexual contact. This applies only to reporting of positive test results, not to reporting confirmed diagnoses of AIDS.

3. Liability – The civil liability provisions provide a \$1,000 fine for negligent and a \$5,000 fine for intentional violation. The criminal liability provisions provide a \$10,000 fine and/or nine months of imprisonment for anyone who intentionally discloses tests results without informed consent and thereby causes bodily or psychological harm.

C. Employment Testing Provisions

The provisions Wisconsin statutes state that employers may not require or solicit an HIV antibody test as a condition of employment.

In addition to the ban on testing, the state law prevents an employer from changing the person's terms, conditions, or privileges of employment and from terminating the person's employment based on HIV test results. It further prohibits any agreement between an employer and employee to have the test performed.

These additional provisions effectively make illegal the prior practice of employers in handling suspected AIDS cases. It is important to note, however, that the provisions apply only to testing. If the person acknowledges or the employer otherwise becomes aware of a confirmed diagnosis of AIDS, the employer may take appropriate action, notwithstanding these provisions.

D. Insurance Provisions

Results of any test for the presence of an antibody to the HIV virus may not be disclosed to an insurer without your consent. However, if you do not consent to release for billing purposes, you will be billed for this test by the hospital.

Prohibitions similar to those imposed on employers also apply to insurance companies. Insurers may not:

1. request or require that an individual reveal the results of an HTLV-III test; 2) condition insurance coverage on obtaining a test and disclosure of test results; 3) consider test results in rare determinations.

There is an exception in the statute for underwriting tests which the State Epidemiologist finds medically significant and reliable. These tests, if they are promulgated by the Commissioner of Insurance by administrative rule, may be used by insurance companies for underwriting of individual life, accident and health insurance policies.

- #### E. State statute provides that no healthcare provider or inpatient healthcare facility may do any of the following to a person who has AIDS or who has received a positive test result, solely because of this condition:

- a. Refuse to treat the individual if the condition is within the scope of licensure of the provider of care.
- b. Provide care at a standard lower than that provided to others.
- c. Isolate the individual unless medically necessary.
- d. Subject the individual to indignity, including degrading treatment.

A provider giving treatment must develop and follow procedures to ensure continuity of care in the event the condition exceeds the provider's scope of license.