Policy on Exposure to Blood Borne Pathogens (BBP) and other Occupational Exposures or Injuries

Steps to take in case of BBP exposure

1. If an exposure should occur, the exposure site should first be thoroughly washed and/or irrigated. If you think you may have had an exposure but are not sure, you should be evaluated. There is absolutely no such thing as a low risk patient. Contact Occupational Medicine at 653-3850 to discuss your concerns with a clinician.

2. You should then promptly report the incident to your supervising attending or resident, and immediately seek evaluation by the staff / facility designated for your clinical site to provide evaluation and treatment of health care workers who have sustained a BBP exposure. Time may be critical for preventive measures. Have your insurance information available unless accessing it would delay your evaluation.

*At DHMC the designated staff/facility is Occupational Medicine during normal working hours. Occupational Medicine at DHMC is open Monday through Friday from 8:00 am until 5:00 pm and is always staffed by a health care provider with training in evaluating potential BBP exposures. The department phone number is 653-3850. At DHMC you can also call the BUZZ Hotline at 650-6000 at any time to expedite your blood borne exposure work-up evaluation. At DHMC when Occupational Medicine is closed, these same services are provided by the House Supervisor (formerly ACOS). Page the House Supervisor and they will instruct you how to proceed.

It is important to call the House Supervisor (formerly ACOS) as they will make all efforts to investigate the “source” of your exposure. You may not need an ED visit once the House Supervisor prior to going to the emergency room to expedite and coordinate your care. If the “source” of your exposure is unknown, please page the House Supervisor to discuss. In this case, an ED evaluation may be warranted.

*Students at the White River VA Hospital and students at clerkship sites near Hanover and Lebanon may also utilize the Occupational Health Services at DHMC for initial evaluations. Effective management of HIV exposure may require the administration of antiviral drugs within hours of exposure. Obviously in cases where there is an emergency situation students would always seek the nearest emergency evaluation to their clerkship site. Students should cooperate with the evaluation, treatment and follow up recommendations made at the time of their exposure assessment. All follow-up visits for students at the White River VA Hospital and at nearby clerkship sites will be done at Occupational Medicine at DHMC.

*For students at sites distal to Lebanon / Hanover: In the very rare circumstance that an attending or resident is unsure of where you should seek evaluation call student services at DMS during day hours or the Dean on Call at other times (numbers and schedule in the student handbook on line and through Dartmouth Safety and Security 603-646-4000).
3. **The exposure must also be reported by the student by calling student services (603-650-1509). This reporting is mandatory.** All staff members in student services are trained to take this report. They will verbally review the process including payment information, answer questions, and send each student a check list. All students will have received a laminated card which attaches to their nametags at year three orientation which summarizes this process.

Even in situations where payment is not requested, students should report ALL such accidental occupational exposures to BBPs to the Student Affairs Office. Any concerns or questions regarding this policy may be addressed by contacting Ann Davis, MD, Associate Dean, or Dino Koff, Director of Student Services. The office of student affairs tracks all such incidents experienced by all of our students at any of our affiliate teaching institutions or at other nonaffiliated teaching sites (such as during off-site electives).

**Student services will pay for all costs related to occupational exposures that are not covered by a student’s insurance.** Student has several options. The vast majority will find option one to be more desirable: **Students should submit the bill of all costs not covered by insurance to student services and student services will directly pay your care provider.** The alternative option is for students to pay out of pocket for services not covered by their insurance provider and request funding from Financial Aid to cover this expense until they receive reimbursement money from DMS (3-6 weeks). Documentation of insurance billing is required prior to reimbursement from student services.

4. **Follow-up appointments for students who are in or near the Hanover/Lebanon area will be done at DHMC Occupational Medicine regardless of where the student sustained the exposure.** If a student is due for follow-up and not near Hanover/Lebanon then follow-up will be managed at the distal site. Any questions should be directed to the staff in student services. It is important for students to take their insurance information to all follow-up visits.

**Components of exposure evaluation**

Your post exposure evaluation should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route and severity of the exposure. In addition, arrangements should be made to evaluate the person whose blood or body fluid was the source of your exposure. This is generally done through established institutional protocols that will be initiated by the health care provider evaluating your exposure, and may include serological assessment of Hepatitis B, Hepatitis C, and HIV infection. In the absence of known source HIV status, clinical information about the source, if known, will be used to suggest or rule out possible HIV infection. Using an algorithm established by the public health service, the risk assessment of both the severity of your exposure and the HIV status of the source will be used to determine whether post exposure prophylaxis (PEP) for HIV is recommended. If indicated, PEP should be initiated as soon as possible after an exposure (i.e., within a few hours), thus emphasizing the importance of prompt post exposure evaluation. If HIV PEP is initiated then medical follow up, further lab studies, and additional counseling should occur.

You might undergo baseline testing for susceptibility to BBPs at the time of your exposure including antibody to HIV. The treating clinician will determine this need based on source information and or lab results. The need for and appropriate interval for follow up testing will depend to some degree on
the source patient's test results as well as your baseline status. It is important to note that there is no recommended post exposure prophylaxis for Hepatitis C which is a more prevalent blood borne pathogen than HIV. Thus follow up testing after an exposure to a source infected with Hepatitis C is extremely important.

Resources for occupational exposure to blood:
* BUZZ Exposure Hotline 650-6000.
* DHMC Occupational Medicine, 603-653-3850.
* Clinicians Post-Exposure Hotline, 888-448-4911
http://www.nccc.ucsf.edu/

**Background information and prevention.**

Students may be exposed to blood borne pathogens (BBPs) in the course of their clinical and research duties. These BBPs include the human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HVC). An exposure is generally defined as a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membrane or non-intact skin with blood, tissue or body fluids that are contaminated with visible blood. Current estimates of average risk of transmission after percutaneous exposure are: HIV 3/1,000 (0.3%), Hepatitis C 1-3%, Hepatitis B 30% (in non-immune).

Observing standard precautions is the single best strategy to reduce the risk of BBP exposure. This includes using adequate barrier protection (gloves, safety glasses, mask) when performing any activities where the potential exists for BBP exposure. Familiarity with and use of safety devices on needles, syringes, and intravenous equipment can also reduce your risk of accidental BBP exposure but will vary between medical institutions. Completion of the Hepatitis B immunization series with documented presence of antibody to Hepatitis B should provide full protection from transmission of this virus.

**Other occupational exposures and injuries**

Students with other occupational exposures or injuries should access evaluation and care by following the same procedures and policy outlined above for BBP. Examples of other occupational exposures and injuries would include exposure to tuberculosis or an injury sustained while caring for a violent patient.

Obviously if a student sustains acute injuries emergency room access would precede calling Occupational Medicine. **All exposures and injuries require that a mandatory report is made to any staff member in Student Services (603-650-1509).** This allows individualization of care and follow-up for unusual /unique exposures and injuries.