UT Southwestern Medical Center

Blood and Body Fluid Exposure- Information Sheet

Exposure Pager at 214-645-1600 (Monitored 24/7)

What do I do if I had exposure?

As soon as possible, please do one of the following:

- Punctured skin: Clean the wound thoroughly with soap and water.
- Mucous membrane: Flush thoroughly with water or saline for 3-5 minutes.

Report immediately to Occupational Health by paging the Exposure Pager at 214-645-1600 and leave your 10-digit callback number so that Occupational Health RN can call you back. Please have source patient's name and MRN (a medical record number) to provide to the Occupational Health nurse and inform precisely what happened. The nurse will walk you through the next steps.

If the exposure occurs at the UTSW (UT Southwestern) facility:

- Draw 2 Red SST tubes (Red tube with yellow ring on top) and 2 Purple EDTA (2 ml or 4 ml) tubes from the Source patient. The bedside nurse or charge nurse can assist you with this.
- Do not put patient identifiers (IDs) on the source patient's specimens. For specimen labeling, in place of patient ID, the exposure nurse will assign an SS number (for example - SS-1234) to be used on the blood collected from the Source.
- If you would like to get your labs drawn, you can come to the Occupational Health Clinic for these lab draw. If your labs are collected outside of the Occupational Health Clinic, the collecting nurse will label your specimens with a unique EE number (for example- EE, 1234).

If exposure happens at a UTSW outpatient clinic or lab:

- Inform source patient about the incident and ask the patient to stay for lab draw for exposure testing.
- Call exposure pager immediately before the patient leaves the clinic or the department.
- Get labs drawn from source patient as per Occupational Health Nurse's instructions.

If the exposure occurs outside of the UT Southwestern facility: (Examples- Parkland, VA, Children's etc.):

- If the exposure occurs at outside facility (Not UTSW) you will need to contact that facility's exposure pager.
- All facilities have their own blood and body fluid exposure protocols.
- UTSW Occupational Health cannot order lab work on the Source patient outside of UT Southwestern facility.
- Please notify UTSW Occupational Health also about the exposure.

UTSW Occupational health will follow you through for any required treatment and monitoring.

Post Exposure Testing:

- After exposure, the Source patient is typically tested for HIV, hepatitis B, and hepatitis C.
- If the source patient have medical history of HIV, hepatitis B, or hepatitis C, please let the Occupational Health Nurse know during your call.

How do I know if I have blood or body fluid exposure?

Exposure occurs when blood or bloody fluid comes in contact with your mucous membranes or contaminates an instrument that breaks your skin (such as a needle, scissors, or broken glass). In cases of potential hand needle stick injury, you can test your gloves by filling them with water and seeing if they leak.

What should I expect?

As soon as possible after exposure, blood should be collected from the Source to test for HIV, Hepatitis B, and Hepatitis C and the results are typically available in 2-3 hours. We will also test your blood for baseline HIV, Hepatitis B, and Hepatitis C status, as well as for Hepatitis B immunity. Your blood can be collected at Occupational Health Clinic. While waiting for Source's lab results, you will be offered HIV post exposure prophylaxis (PEP) medications.

HIV:

Per CDC, the risks of acquiring HIV infection is based on the type of exposure:

- Needle sticks and sharps: 0.3%
- Mucous membrane exposure (eyes, nose, or mouth): 0.09%
- Non-intact skin: < 0.09% (not well quantified but less than mucous membrane exposure)
- Exposure onto intact skin: no risk
- Exposure to non-bloody fluids is considerably lower than to blood exposures
- Biting, spitting, throwing body fluids (including semen and saliva): Technically possible but unlikely and not well documented

HIV Prophylaxis: HIV prophylaxis is a 28 day regimen of 2 medications- Truvada and Tivicay. PEP reduces the chance of HIV transmission and is most effective when started within 72 hours of exposure. The sooner you start PEP, the better.

- The commonly reported side effects are nausea, dizziness, headache and fatigue. You will be prescribed with Zofran for nausea to take as needed.
- Please inform Occupational Health nurse if you have medication allergies, if have history of depression, paranoia, or suicidality, or any medical conditions before start taking HIV prophylaxis.
- If you are pregnant or breast feeding, consult your OBGYN and pediatrician before starting HIV prophylaxis.

Hepatitis B:

Hepatitis B can be transmitted without visible blood and remains infectious on environmental surfaces for at least seven days. Per CDC, the risks of acquiring Hepatitis B infection is based on the type of exposure:

- Needle sticks and sharps: 23-62%

Hepatitis B Prophylaxis:

- You are considered Immune to Hepatitis B, if you have documented Hepatitis B vaccination series and a positive Hepatitis B titer.
- If you are not immune to Hepatitis B, the prophylaxis for Hepatitis B exposure includes Hepatitis B vaccination series and HBIG (Hepatitis B Immune globulin) injection as indicated per CDC recommendations.

Hepatitis C:

Hepatitis C is now curable. There is no prophylaxis medication for Hepatitis C.

Per CDC, the risks of acquiring Hepatitis C infection is based on the type of exposure:

- Needle stick and sharps: 0.2%
- Mucous membrane exposure (eyes, nose, or mouth): 0%

Due to the risk of transmission, if you had an exposure to HIV, Hepatitis B or Hepatitis C, please consider these factors during the period of follow up for exposure:

It is recommended to refrain from donating blood, consider additional protection during sexual contact with your partner and have a discussion with OBGYN if you are planning for pregnancy or parenthood.

If you have any health concerns, questions or need more information about blood or body fluid exposures, please contact Occupational Health at 214-645-1057.

References:

1. "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis."
2. Schillie et al., "CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management."
3. Moorman et al., "Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020."