


2286 POST EXPOSURE EVALUATION AND FOLLOW-UP	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-10
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): _____ Bridges' Screen(s) and Attachment(s): _____

In the case of an incident of exposure to potentially infectious blood-borne pathogens, the following procedure for post-exposure evaluation and follow-up has been established for both residents and staff of the SYSC.

Purpose

The purpose of this policy is to establish the SYSC post exposure evaluation and follow-up procedure.

Procedure

I. Exposure and Fluid Type

- A. Identify the source of the exposure and fluid type as follows:
 - 1. Fluid type (blood, semen, vaginal secretions, saliva, other internal body fluids).
 - 2. Used needle, glass, razor blade, or other type of sharp object that has been exposed to blood or body fluids.
 - 3. Waste (treated or untreated).
 - 4. Nosebleed.
 - 5. Intercourse.

II. Source Individual

- A. Identify the source individual involved as follows:
 - 1. Known.
 - 2. Unknown.

III. Route of Exposure

- A. Identify the route of the exposure as follows:
 - 1. Needle-stick, puncture, laceration, bite.

2. Body fluid contact to skin with breaks, cuts, sores, rashes, etc.
3. Body fluid contact with eyes, nose, mouth.

IV. **Source of Exposure**

- A. Identify the source of exposure in the following manner:
 1. Treated/untreated waste:
 - (a) Treated medical waste (after autoclave or incineration): requires first aid only.
 - (b) Untreated or unknown status medical waste.
 2. Source individual (source of needle, blood, or body fluid).
 - (a) Unknown: go to Section V.
 - (b) Known:
 - (1) Refuses to be tested: contact Manager of Health Services and go to Section V.
 - (2) Both resident and parent/legal guardian consent to testing (HBV, HCV, HIV).

V. **Exposure Protocol**

- A. The SYSC exposure protocol is as follows:
 1. First aid: immediately clean and protect the wound.
 2. Check the immunization status of the resident and source if known (i.e., tetanus, HBV, etc.).
 3. Contact the parent/legal guardian to notify them of the incident and request permission for baseline testing if appropriate.
 4. Contact SYSC physician and/or Elliot Hospital Emergency Room and explain the incident and obtain necessary orders.
 5. Provide exposure incident counseling.
 - (a) Resident and parent/legal guardian are informed that:
 - (1) Potential risk of HIV, HBV, or HCV infection is very low.
 - (2) Any medical condition(s) resulting from the incident that would require further evaluation or treatment (i.e., infection from a bite).

- (3) In all phases of the follow-up, medical information will be kept confidential.
- (4) Need for baseline HIV, HBV, and HCV blood testing and immunization therapy, as needed.
- (b) Resident is advised, during the follow-up period:
 - (1) To report to the Medical Department any illness that occurs, particularly if fever, rash, fatigue, swollen glands, or flu-like symptoms develop.
 - (2) To abstain from, or use protective measures during, sexual intercourse.
 - (3) To abstain from breast-feeding (if female and appropriate).
 - (4) To ask nurses any questions or concerns that arise.
 - (5) To keep all the follow-up and/or scheduled appointments.

VI. Testing

- A. Resident and Parent/Legal Guardian Consent to Baseline Testing after exposure shall be as follows:
 - 1. Refusal of testing: document.
 - 2. Consent to testing document and proceed.

VII. Follow-Up Procedures

- A. The follow-up procedure for exposure is as follows:
 - 1. HBV Precautions
 - (a) Assess current status (vaccination, pre-existing immunity):
 - (1) Immunity confirmed: no action required.
 - (2) Confirmation unavailable: test for anti-HBs.
 - (3) Immunity not confirmed:
 - (i) Physician should give HB Immune Globulin.
 - (ii) Initiate HBV vaccine series.
 - 2. HCV Precautions
 - (a) Test for anti-HCV at baseline and at 6-month follow-up, and for ALT activity.

3. Tetanus Precautions

(a) Assess current status:

- (1) Booster received within last 5 years: no action.
- (2) Booster required if more than 5 years: get physician's order; document date given.
- (3) If never received tetanus/diphtheria primary series, which is rare, then initiate series, with physician's order: initial dose, at 2 months, and at 6 months to 12 months.

VIII. Testing Status

A. Information regarding testing status of the source of exposure is as follows:

1. All requests for testing results of source by resident or parent/legal guardian should be referred to the Manager of Medical Services.

IX. Media

A. Any media release shall be first approved by the Director and then the Public Information Office of the Department.