



STUDENT HEALTH SERVICES  
Medical University of South Carolina  
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## Protocol for All Blood Borne Pathogen Exposures (Universal)

### 1. TREATMENT OF EXPOSURE – IMMEDIATE:

- Percutaneous Injuries (punctures, lacerations) – Wash with Soap and Water for 5 minutes.
- Non-intact Skin (open abrasions, cuts). Wash with Soap and Water for 5 minutes.
- Mucous membranes (splashes to eyes, mouth, etc.): Flush extensively with water or saline for 15 minutes.

**2. REPORT THE EXPOSURE ASAP to your clinical supervisor.** Students on MUSC Campus or MUSC- Affiliated Sites are to call Student Health Services immediately (843) 792-3664. Follow the clinical protocol for your clinical site – see listed protocols for specific clinical locations on the Student Health webpage under **Blood Borne Pathogen Exposures**.

**3. LAB TESTING ON SOURCE: Make sure the source patient remains available to have their blood drawn and sent for STAT labs (HIV, Hepatitis B Surface Antigen, Hepatitis C Antibody).** HIV results on the source patient should ideally be known within 1-2 hours of the exposure, in the event antiviral treatment needs to be initiated.

### 4. DOCUMENTATION OF EXPOSURE after steps 1-3 completed

- Complete documentation for the exposure on the form(s) specific to your clinical site.
- Complete the online MUSC ACORD form: <https://www.carc.musc.edu/acord/>
  - Click on the link: “Online ACORD Form”
  - Use your MUSC ID and password.
  - For “Employer” there is a drop down menu - > Click “MUSC Student”
  - Complete the ACORD Form
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### 5. FOLLOW UP OF RESULTS

- Lab testing on the source patient should be run STAT with results ideally available within 1-2 hours of the exposure. When there will be a delay in determination of the HIV status of the source patient, initiation of empiric antiviral medications for post-exposure prophylaxis should be considered.

**Source Patient Baseline Labs (HIV, HBsAg, HCV) all negative:** When source patient’s tests are negative for blood borne pathogens (HIV, Hepatitis B, Hepatitis C), then immediate baseline lab testing on the student is not necessary in most cases. If the student wishes to document their baseline serologic status (HIV, HCV) after an exposure, these labs can be drawn at Student Health Services within 2 days of the exposure. A negative test (HIV or HCV) at the time of the exposure will only demonstrate that the exposed student was not previously infected. It will not determine whether or not viral transmission occurred from the exposure. It is mandatory for all MUSC students to have received the hepatitis B vaccine series prior to clinical coursework and have a post-vaccine Hepatitis B Surface Antibody titer (HBsAb) to determine if they developed the desired immunity from the vaccine series. If this HBsAb is positive/immune, then this test **does not** need to be repeated in the event of a subsequent exposure (and doing so may incur unnecessary expense to the student and/or institution). MUSC students can view their immunizations and antibody titers @ <https://lifenet.musc.edu> using their MUSC Net ID and password.

**Blood Borne Pathogen (+) Source Patient – protocol includes:**

- **HIV + Source Patient** – the risk of HIV transmission from a percutaneous exposure (needle stick, puncture wound, etc.) is estimated to be 3 in 1,000. The transmission risk of a blood splash to the mucus membranes (eye, nose, mouth) is lower (~ 1 in 1,000). Early studies in the 1990's showed reduced maternal-infant transmission of HIV from 25% to 8% with a single antiviral agent (ZDV). Combinations of multiple newer antiviral agents have reduced perinatal HIV transmission to < 2%, and it is inferred that similar efficacy can be achieved with immediate initiation of post-exposure prophylaxis. If indicated, anti-viral medication should ideally be started on the exposed student within 2 hours of the exposure, and continued for 28 days. The healthcare provider at Student Health will discuss with the student the benefits and risks of anti-viral medications, as well as the lab protocol for monitoring the student.
- **Hepatitis B Surface Antigen + Source Patient** - For students who completed the hepatitis B vaccine series and have a post-vaccine immune antibody titer (HBsAb  $\geq$  10 mIU/mL), no further action is necessary. For students who have not completed the hepatitis B vaccine series or did not develop immunity after completing the vaccine series, Hepatitis B Immune Globulin (HBIG) should be given as soon as possible, and repeated 1 month later. Unimmunized students should additionally receive the Hepatitis B vaccine series.
- **Hepatitis C + Source Patients:** When the source patient is infected with hepatitis C, then the risk of Hepatitis C transmission from a percutaneous injury is estimated to be close to **0.2%**, though may be higher from a hollow-bore needle. There is 0 % chance of hepatitis C transmission from a mucocutaneous splash. Immediate post-exposure prophylaxis is not currently recommended for persons sustaining a BBP exposure from a source infected with hepatitis C. The exposed student should have a baseline hepatitis C antibody and ALT drawn within a few days of the exposure (which can be drawn at Student Health for students in Charleston). Protocol labs on the student will be monitored at regular intervals over the following 4-6 months to detect whether or not hepatitis C transmission occurred. If viral transmission does occur during follow up monitoring, there are anti-viral medications that can be initiated that are highly effective at eradicating the infection.