

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02/19	NUMBER: B-14.5 Page 1 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

POLICY: TDCJ employees exposed to blood and body fluids known to transmit Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) (also referred to as "occupational exposure") in the workplace shall receive confidential counseling and testing in accordance with Worker's Compensation and Texas Department of State Health Services (DSHS) guidelines. Employees will be provided prompt evaluation and, when indicated, treatment for occupational exposures. **This policy applies to employees and volunteers only. See Infection Control Manual Policy B-14.06 for exposures of offenders to bloodborne pathogens.**

DEFINITIONS:

The criteria for an occupational exposure will be as defined by the Centers for Disease Control and Prevention (CDC) and the Texas Department of Health. Exposures are defined as:

- Percutaneous injury (e.g., needle stick, puncture wound, laceration with a sharp object or a human bite);
 - Contact of mucous membranes;
 - Contact of non-intact skin (e.g., skin that is chapped, abraded or compromised by dermatitis or open wounds);
 - Contact of several minutes duration of intact skin;
- with*
- Blood and all body fluids visibly contaminated with blood, or semen or vaginal secretions;
 - Cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid.

The sexual assault of an employee while working constitutes an occupational exposure and must be reported to TDCJ Office of Public Health by telephone as soon as possible as additional testing may be indicated.

PROCEDURES:

- I. During orientation and annual inservice training, education regarding agency infection control policies and procedures, universal precautions, and administrative directives regarding occupational exposures will be provided to employees in job classifications in which all or some workers may have occupational exposure to bloodborne infectious diseases. A list of these job classifications may be found in the Bloodborne Pathogen Exposure Control Plan (Infection Control Policy B-14.27), available in the Unit Safety Office. Upon the employee's request, immunization with HBV vaccine will be provided at no charge to the employee in compliance with Correctional Managed Health Care Policy B-14.04.
- II. Management of a Possible Exposure
 - A. The circumstances and mechanism of the exposure will be assessed by a qualified health professional.
 - B. If the exposure does not meet the CDC criteria outlined under DEFINITIONS:

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 2 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

1. Counsel the employee about routes of transmission and why the exposure does not present a risk of transmission of a bloodborne infection.
 2. Offer to initiate hepatitis B vaccination if the employee is unvaccinated and is otherwise eligible for vaccine.
 3. Offer to draw baseline lab work as outlined in II.D.2.b. This is done for documentation of the claim of the employee's status in case the employee chooses to file a Worker's Compensation claim.
 4. No further follow-up is needed in relation to bloodborne pathogens. This type of incident does not have to be reported to TDCJ Public Health.
 5. The employee is not entitled to know the results of any laboratory tests on the exposure source.
- C. If the exposure does meet the CDC criteria and there are no medical staff on the unit:
1. If the exposed employee can get to a TDCJ unit with 24 hour medical coverage within 1 hour of the exposure, send them there for evaluation and initial treatment. Notify the unit they are coming.
 2. If there is no unit with 24 hour coverage within 1 hour travel, contact the health care staff on call for advice.
 3. If the health care staff on call does not respond within 1 hour of the exposure, send the employee to the nearest emergency room for evaluation. Send Attachments K-1 through K-5B from this policy with the employee. The employee must return the completed forms to the medical department at the earliest opportunity.
 4. Follow-up after the initial evaluation will be carried out by unit medical staff according to protocols in this policy.
- D. If the exposure does meet the CDC criteria and there are medical staff on the unit:
1. An employee who has an exposure that meets the CDC criteria will immediately **report the exposure** to his/her supervisor, and will promptly be referred to the unit medical department. Worker's Compensation guidelines (and the Texas Health and Safety Code §85.116(c) require that baseline blood tests be obtained within 10 days after the exposure, and an incident report be filed. Worker's Compensation insurance does not cover work-related exposures other than for post-exposure testing and counseling unless and until illness begins as a result of that exposure. If a baseline test is not obtained within 10 days of the exposure, the employee may not be eligible for Workers' Compensation even if they do become ill at a later date.
 2. **When a medical provider is on the unit** — The **unit physician and/or midlevel practitioner** with the assistance of the **Infection Control Nurse (ICN) (or designee)** shall thoroughly evaluate, document and provide first-aid, appropriate prophylactic or emergency treatment for the exposure and/or related injuries (including, but not limited to tetanus booster and initiation of the HBV vaccine, HBIG and/or antiretroviral treatment as indicated). If the employee's scope of injuries exceeds the facility's capabilities to provide definitive treatment, or if the providers consider it necessary, the employee will be referred to the nearest emergency facility able to manage the patient. The employee must take a Provider

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 3 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

Packet (Attachment K, with Attachments K-1 through K-5B) to the emergency facility. Results of the source offender's tests for hepatitis B, hepatitis C or HIV may be released to the emergency facility provider to aid in the evaluation and management of the exposure. On the next working day the unit administrator, with the assistance of the rest of the management team, shall be responsible to see that all the requirements in the exposure protocol have been met or take the lead to assure that they are accomplished.

- a. **Post-exposure counseling** will be provided to the employee (and his/her spouse or significant other if desired) by a licensed medical provider or nurse, or by other staff who are trained in HIV counseling as required by state law and agency policy (Infection Control Policy B-14.11). The counselor will document counseling and the circumstances relating to the exposure. The employee will read and sign the Consent for HIV Antibody Testing (Attachment B). At this time the employee should be offered chemoprophylaxis as indicated including Hepatitis B Immune Globulin (HBIG), Hepatitis B vaccine series and/or antiretroviral therapy available at designated hub units (Attachment C). Refer to Attachment D for Hepatitis B postexposure recommendations and Attachments K-5a and K-5b for HIV postexposure prophylaxis recommendations.
- b. **Baseline lab testing** should be drawn from the employee as soon as possible (and within 10 days) and include HIV-antibody, HBsAg, Anti-HBs, and Anti-HCV. There will be additional lab required for chemoprophylaxis. A CBC, bilirubin, ALT, AST, BUN, creatinine, uric acid, and serum pregnancy test (for females) are required to be drawn within 48 hours of the initiation of chemoprophylaxis for HIV.
 - i. The physician or midlevel practitioner shall offer follow-up testing for HIV-antibody, HBsAg, Anti-HBs and Anti-HCV to the employee at baseline, six weeks, 12 weeks, and six months. HIV-antibody testing will be done one year post-exposure if employee HCV seroconversion is documented and source is not known to be HIV negative. HCV seroconversion should be confirmed with a RIBA or other suitable confirmatory test. (Exception: If the employee's baseline status makes a follow-up test unnecessary it will not be ordered.)
 - ii. Notify TDCJ Office of Public Health. (See Section III. Reporting.)
 - iii. Laboratory requests will be clearly labeled with the tests ordered, employee's name, last four digits of the social security number, date of birth, date and time drawn, unit of assignment and ordering physician's name. The lab slip and tube will be marked "Confidential: Occupational Exposure — Employee" and sent to the laboratory.
 - iv. Units not utilizing UTMB's Galveston lab will provide the employee with the original test result and send one copy to the TDCJ Office of Public Health Occupational Exposure Program Coordinator. *Copies of employee test results will not be kept on the unit.*
- c. **Source lab and consent**
 - i. If the source of the exposure can be identified (by name, TDCJ number, etc.) the

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 4 of 9
	Replaces: 02/18	
	Formulated: May 2000	

OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES

ICN nurse should determine if the offender has a positive HIV, hepatitis B and/or hepatitis C test in the medical record. If not, the offender should be counseled and offered testing, including post-test counseling, when appropriate.

- ii. If the employee is a correctional officer, they may request mandatory testing of the offender, using the "Request for Testing an Offender for Communicable Disease" form, Attachment L. If approved by Public Health, this form allows the offender's test results to be revealed to the employee. Note: if a **health care worker** has an exposure to a patient, the patient can be tested for HIV without specific consent under Texas Health and Safety Code 81.107. A copy of the law can be found in Attachment M.
 - iii. **Use of "Request for Testing an Offender for Communicable Disease" form.** The exposed employee fills in the top portion of the form. The ICN nurse determines whether there is a bona fide exposure and checks the appropriate box. If the exposure is not deemed to be bona fide, then no exposure has occurred and the incident will be handled according to section II.B, above. If the exposure is deemed bona fide, or if no determination can be made or if the employee does not accept the ICN determination, the form should be faxed to the Office of Public Health between 7 a.m and 4:30 p.m. M-F, for determination by the Director of Health Services or designee. The Director, or designee, makes the final decision, and confirms any decision by the ICN of a bona fide exposure. Only if the Director or designee determines that a bona fide exposure has occurred can mandatory testing of the offender occur and the exposed employee be given the test results. For the purpose of mandatory testing and disclosure of the source's test results, employee means any employee, contractor or volunteer who performs a service in the correctional facility.
 - iv. If the exposure is determined by the Director or designee to be bona fide, then the offender source will be informed that mandatory testing is required by law, unless the offender has already consented to testing. An offender will be ordered to be tested and may be given a disciplinary case for failure to follow an order if they refuse mandatory testing. However, use of force is not to be used to obtain blood from an offender refusing mandatory testing.
 - v. If the offender has already tested positive for HIV, HBV or HCV, they need not be tested again for that infection when this form is used. Instead, the previous positive result may be released to the exposed employee if the Director or designee has determined that a bona fide exposure has occurred.
3. **When there is no medical provider on the unit** —The nursing staff on the unit shall thoroughly evaluate, document, provide first-aid and call the on-call medical provider for guidance on disposition and/or orders for appropriate prophylactic or emergency treatment for the exposure and/or related injuries (including, but not limited to tetanus booster and initiation of the HBV vaccine, HBIG and/or antiretroviral treatment as indicated). If the employee's scope of injuries exceeds the facility's capabilities to provide definitive treatment, or if the providers consider it necessary, the employee will be referred to the nearest

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 5 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

emergency facility able to manage the patient. The employee must take a Provider Packet (Attachment K, with Attachments K-1 through K-5b) to the emergency facility. Results of the source offender's tests for hepatitis B, hepatitis C or HIV may be released to the emergency facility provider to aid in the evaluation and management of the exposure. On the next working day the unit administrator, with the assistance of the rest of the management team, shall be responsible to see that all the requirements in the exposure protocol have been met or take the lead to assure that they are accomplished.

4. **When there is no nurse or health care staff on the unit** – the ranking security officer will send the exposed employee to the nearest facility that has medical staff or to a local emergency room for evaluation and initiation of treatment. The employee must take a Provider Packet (Attachment K, with Attachments K-1 through K-5b) to the emergency facility. The employee should be told to report directly from the emergency room to the nearest hub unit (UTMB sector – see Attachment C for a list of hub sites) or back to their assigned unit (Texas Tech sector) if the emergency room physician prescribes prophylactic treatment for hepatitis B or for HIV.
5. **Post-Exposure Prophylaxis (PEP)** If the source of the exposure is known to be HIV-positive or the HIV status is unknown, a regimen of chemoprophylaxis should be considered. See Attachment K-5a and K-5b for guidance in evaluating exposures and determining when to offer prophylaxis. Generally, a percutaneous exposure to a solid sharp (razor blade, tattoo needle, etc.) does not require chemoprophylaxis unless visible blood is present or the source is known to be HIV-positive; however, the decision about prophylaxis should be individualized for each exposure. Advice regarding the need for HIV prophylaxis can be obtained from the Office of Public Health or by calling the National Clinicians' Postexposure Prophylaxis Hotline (PEpline), Phone: (888) 448-4911. Because of the need to start postexposure prophylaxis in a timely manner, a decision should not be delayed because of difficulty in reaching one of these resources.
 - a. **During duty hours**—Prior to beginning the HBV immunization program or the HIV chemoprophylaxis, each eligible employee should be counseled and fully understand the benefits and risks of the medications and be given a copy of Attachment K-4. **After duty hours, weekends and holidays**—Prior to beginning the HBV immunization program or the HIV chemoprophylaxis, each eligible employee will be given a copy of Attachment K-4 delineating the benefits and risks of the medications which they must read and sign prior to start of their prophylaxis medications. In either case a signed copy of Attachment K-4 must be sent to the Office of Public Health when it is no longer needed on the unit for providing post-exposure care.
 - b. Appropriate drug therapy for a regimen of chemoprophylaxis is: zidovudine 300 mg 1 tablet BID + lamivudine 150 mg 1 tablet BID and Kaletra (lopinavir 200mg + ritonavir 50 mg) 2 tablets BID.
 - c. When the results of the employee's baseline tests and source's test (if done) are received, the unit physician shall determine whether chemoprophylaxis should continue for the full

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 6 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

28 days. If chemoprophylaxis is continued, a CBC, ALT, AST, bilirubin, BUN, creatinine and uric acid should be obtained after 2 weeks of treatment.

- d. Chemoprophylaxis is available through the hub unit and/or medical department. See Attachment C for list of hub units.
 - e. Chemoprophylaxis should be started as soon as possible, preferably within two hours. It is acceptable to start two drugs and add the third as soon as it is available.
- 6. Obtaining Medication (HIV Medication and Hepatitis B Immune Globulin [HBIG] and Hepatitis B Vaccine)**
- a. There are two (2) prescriptions (six-day supply and 22-day supply) to be used for employees who have an occupational exposure to an HIV or suspected HIV patient. These two prescriptions will supply the 28-day total of the antiretroviral medications that an exposed employee should receive. **The six-day prescription for antiretroviral medications (Attachment H) should be completed and signed by a medical provider on the facility where the occupational exposure occurred. The employee will take the prescription to the closest designated hub site. A verbal order by the on-call practitioner will be accepted for starter dose kits during non-duty hours.**
 - i. Six-Day Prescription (Attachment H) — the unit physician or designated agent will give starter doses to the employee.
 - 1.) Pharmacy will have sent a six-day prescription to the hub unit with preprinted prescription numbers. The hub unit will fill in the patient’s name and the prescriber’s name from the unit of exposure on this prescription and attach this to the signed prescription from the unit of exposure. The hub unit will also complete the following on the Employee Prescription Log (Attachment J).
 - a. Date issued
 - b. Employee full name and DOB
 - c. Prescriber name
 - d. Name of person that issued medication

The hub unit will e-mail the signed Six-Day Prescription from the unit of exposure, the hub unit starter kit prescription form with preprinted prescription numbers and the completed Employee Prescription Log to the Pharmacy at utmbcmc.pharmacyRX4employee@utmb.edu.

- 2.) The medical department staff on the designated hub site will give the employee **TWO** three-day supplies of medication and will instruct the employee on the proper sequence. Medical staff will also give the employee the information sheets for each medication. The unit will write on the back of the six prescription labels:
 - a. Date
 - b. Patient’s name

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02/19	NUMBER: B-14.5 Page 7 of 9
	Replaces: 02/18	
	Formulated: May 2000	

**OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL
MANAGED HEALTH CARE EMPLOYEES**

- c. Physician's name
 - 3.) Each designated hub site will stock two complete starter packs (six-day supply of medication). With the exception of Estelle which will store five starter packs and Hughes and Stiles will store three starter packs.
 - 4.) Pharmacy Procedures
 - a. Pharmacy will fill starter packs for replacement at the hub unit where starter packs are stored.
 - b. Pharmacy will send a new copy of the Employee Prescription Log with the new starter packs.
 - ii. 22-day prescription — The 22-Day Prescription (Attachment I) must be emailed to the Pharmacy at utmbcmc.pharmacyRX4employee@utmb.edu if it is determined that chemoprophylaxis should continue for the full 28 days. The prescription must be signed by a provider.
 - 1.) Upon receipt of the 22-Day Prescription, the Pharmacy will fill that order and send the medication to the employee's unit of assignment.
- b. Obtaining Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine-- Hepatitis B Immune Globulin (HBIG) and hepatitis B vaccine are available at designated unit hub sites for administration to employees at that site and to employees in that geographic area.
 - i. The Prescription for HBIG and Hepatitis B Vaccine F) should be completed and signed by the medical provider on the facility where the occupational exposure occurred. The employee will take the prescription to the closest designated hub site where the HBIG and hepatitis B vaccine is stored. A verbal order by the on-call practitioner will be accepted for starter dose kits during non-duty hours.
 - 1.) After being given the prescription by the employee, medical staff at the designated hub site will administer the appropriate dose of HBIG and hepatitis B vaccine.
 - 2.) Pharmacy will have sent prescriptions to the hub unit with prescription numbers. The hub unit will fill in the patient's name and the prescriber's name from the unit of exposure on this prescription. The hub unit will then email the prescription containing the prescription number with the signed prescription from the unit of exposure to the Pharmacy at utmbcmc.pharmacyRX4employee@utmb.edu. The Pharmacy will send replacement doses to the hub facility. Prescription forms must be completed in their entirety for the Pharmacy to send a replacement packet.
 - a. Each designated unit will stock a total of 10 mL of HBIG (5 mL is sufficient for a person weighing 184 pounds [83.3 Kg]). There will be two doses of hepatitis B vaccine at the designated facility.
 - b. Hepatitis B vaccine series – Hepatitis B vaccine series consists of 3 doses administered at 0, 1 and 6 months. After the initial dose is administered from the designated hub unit, doses 2 and 3 must be

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02/19	NUMBER: B-14.5 Page 8 of 9
	Replaces: 02/18	
	Formulated: May 2000	
OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL MANAGED HEALTH CARE EMPLOYEES		

requested from the Pharmacy by sending a refill request form to utmbcmc.pharmacyRX4employee@utmb.edu (Attachment G).

- c. Drug storage - The hub site will decide where this medication should be stored, but should be in an area with key access only, accessible 24 hours per day. Vaccines must be stored at the correct refrigerated temperature.
 - d. Private vendors will obtain these medications from their designated pharmacy.
- E. Consent and Release of Records. Prior to beginning the HBV immunization program (a three dose vaccine series), each applicable employee should:
1. Review and fully understand the benefits and risks of the immunization program; and
 2. Receive the Vaccine Information Sheet <http://www.cdc.gov/vaccines/hcp/vis/index.html>.
 3. Sign the appropriate statement of informed consent (or refusal, if immunization is refused) (Attachment N).
 4. This information should be entered on the employee health computer screen. For TDCJ employees, the forms must be sent to the Office of Public Health for archiving.
- F. Employee Declining Agency-Compensated Counseling and Testing – If the employee elects to receive post-exposure counseling and testing elsewhere, this will be done at his/her own expense. If the employee declines agency compensated post-exposure counseling and testing, this must be reported to the Office of Public Health by the ICN using the “Employee Decline of Occupational Exposure Counseling and Testing” form (Attachment E) in addition to the “Report of Occupational Exposure” form (Attachment A). These forms will be retained in the employee's electronic medical record in the Office of Public Health record.

III. Reporting

All occupational exposures, except as described in II.B, shall be reported *promptly* by the unit ICN (or designee) via fax to the TDCJ Office of Public Health, using the “Report of Occupational Exposure” form (Attachment A). In addition, upon completion of each follow-up, employee records shall be sent via U.S. Mail, marked “Confidential” to the TDCJ Public Health Occupational Exposure Program Coordinator for archiving. No submissions for reimbursement for post-exposure testing or treatment of TDCJ employees will be approved by TDCJ unless the exposure has been reported to the TDCJ Office of Public Health.

IV. Workers Terminating Employment Prior to Completion of Follow-Up Testing

A worker who terminates employment with the agency for any reason prior to completion of follow-up testing may still complete the testing process through TDCJ. This will be arranged through the ICN, who shall provide the employee with a written schedule of dates further testing is due and instruct the employee to return to his/her former unit of assignment to complete the testing process. The ICN will send a copy of this correspondence to the TDCJ Office of Public Health, Occupational Exposure Program Coordinator.

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 02 / 19	NUMBER: B-14.5 Page 9 of 9
	Replaces: 02/18	
	Formulated: May 2000	

**OCCUPATIONAL EXPOSURE COUNSELING AND TESTING FOR TDCJ AND CORRECTIONAL
MANAGED HEALTH CARE EMPLOYEES**

The former employee is responsible for contacting the ICN and completing the testing process. If the former employee chooses to complete the follow-up with a private physician instead of TDCJ, it will be at their own expense.

V. Confidentiality

Except as otherwise authorized by law, information concerning the HIV status of employees, and any portion of a health record, will be kept confidential and will not be released without written consent of the employee.

VI. Qualifying for Worker's Compensation Benefits

State law requires that an employee who bases a Worker's Compensation claim on a work-related exposure to HIV (or HBV or HCV) must provide a written statement of the date and circumstances of the exposure, and within 10 days after the exposure, test results that indicate absence of HIV (or HBV or HCV) infection. An employee who may have been exposed to HIV, HBV or HCV while performing duties of employment can decide not to be tested, but refusal to be tested may jeopardize Worker's Compensation benefits.

References:

- Texas Health and Safety Code, § 85.116(c)
- Texas Health and Safety Code, § 81.001
- Centers for Disease Control, MMWR, 54(RR-9), September 30, 2005.
- Department of Labor, Occupational Safety and Health Administration, 29, CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens, Final Rule
- Correctional Managed Health Care Policy B-14.4, "Prevention of Hepatitis B Virus (HBV) in TDCJ Facilities"
- Correctional Managed Health Care Infection Control Policy B-14.11, "Human Immunodeficiency Virus (HIV) Infection"
- TDCJ Administrative Directive 6.60, "Management of Inmate and Employee Bloodborne Pathogen Issues (with Special Reference to Human Immunodeficiency [HIV] and Hepatitis B Virus [HBV])"
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendation for Post exposure Prophylaxis, September 25, 2013.