

**STUDENT HEALTH SERVICES
Policies and Procedures**

EMPLOYEE HEALTH GUIDELINES

I. PURPOSE

To minimize risks of occupational injury and illness and comply with occupational health statutes.

II. OBJECTIVES

A. The Centers for Disease Control vaccine recommendations for health care workers includes Hepatitis B vaccine, Influenza Vaccine, Measles, Mumps and Rubella Vaccine and Varicella Zoster Vaccine.

B. Hepatitis B and Influenza Vaccine are highly recommended and will be available to all health care workers at no cost.

C. Hepatitis B Immune Globulin will be available without cost to any employee experiencing an exposure to body fluids who has not been vaccinated.

D. Serologic testing and/or vaccination for Measles, Mumps, Rubella and Varicella is recommended but not required. The cost of testing and/or vaccination will be the employee's responsibility.

III. ADMINISTRATION OF POLICY

A. Hepatitis B Vaccine

1. Hepatitis B Vaccine is available to any Student Health Services health care worker at no cost. Refer to attached Exposure Response, Prevention and Control Plan.
2. Dosage: Three doses at 0, 1, and 4 months, or 0, 1 and 6 months with 4 weeks between the first and second dose and a minimum of 16 weeks between the first and third dose.
3. Indications: Health care workers at risk for exposure to blood or body fluids.
4. Contraindications: Previous anaphylactic reaction to common baker's yeast.
5. The initial 3-dose series should be followed by a quantitative test for the antibodies to the hepatitis B surface antigens. This titer check is best performed 1-2 months after the third dose of the vaccine. It is the only way that an individual can be sure of seroconversion. The CDC currently

recommends post vaccination testing for health care workers and public safety workers at high risk for continued percutaneous or mucosal exposure to blood or body fluids. (July, 2008)

6. Refer to attached Parenteral or Body Fluid Exposure Policy for testing and treatment protocols for those employees who have incurred a needle stick and/or body fluid exposure to Hepatitis B and C or Human Immunodeficiency virus.

B. Influenza Vaccine

1. Dosage: 0.5 cc IM annually of current vaccine.
2. Indications: Health care workers who have contact with patients at risk for influenza or its complications; health care workers in chronic care facilities; health care workers with high-risk medical conditions or who are aged 65 years and older.
3. Contraindications: history of anaphylactic hypersensitivity to egg ingestion.

C. Measles

1. Dosage: One dose subcutaneously; second dose a least one month later.
2. Indications: Health care workers born during or after 1957 who do not have documentation of having received two doses of live vaccine on or after their first birthday, or a history of physician-diagnosed measles or serologic evidence of immunity.
3. Contraindications: Pregnancy; immunocompromised persons including HIV infected persons who have evidence of severe immunosuppression; anaphylaxis after gelatin ingestion or administration of neomycin; recent administration of immune globulin.

D. Mumps

1. Dosage: One dose subcutaneously; no booster.
2. Indications: Health care workers believed to be susceptible can be vaccinated. Adults born before 1957 can be considered immune.
3. Contraindications: Pregnancy, immunocompromised persons; those with a history of anaphylactic reaction after gelatin ingestion or administration of neomycin.

E. Rubella

1. Dosage: One dose subcutaneously; no booster.
2. Indications: Health care workers, both men and women who do not have documentation of having received live vaccine on or after their first birthday or laboratory evidence of immunity. Adults born before 1957, except women who can become pregnant, can be considered immune.

3. Contraindications: Pregnancy, immunocompromised persons; those with history of anaphylactic reaction after administration of neomycin.

F. Varicella Zoster

1. Dosage: Two 0.5 ml doses subcutaneously 4-8 weeks apart if more than 13 years of age.
2. Indications: Health care workers who do not have either a reliable history of varicella or serologic evidence of immunity.
3. Contraindications: Pregnancy; immunocompromised persons; history of anaphylactic reaction following receipt of neomycin or gelatin. Avoid salicylate use for 6 weeks after vaccination.

IV. Skin Testing for Tuberculosis

A. Annual skin testing for tuberculosis for all Student Health Services staff is recommended.

1. Test is available in Urgent Care every day except Thursday.
2. If the employee converts from a negative to a positive TB test, a chest x-ray will be done and the employee will be referred for follow-up and treatment.

B. Tuberculosis Respiratory Protection

1. If a patient is suspected of having an active case of tuberculosis, they will be referred to the Public Health Department for testing and definitive diagnosis.
2. Public Health Department will notify Student Health Services of testing results, treatment, requirements for respiratory protection of employees and notification of those in the campus community who may have had close contact with the patient.
3. National Institute for Occupational Safety and Health (NIOSH) approved N-95 respirators are available for employee use.
4. One time use respirators are available in Storeroom at Station I.

November 2001

Revised: August 2002, 3/04, 10/08

References:

1. Immunization of Health Care Workers: Recommendations of ACIP and HICPAC <http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>
7/5/01

2. TB Respiratory Protection Program in Health Care Facilities; U. S. Department of Health and Human Services, September 1999

3. Who should receive postvaccination testing: Recommendation of Division of Viral Hepatitis <http://www.cdc.gov/hepatitis/HBV/HBVfac.htm> 7/8/08

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HEPATITIS B VACCINATION

I. PURPOSE

To provide Hepatitis B vaccination to students who are requesting the vaccine and those students who are required to receive the vaccine to complete admission requirements for registration at any California State University. To provide Hepatitis B vaccination for campus personnel who are considered to be high risk by the Environmental Health and Safety Office.

II. OBJECTIVES

- A. Students who are 19 years of age or older may request Hepatitis B vaccine. This is an augmented service of Student Health Services and the student will pay the cost of the vaccine. Students who are in this age group are given the adult dose of Hepatitis B vaccine.
- B. Students who are 18 years of age or younger on the first day of school are required by Executive Order No. 803 to be immunized against Hepatitis B. Students in this age group are given the pediatric dose of hepatitis B vaccine at their expense until they complete the series of three immunizations.
- C. Campus personnel who are identified as high risk for Hepatitis B exposure by the Department of Environmental Health and Safety will be given the vaccine, which will be charged to the Department of Environmental Health and Safety.

III. ADMINISTRATION OF POLICY

- A. Individuals requesting Hepatitis B vaccine will make an appointment in the Immunization Clinic.
- B. A Hepatitis B Vaccine Questionnaire, and the Hepatitis B Consent, will be given to the individual for completion. The current Hepatitis B Vaccine Information Statement from the CDC will be given to the individual for the purpose of educating them about the risks of the disease, how it is spread and adverse reactions to the vaccine.
- C. A Student Health Services Nurse will assess the Hepatitis B Vaccine Questionnaire for risk factors and the likelihood of patient having received the Hepatitis B series. If necessary, the nurse will order appropriate laboratory tests which the patient pays for and includes: Hepatitis B core Antibody

(HbcAb), Hepatitis surface Antigen (HbsAg), and Hepatitis surface Antibody (HbsAb).

1. Geographic considerations:
 - a. Order HbcAb if born in Asia, Pacific Islands, Sub-Saharan Africa or Alaska (native).
 2. Carrier Status:
 - a. If patient is a known carrier and has documentation of it, waive requirement. Do not immunize.
 - b. If mother is a known carrier, order HbcAb.
 - c. If patient is a known carrier, but has no documentation of it, order HbsAg.
 - d. If patient has ever had a blood transfusion or has been treated with blood products order an HbcAb.
 - e. If patient admits to IV drug use, order HbcAb.
 3. Allergies
 - a. If allergic or hypersensitive to yeast, thimerosal, formaldehyde or aluminum, do not immunize.
 4. Pregnancy
 - a. If pregnant or planning on becoming pregnant within three months, do not immunize.
 5. Proof of Immunity
 - a. Students who are 18 or younger on their first day of class who did not graduate from a California high school on or after January 1, 2005, must show proof of completion of a 3-dose series of Hepatitis B immunizations. If the student does not have documentation, a Hepatitis B surface antibody (HbsAb) can be ordered.
 - b. If the Hepatitis B surface antibody level indicates the patient to be a non-responder, they should be revaccinated with a second 3-dose series and then retested.
- D. If the patient is determined to be high risk, give SHS handout, which explains the laboratory testing, and the cost.
1. If the HbcAb is positive, the reference laboratory will automatically perform an HbsAg test to determine carrier status.
 - a. If the HbsAg test is negative (not a carrier) do not immunize, as the patient would then be considered immune.
 2. The cost to the patient for the second test should be paid for when the patient returns for the laboratory results.
 3. If the patient refuses the HbcAb tests, have them sign the Hepatitis B Against Medical Advice (AMA) form and immunize.
 - a. The AMA form states that they may be a carrier of Hepatitis B and this immunization will not protect household members or significant others from exposure to Hepatitis B.

- b. Attach AMA form to the Hepatitis B Questionnaire and Consent.

E. Waiver

1. Students may request exemptions based on medical considerations and religious or personal beliefs. A waiver from this requirement may be requested in two ways.
 - a. A written statement by a physician or surgeon that the physical condition or medical circumstances of the person are such that immunization is not considered safe. The specific nature and probable duration of the medical condition or circumstances that contraindicate immunization is required in the statement.
 - b. A letter from the student, or parent or guardian if they are a minor, stating that the immunization is contrary to the beliefs of the student, parent or guardian.

F. Vaccination

1. If there are no contraindications, the patient is given the appropriate dosage of Hepatitis B vaccine.
2. The patient will wait inside Student Health Services for twenty minutes after receiving the vaccine to be observed for possible allergic reactions.
3. Recommended schedule: Three doses at 0, 1, and 4 months or 0, 1, and 6 months with 4 weeks between the first and second dose and a minimum of 16 weeks between the first and third dose.
4. The patient will be given an Immunization Record with dates of immunization documented.

G. Post vaccination testing

1. Although the only way to be certain of seroconversion is by quantitative testing for the antibodies to Hepatitis B surface antigens, the CDC currently recommends post vaccination testing for the following groups:
 - Infants born to HBsAg-positive mothers
 - Healthcare workers and public safety workers at high risk for continued percutaneous or mucosal exposure to blood or body fluids.
 - Chronic hemodialysis patients, HIV-infected persons, and other immunocompromised persons.
 - Sex partners of persons with chronic HBV infection

Revised: 3/04, 10/08

References:

Who should receive postvaccination testing? Recommendations of Division of Viral Hepatitis <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm> July 8, 2008

California State Polytechnic University, Pomona

**STUDENT HEALTH SERVICES
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WORK-RELATED INJURIES/ILLNESSES

I. PURPOSE

To identify the Student Health Service's role in providing services to University employees who have sustained work-related injuries/illness.

II. OBJECTIVES

To provide first aid and referral services for University, Kellogg Foundation, and ASI employees, as well as Student Health Service Employees, who have work-related "industrial" injuries/illness which are covered by Workers' Compensation Insurance.

III. RESPONSIBILITY AND AUTHORITY

The authority of this policy is the California State University policy of the Board of Trustees on Student Health Services, Executive Order 943, as well as the policy of the Risk Management Department of Cal Poly Pomona, entitled "Reporting Employee Work-Related Injuries/Illnesses", which can be found online at www.csupomona.edu/~rms/wc1.htm.

IV. ADMINISTRATION OF POLICY

A. Industrial injuries occurring on or off campus to State or Foundation employees are encouraged to report their work-related accident or incident to their manager or supervisor when they occur. Employees have been informed that care for work-related injuries/illnesses is provided by Industrial Clinics designated by Risk Management.

B. When only First Aid treatment is necessary, employees can be seen at SHS. A Medical Service Order shall be completed and signed by the employee's supervisor prior to service. If the injured employee arrives without a signed Medical Service Order, the receptionist will attempt to contact the supervisor. If unable to contact employee's supervisor or anyone in that department, the Worker's Compensation Coordinator at ext. 3725 shall be notified.

- C. When an employee arrives and requires medical treatment beyond First Aid, they will be referred to their supervisor who will then complete the Medical Service Order referring them to an Industrial Clinic.
- D. When an employee arrives and requires urgent or emergency care, The Urgent Care nurse and/or doctor will advise patient of University policy regarding referral to Industrial Clinic, or call 911 if necessary.
- E. Employees have the option of pre-designating their personal physician as their treating physician in the event of a work-related injury/illness. Detailed information is covered in the University's Risk Management Policy.
- F. Student assistant employees are covered by Workers' Compensation Laws. Students who work off campus and incur injuries on their jobs will be referred to their supervisor who will arrange for medical care.
- G. An accidental injury report form, EHS Form F-1416-02, is to be completed when First Aid is provided in order for Workers' Compensation to be billed.
- H. Student Health Services employees will be referred to an Industrial Clinic for treatment of a work-related injury/illness, requiring more than First Aid treatment. This includes the treatment of a needle stick or body fluid exposure, induced by a puncture wound, mucous membrane contamination or percutaneous introduction of infective serum or plasma through cuts/lacerations or abrasions.

Revised:3/98, 4/01, 3/04, 8/04, 1/07, 5/07, 8/08

**STUDENT HEALTH SERVICES
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EXPOSURE RESPONSE, PREVENTION AND CONTROL PLAN

I. PURPOSE

To identify all employees potentially at risk for exposure to bloodborne pathogens and provide a standardized system for the identification, management and reporting of potential health-threatening incidents.

II. OBJECTIVES

All Infection Control Policies and any Student Health Services Policies that address employee safety reflect the standards of California Senate Bill 98 and the required Injury and Illness Prevention Program, and the federal standards established by the Occupational Safety and Health Administration published December 1991 and amended effective July 1, 1999.

III. ADMINISTRATION OF POLICY

A. Health Care Worker

1. Defined as any Student Health Services employee, who provides direct patient care, handles patient specimens or who administers injections. This definition includes, but is not limited to:
 - a. Physicians
 - b. Registered Nurses
 - c. Licensed Vocational Nurses
 - d. Registered Nurse Practitioners
 - e. Laboratory technicians
 - f. X-ray technicians

B. Universal Precautions: Body Fluids

1. It is the policy of Student Health Services to adhere to the recommendations of the Centers for Disease Control (CDC) that all blood and body fluids be treated as if they are infectious and that Universal Precautions always be utilized when exposed to blood and body fluids.

C. Other Potentially Infectious Materials (OPIM)

1. Body fluids (OPIM) that have been recognized by the CDC as directly linked to the transmission of HIV and/or to which universal precautions apply:

Blood	Vaginal secretions
Semen	Cerebrospinal fluid
Blood products	Synovial fluid
Pleural fluid	Peritoneal fluid
Pericardial fluid	Amniotic fluid
Saliva in dental procedures	

1. Any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. Any of the following, if known or reasonably likely to contain or be infected with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV):
 - a. Cell, tissue, or organ cultures from human or experimental animals;
 - b. Blood, organs, or other tissues from experimental animals, or
 - c. Culture medium or other solutions.

D. Occupational Exposure, Illness or Injury

1. Includes every occupational exposure, illness or injury received in connection with assigned job duties, no matter how minor.
 - a. For further information or reporting requirements, refer to Reportable Injuries and Conditions Policy, SHS Procedure Manual, page 424.
1. For employees who have incurred needlesticks and/or body fluid exposure, refer to Parenteral or Body Fluid Exposure Policy and Treatment of Percutaneous or Mucous Membrane Exposure Policy.
 - a. Hepatitis B vaccine and/or HBIG are available and free of charge to any staff with a high risk percutaneous or mucous membrane exposure.

- b. Hepatitis B vaccination is optional. If declined, the employee must sign a form acknowledging their decision. The employee retains the right to get the vaccine at any time in the future.
3. Employees are required to wear gowns and gloves when it is reasonable to anticipate skin contact with blood or with other bodily fluids.
 - a. Gloves shall be worn for all vascular access procedures or when potential exposure to OPIM is possible.
 - b. Exceptions to the above statement should only be made when the medical care of the patient will be compromised.
 - c. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
4. Employees are required to wear masks and eye/face shields when splattering or spraying of blood or other potentially infectious materials may occur.
5. Clinicians are required to wear gloves when performing a procedure that requires the use of a scalpel. Surgical gloves may be used if the non-sterile exam gloves do not provide an adequate fit.

E. Engineered Sharps Injury Protection

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms: or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

F. Engineering Controls

1. Engineering Controls are supplies and equipment such as puncture-resistant containers for disposing of sharps, sharps with engineered sharps injury protection and personal protective equipment, which is free of charge to the employee.
 - a. Recapping of sharps is prohibited, unless the licensed healthcare professional can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

- b. Sharps containers are labeled as "Infectious Waste, Biohazard", are easily accessible, and as close as is feasible to the area where they are used.
- c. Hazardous Waste containers are so labeled and lined with red plastic bags indicating their use as infectious/hazardous waste containers.

G. Sharps Injury Log

1. The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer.
2. The Sharps Injury Log form is kept in a manual entitled "Sharps Injury Log" in Urgent Care.
 - a. Completed forms are to be filed in the SHS Fire and Safety Disaster Manual in the Library.

H. Laundry

1. See Infection Control Policy regarding contaminated laundry.

I. Material Safety Data Sheet (MSDS)

1. The MSDS is an informational document from the manufacturer that describes the hazardous characteristics of a given product.
2. Material Safety Data Sheets are available for each product that has been identified as a hazardous material in Student Health Services and on campus.
3. MSDS forms are kept in Urgent Care in the OSHA/MSDS Manual.

J. Hazardous Waste Spills and Pesticide Poisoning

1. In the event of a hazardous waste spill or pesticide poisoning, the University Department of Environmental Health and Safety will be notified at extension 3695.
2. If Department of Environmental Health and Safety is not open, or MSDS is not readily available, call Poison Control at 1-800-876-4766.

K. Employee Bulletin Board

1. An employee bulletin board, which is required by OSHA, is located in the hallway across from the kitchen where all employees have access to the information posted.
2. The employee bulletin board will have the following information posted:
 - a. The Fire Evacuation Plan
 - b. Revised and new MSDS forms
 - c. The location of the MSDS forms
 - d. OSHA form 2203, "Job Safety and Protection Poster."
 - e. OSHA form 200, the "Accident Summary Log."
 - f. The Exposure Response, Prevention and Control Plan

L. OSHA Requirements

1. The Exposure Response, Prevention and Control Plan must be updated annually and made accessible to employees.
2. The Exposure Response, Prevention and Control Plan is addressed during the orientation of a new employee.
3. As standards are updated, staff must be trained on the amendments.
4. Records of all training are to be kept for a minimum of three years.

Reference: The Federal Register, Department of Labor, Occupational Safety and Health Administration, Part II, December 6, 1991

Title 8 of the California Code of Regulation
General Industry Safety Orders
Chapter 4, Subchapter 7, Article 100, Section 5193
Bloodborne Pathogens/Sharps Injury Prevention

Issued: 2/93

Revised 9/93; 9/96; 6/97; 9/2000; 4/2002, 3/04

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BLOOD AND/OR BODY FLUID EXPOSURE

I. PURPOSE

The most obvious concern for employees who have incurred needle sticks or other body fluid exposures is infection with Hepatitis B & C viruses and/or Human Immunodeficiency Virus (HIV).

II. OBJECTIVES

The following incidents will be evaluated:

- A. Puncture wounds with needles or other sharp objects contaminated with blood, vaginal secretions, semen, tissue, or any body fluid containing visible blood.
- B. Mucous membrane contamination with saliva, genital secretions, feces, synovial fluid or tissue (if they contain visible blood).
- C. Percutaneous introduction of infective serum or plasma through cuts/lacerations or abrasions.

III. RESPONSIBILITY AND AUTHORITY

A. Employee

- 1. The employee is responsible for initiating the Employee's Claim for Workers' Compensation Benefits form (SCIF 3301, available from the supervisor) and notifying his/her supervisor as soon as possible.

IV. ADMINISTRATION OF POLICY

- A. The UC physician will determine whether the exposed person will be managed at the Student Health Services (SHS) or the Emergency Department at PVMC (followed by a referral to a specialist if indicated). Many exposed employees will be referred to the Emergency Department as the procedure has become more complex, expensive and time-consuming. SHS does not have same-day HIV testing capabilities and may not have the medicines to complete care (e.g. Hepatitis B immune globulin). SHS Pharmacy does not stock anti-HIV drugs.

- B. The UC Physician will evaluate the incident for any infectious risk and will seek the assistance of an UC nurse in implementing the evaluation and treatment plan.
1. The Lead Physician and the Clinical Coordinator are available for consult.
- C. The UC Physician will initiate testing and appropriate treatment for post-exposure prophylaxis (including Tetanus immunization), according to current CDC guidelines and Student Health Services policy.
1. The Urgent Care Physician managing the situation may choose to order on the exposed person:
 - a. A HBsAb quantitative and a baseline HIV Antibody test..
OR
 - b. Follow the guidelines on pages 1520 and 1521 about which tests to order on the exposed person.
 - c. Follow-up blood testing on the exposed person, if any, will be decided by the Urgent Care physician.
 2. The UC physician will make an effort to have blood drawn from the “source person” immediately. The source person’s blood will be tested for HBsAg, Hepatitis C antibody and HIV antibody. Pre and post-test counseling for HIV antibody testing will be provided which will include risk factor assessment for blood-borne pathogens.
 3. If the source person is low risk for HIV infection and no anti-HIV drugs are indicated, the incident can be managed at the Student Health Services.
 4. If the source person is high risk for HIV infection and anti-HIV drugs are indicated, the UC physician will request the Laboratory to draw two tubes of blood from the source person. Send the employee who has been exposed AND one vial of blood from the source person to Pomona Valley Medical Center Emergency Department. The Laboratory at PVMC has a one hour HIV test that can be done on source blood only.
 - a. The vial of blood taken to PVMC must be labeled as “source blood”.
 - b. Transport the vial in a zip-lock plastic bag.
 - c. The second vial of blood will be sent to our reference laboratory for testing for Hepatitis B surface Antigen, Hepatitis C antibodies, and HIV antibodies.
 5. The Emergency Department physician will prescribe anti-HIV medications based on the test results. The charges for this visit should be sent to the

Director of Student Health Services, 3801 West Temple Avenue, Pomona, CA 91768.

V. Required Reporting of Injury

A. All forms requiring completion are Cal Poly forms except the State of California Workers' Compensation Form "Employee's Claim for Workers' Compensation Benefits."

1. The State of California Workers' Compensation Forms are kept in SHS Department Secretary's Office.
2. The Sharps Injury Form is kept in Urgent Care in a red binder behind the nurses' chairs.
3. All other forms are kept at the SHS Front Desk (Receptionist).
4. Distribution of forms and copies listed on each form.

B. Student Health Services employees:

1. Medical Service Order to be completed by supervisor and Urgent Care physician.
2. Industrial Accident Injury Report to be completed by employee and Urgent Care physician.
3. Manager's/Supervisor's Report of Employee Injury or Illness to be completed by supervisor or manager.
4. Sharps Injury Log to be completed by the supervisor and the employee.
5. Employee's Claim for Workers' Compensation Benefits to be completed by the employee and the supervisor.

- a. The green copy of this form is the "Employee's Temporary Receipt" and must be completed and given to the employee within 24 hours of receipt.

C. Other Cal Poly Faculty or Staff

1. Medical Service Order completed as above.
2. Industrial Accidental Injury Report completed as above.

D. Cal Poly Students

1. Student Accident Injury Report to be completed by student.

VI. MANAGEMENT

A. Management of Possible Exposure to Hepatitis B Virus

	Treatment		
Vaccination and antibody response status of exposed workers*	Source HbsAg ⁺ positive	Source HbsAg ⁺ negative	Source unknown or not available for testing
Unvaccinated	HBIG [§] x 1 and initiate HB vaccine series [¶]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder ^{††}	HBIG x 1 and initiate revaccination or HBIG X 2 ^{§§}	No treatment	If known high risk source, treat as if source were HbsAg positive
Antibody response unknown	Test exposed person for anti-HBs ^{¶¶} 1. If adequate, ** no treatment is necessary 2. If inadequate, ^{††} administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, **no treatment is necessary 2. If inadequate, ^{††} administer vaccine booster and recheck titer in 1-2 months

*Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[§] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[¶] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HbsAg (i.e., anti-HBs \geq 10 mIU/mL).

^{††} A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

^{§§} The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^{¶¶} Antibody to HbsAg.

B. Management of Possible Exposure to Hepatitis C Virus (HCV)

The following are recommendations for follow-up of possible HCV exposures:

1. For the source, perform testing for anti-HCV.
2. For the person exposed to an HCV-positive source
 - a. perform baseline testing for anti-HCV and ALT activity; and
 - b. perform follow-up testing (e.g., at 4-6 months) for anti-HCV and ALT activity.
3. Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing (e.g., recombinant immunoblot assay [RIBA™]).

IG and antiviral agents are not recommended for post-exposure prophylaxis to HCV-positive blood. In addition, no guidelines exist for administration of therapy during the acute phase of HCV infection. However, limited data indicate that antiviral therapy might be beneficial when started early in the course of HCV infection. When HCV infection is identified early, the person should be referred for medical management to a specialist knowledgeable in this area.

SOURCE: adapted from CDC, MMWR June 29, 2001

*Copy of this policy can also be found in the Nursing Policy and Procedure Manual
Revised 2/99, 5/00, 01/01, 02/02, 10/02, 01/03, 08/03, 03/04, 10/06