

County of San Luis Obispo Bloodborne Pathogen Post-Exposure Protocol

If you are exposed to infectious materials including blood, body fluids, needle sticks, or human bites in the course of your employment with the County:

An exposure is a percutaneous injury (needle stick, bite, or cut with a sharp object), or mucous membrane or non-intact skin contact with infected blood, body fluids or body tissues.

Body fluids that may pose a risk for Bloodborne Pathogen (BBP) transmission include: Blood, semen, cerebrospinal fluid, vaginal secretions, amniotic fluid.

Body fluids that DO NOT pose a risk of BBP transmission, unless they contain blood, include: Urine, saliva, sputum, stool, emesis, nasal discharge, tears, sweat.

The 'source' is the person whose bodily fluids you have been exposed to.

- 1) Wash wounds or exposed skin with soap and water, flush mucous membranes with water. Apply other first aid as appropriate.
- 2) Notify supervisor immediately.
- 3) Obtain as much information (name, contact info) as possible about the source.
- 4) Report to County Health Officer on Form "Contagious Disease Exposure Report Form".
- 5) Report to Risk Management (phone call OK initially, then file Employee Injury /Illness Report).
- 6) Go to one of the County's designated Medical Providers (eg Med Stop) within one hour of exposure. If after hours, go to nearest emergency room.
- 7) Inform medical provider about nature and extent of exposure event. Include details (eg. was/ was not wearing gloves, type of needle, source is inmate or IV drug user, source HIV status).
- 8) Follow recommendations of medical provider. If Post-exposure prophylaxis (PEP) is recommended, start within 2-24 hours. Continue for recommended term of treatment.
- 9) Complete any written reports or documentation regarding the incident that you were unable to complete earlier.

Reporting should include as much information as necessary to discern whether the source presents a risk, and whether the exposure may result in a transmission. Source should be tested.

**REMEMBER – TIMELY ACTION IS IMPERATIVE FOR POST EXPOSURE
PROPHYLAXIS (PEP) TO BE EFFECTIVE**

**For HIV PEP, 2-24 hrs BEST, 24-36 hrs Benefits Possible, 36-72 hrs Marginal
After 72 hours HIV PEP not recommended -
Consult Supervisor, Risk Management, County Health Officer**

CONTAGIOUS DISEASE EXPOSURE REPORT FORM

This form must be faxed to the County Health Officer immediately.

FIELD PERSONNEL ONLY

Agency: _____ Agency Report Number: _____

Name(s) of exposed: 1. _____ DOB _____
 2. _____ DOB _____
 3. _____ DOB _____
 4. _____ DOB _____

Immunized for Hepatitis B? (Yes or No) 1. _____ 2. _____ 3. _____ 4. _____

Date/Time of Exposure: _____

Describe Exposure: (Cuts, wounds, abrasions, airborne)

1. _____
2. _____
3. _____
4. _____

Workers Comp Medical Provider (if known): _____

Source Name: _____ DOB _____

Source transported to: _____

Reason for transport: _____

Alive Deceased

Supervisor Name:(please print) _____ Date: _____

Title: _____ Contact Phone #: _____ FAX #: _____

**FAX this form to (805) 781-5543
immediately**

COUNTY HEALTH AGENCY ONLY

RECOMMENDATIONS BY COUNTY HEALTH OFFICER

No evidence of communicable disease requiring follow-up

Follow-up of exposed workers recommended as follows:

Follow-up indicated for _____ no follow-up indicated for _____.

Signature – County Health Officer _____

_____ Date