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| HIV or HBV POST-EXPOSURE EVALUATION AND FOLLOW-UP | | | | NO. 526 | |
| The following procedures are to be followed in the case of possible exposure to HIV or HBV through contact with blood or body fluids. Post-exposure evaluations and follow-up care will be provided at no cost to the employee, and at reasonable times and locations.  1. If a health care worker has a percutaneous (needle-stick or cut) or mucous membrane (splash to eye, nasal mucosa or mouth) exposure to body fluids, or has a cutaneous exposure to blood when the worker’s skin is chapped, abraded or otherwise non-intact, the source patient shall be informed of the incident and tested for HIV or HBV infections, after consent is obtained.  2. If patient consent is refused or if the source patient tests positive, the health care worker shall be evaluated clinically and by HIV antibody testing and advised to report and seek medical evaluation of acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers shall be re-tested 6 weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure). Counseling will also be offered in questionably or definitely positive cases. Considerations regarding post-exposure use of Zidovudine will also be made.  3. Follow-up procedures shall be taken for health care workers exposed or potentially exposed to HBV. The types of procedures depend on the immunization status of the worker (i.e., whether HBV vaccination has been received and antibody response is adequate) and the HBV serologic status of the source patient.  4. If an employee refuses to submit to the procedures mentioned above when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee. If consent is given for blood sampling but no testing, blood samples will be kept for 90 days. The employee may choose to have the serologic testing done during the 90 days.  Confidentiality of source patient and employee health information is a critical issue. Testing results should be information shared by the employee and the health care professionals conducting the post-exposure evaluations. Employers are informed of the fact that testing has been completed; however, results of testing will remain confidential. | | | | | |
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