

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.17	Page 1 of 6
	Original Effective Date: 12/15/01	New Effective Date: 08/31/20
	Supersedes: 500.60.17	Dated: 06/01/16
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Significant Exposure Management–Patient		

POLICY

All Division of Adult Institution facilities shall have a system in place for prompt identification of potential significant exposure to bloodborne pathogens, provision of immediate first aid, timely medical management, and follow-up care for patients.

REFERENCES

OSHA Bloodborne Pathogens Standard – 29CFR 1910.1030

Wisconsin Statutes s. 252.15 – Communicable Diseases – Restrictions on use of HIV test

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2018, P-B-02 Infectious Disease Prevention and Control

DAI Policy 500.60.05 – HIV Testing

Morbidity and Mortality Weekly Report, CDC (2005, September 30) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – A person whose legally permitted scope of practice allows them to independently perform the activities required to complete a post-exposure evaluation and provide follow-up. This includes a Physician, Physician Assistant and Nurse Practitioner in the DOC.

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

DOC-3001 – Off-Site Service Request and Report

Exposed Person – A person who has sustained a contact which carries a potential for transmission for HIV, HBV, and HCV by blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial or amniotic fluid, or other body fluid that is visible contaminated by blood.

Exposure Control Plan – An institution specific plan designed to prevent exposure to bloodborne pathogens (potentially infectious blood or body fluids).

HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

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HIV – Human Immunodeficiency Virus

Incident Report (WICS)

Post Exposure Prophylaxis (PEP) – A phone consultation line that provides advice on all aspects of post-exposure prophylaxis (PEP), including, assessing the risk of exposure, determining, selecting appropriateness of prescribing PEP, selecting the best PEP regimen, providing follow-up testing.

Significant Exposure – Contact with a potentially infectious body fluid which is dependent on a number of variables, including; amount of fluid exposure, length of exposure time, depth of injury, source of infectious disease state, as determined by an ACP.

Source Individual – Any living or deceased individual whose blood or other potentially infectious material may be a source occupational exposure to bloodborne pathogens.

Standard Precautions – Standard precautions combine the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body secretion insulation (designed to reduce the transmission of pathogens from moist body substances) and apply them to all patients receiving care, regardless of their diagnosis or presumed infection status.

PROCEDURES

I. Medical Evaluation Care and Treatment of a Inmate Patient Exposure

- A. A patient Exposure Incident occurs when a person comes in contact with blood or other potentially infectious material through contact with broken skin, mucous membranes, or puncture wounds from contaminated objects.
- B. The appropriate facility staff shall be notified of the incident immediately in order to relieve the individual from work assignment/scheduled program and provide direction to complete first aid measures.
- C. HSU shall be notified of the incident immediately.
 1. This includes notifying the nurse on call during hours when no RN is on-site. Immediate notification is necessary to expedite the medical evaluation.
 2. If treatment is recommended it must be started a short time after exposure.
 3. Some resources indicate the time requirement is only two hours from the time of exposure.
- D. For immediate treatment of area(s) exposed to potentially infectious fluids, perform the applicable intervention(s) for at least 15 minutes:
 1. Wash area using soap and water.
 2. Flush mucous membranes with water.

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3. Flush eyes with water or saline solution.
 - E. Do not apply caustic agents or inject antiseptics/disinfectants into the area.
 - F. Provide clean clothing if needed for the patient.
 - G. A determination as to whether the exposure is a Significant Exposure requires prompt consultation/evaluation by an ACP.
 - H. The treating ACP shall determine appropriate diagnostic testing and initiate appropriate medical management for diagnosed significant exposure.
 1. The Morbidity Weekly Report from the CDC contains guidelines for medical management.
 2. There is also a PEP Registry at San Francisco General (888) HIV-4911 (888)-448-4911 that can answer questions about medical management. [PEP Clinical Consultation Center](#) online is an available resource.
 3. The patient may need to be sent to the local emergency room for evaluation and/or treatment.
- II. Documentation**
- A. A WICS incident report shall be completed for all patient exposures.
 - B. DOC-3001 – Off-Site Service Request and Report shall be completed by HSU staff if the patient is referred to an off-site ACP. If there is no HSU staff on site, the information shall be provided by the on-call RN to the off-site ACP by telephone.
- III. Exposed Patient Testing When Significant Exposure is Identified**
- A. Testing shall include HIV, HBV, and HCV.
 - B. Follow DAI Policy 500.60.05.
 - C. Baseline testing shall be completed at time of exposure.
 - D. Follow-up testing shall be completed as determined by the ACP.
- IV. Source Testing If Exposure is Determined to be Significant**
- A. Testing shall include HIV, HBV, and HCV. If the source is already known to be HIV, HBV and/or HCV positive, new testing need not be done.
 1. Baseline testing shall be completed at the time of exposure.
 2. Follow-up testing shall be completed after exposure as determined by the ACP.
 - B. Patient as Source of Exposure:
 1. Follow DAI Policy 500.60.05.

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2. The patient shall sign a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) to allow the ACP of the person who was exposed to have access to test results.
- C. Documentation that testing has been completed shall be noted in the source patient's health record.
 - D. Employee as Source Person
 1. Testing shall be done by the employee's ACP.
 2. The employee shall authorize results of testing to the licensed healthcare professional treating the exposed patient.
 - E. For Source Person other than patient or employee (e.g., visitor, volunteer), the Warden/designee shall be notified and a plan of action shall include the following:
 1. Who will contact the source individual to request testing,
 2. Where to send test results,
 3. Where to send information on confidentiality.
 - F. If the source person refuses testing, the Warden/designee shall be notified to determine plan of action. Consult with the Office of Legal Counsel.
 1. If the Source Individual is a patient, the district attorney must be requested to apply to the Circuit Court for his/her county (county where the incident occurred) to order the Source Individual to submit to a test or a series of tests for the presence of HIV, HBV and HCV and to disclose the results to the exposed person through their ACP.
 2. If the Source Individual is an employee, visitor, volunteer, etc., the Office of Legal Counsel shall be consulted.

V. Reporting Test Results

- A. When a patient is the Source Individual, document the release of results to the ACP treating the Exposed Person on the reverse side of the DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI).
- B. When an employee is the Source Individual, test results shall be communicated between the Source Individual's ACP and the exposed employee's ACP.
- C. HSU staff shall receive test results if source is a patient. The results shall be provided to the ACP treating the exposed person and documented.
- D. Where an employee is the source person, test results shall be communicated by the employee's ACP to the ACP providing service to the exposed patient.
- E. Where the source person is not an inmate or employee, test results shall be communicated by the source person's ACP to the ACP providing services to the exposed patient.

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- F. Test results of the source person and the exposed patient shall be communicated verbally to the exposed patient by their ACP with appropriate education.
- G. Results of court ordered tests shall not be filed in the patient’s Health Record.
- H. Patients shall be notified the source person’s information is confidential and not to be shared with any other individual.

Bureau of Health Services: Michael Rivers Date Signed: 8/31/20
Michael Rivers, Director of Administration

Paul Bekx Date Signed: 8/20/20
Paul Bekx, MD, Medical Director

Mary Muse Date Signed: 8/30/20
Mary Muse, Nursing Director

Administrator’s Approval:  Date Signed: 08/31/20
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.17	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Significant Exposure Management – Patient		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.