

Effective: 02/2016
Reviewed: 02/2016

**Report of Occupational Exposure
Health Services Policy B-14.5
Attachment A**

A unit healthcare provider will complete this form. When complete, fax this form to TDCJ Office of Public Health Occupational Exposure Program Coordinator at 936-437-3572.

Employee Name: _____ **Unit:** _____
Job Title: Security Medical Other _____ **Extended Title (LVN, COIII, etc.)** _____
Date of Exposure: _____ **Time of Day:** _____
Race: W B H O **Sex:** M F
Date of Birth: _____ **Home Phone:** _____
Address: _____ **City/ZIP:** _____
Last 4 digits of SSN: _____

Briefly describe how exposure occurred (BE SPECIFIC!):

Indicate part of the body affected:

Was necessary protective equipment worn? YES NO Describe:
Did employee report to medical immediately? YES NO If no, why? _____

Describe treatment received (BE SPECIFIC!): _____

Td booster given?: YES NO Date: _____ **Employee have history of HBV Vaccine? YES NO**
(Td booster is only given if circumstances of the exposure warrant it (i.e., percutaneous injury)
Did employee sign consent form/receive the hepatitis B vaccine as a result of this exposure? YES NO

Was the employee started on HIV post-exposure prophylaxis (PEP)? YES NO

Did the employee receive the hepatitis B immune globulin (HBIG) injection? YES NO

Source's Name: _____ **TDCJ#:** _____

HIV status of source: Positive Negative Refused Must be tested Unknown inmate
HBV status of source: Positive Negative Refused Must be tested Unknown inmate
HCV status of source: Positive Negative Refused Must be tested Unknown inmate

(Employee is not entitled to information regarding source's test results except when allowed under Procedure II.C.2.c.)

Submitted by: _____ **Title:** _____

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**Consent for HIV Antibody Testing
CMHC Policy B-14.5
Attachment B**

TO THE EMPLOYEE: THE INFORMATION IN THIS CONSENT FORM IS PROVIDED SO THAT YOU CAN BE BETTER INFORMED ABOUT THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST. AFTER YOU ARE SURE THAT YOU UNDERSTAND THE INFORMATION THAT WILL BE GIVEN TO YOU AND YOU DESIRE TO TAKE THE TEST, YOU MUST SIGN THIS FORM TO INDICATE THAT YOU UNDERSTAND AND CONSENT TO THE HIV TEST.

Last Name: _____ First Name: _____

Date of Birth: _____ Unit: _____

I experienced an occupational exposure on _____ that may put me at risk of contracting the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

I understand that the test that will be used is an *antibody* test that detects the presence of antibodies to the HIV virus but not the virus itself. I understand that the test uses a sample of blood that will be taken from a vein in my arm. I understand that if the first test is positive, additional tests will be done on the blood sample. I further understand that I will be considered to be infected with the HIV virus only after three separate tests done on the sample of blood I provided confirm that HIV antibody is present.

I understand that if I am informed that all my test results are positive, I have probably been infected with HIV. I understand that knowing the test results will help me to make important decisions in my everyday life and that this information will be helpful to my healthcare providers.

I also understand that a small percentage of tests may give a "false-positive" or a "false-negative" result. I understand that a "false-positive" result means that a test has incorrectly indicated that I am infected with HIV, when in fact, I am not. I understand that a "false-negative" result means that a test has incorrectly indicated that I have not been infected with HIV, when in fact, I have been. I understand that a small percentage of results can be inconclusive and may require re-testing after a period of time.

I have had the opportunity to ask questions about the tests, including the risks and benefits of taking these tests. Any questions I have about the tests have been answered to my satisfaction. I understand that the State of Texas has not warranted the accuracy of the test results.

I understand that under the laws of the State of Texas, HIV testing is strictly confidential and disclosure can be made to physicians, nurses, or other healthcare providers who have a *legitimate need to know* the result(s) in order to provide for their own protection and to provide for my health and welfare. My records will be handled in a confidential manner and personnel handling records have been advised of the law addressing confidentiality in Texas.

This form has been explained to me. I have read it and understand its meaning. All the blanks were filled in before I signed it.

Employee Signature

Date

Counselor's Name (PRINT)

Counselor's Signature

**Post-Exposure Prophylaxis Hub Units
 CMHC Policy B-14.5
 Attachment D**

UTMB Sector			
Region 1	Region 2	Region 3	Inpatient
Bartlett (Bartlett)	Beto* (Tennessee Colony)	Gib Lewis* (Woodville)	Estelle* (Huntsville)
Briscoe* (Dilly)	Boyd (Teague)	Jester 3 (Richmond)	Skyview (Rusk)
McConnell* (Beeville)	Bradshaw (Henderson)	Lychner (Humble)	Young* (Texas City)
Halbert* (Burnet)	Bridgeport (Bridgeport)	Pack (Navasota)	
Hobby (Marlin)	C. Moore* (Bonham)	Plane (Dayton)	
Hughes* (Gatesville)*	Hutchins (Dallas)*	Polunsky (Livingston)	
Segovia* (Edinburg)	Telford* (New Boston)	Stiles* (Beaumont)	
Stevenson (Cuero)		Terrell* (Rosharon)	
Travis County* (Austin)			

Texas Tech Sector	
Northern Region	Southern Region
Allred*	Daniel
Clements* (also serves Neal)	Havins
Dalhart	Lynaugh (also serves Ft. Stockton)
Formby (also serves Wheeler)	Montford*
Jordan (also serves Baten)	Robertson* (also serves Middleton)
Roach	Rudd
Tulia	Sanchez
	Sayle
	Smith
	Wallace (also serves Ware)

* Indicates UTMB and Texas Tech hub sites that are stocked with HBIG.

**CMHC Policy B-14.5
 Attachment E**

Recommended post exposure prophylaxis for percutaneous or permucosal exposure to hepatitis B virus, United States[#]

Vaccination and antibody response status of exposed person	Treatment when source is...		
	HBsAg* Positive	HbsAg Negative	Source not tested or status unknown
Unvaccinated	HBIG [§] x 1; initiate Hepatitis B vaccine series	Initiate Hepatitis B vaccine series	Initiate Hepatitis B vaccine series
Previously vaccinated: Known responder ^{&}	No treatment	No treatment	No treatment
Known non-responder	HBIG x 2 <i>or</i> HBIG x 1 and initiate revaccination	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 2. If inadequate ^{&} , HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate ^{&} , no treatment 2. If inadequate ^{&} , initiate revaccination

* Hepatitis B surface antigen
 § HBIG = Hepatitis B immune globulin; dose 0.06 mL/kg intramuscularly.
 & Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen (i.e., anti-HBs ≥ 10 mIU/mL); inadequate response to vaccination defined as serum anti-HBs < 10 mIU/mL.
 ** Antibody to hepatitis B surface antigen.
 # MMWR, Vol. 46; No.RR-18

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**Employee Decline of Occupational Exposure Counseling and Testing
CMHC Policy B-14.5
Attachment F**

This form **and** a "Report of Occupational Exposure" form (Attachment A) shall be completed and faxed to the TDCJ Office of Public Health Occupational Exposure Program Coordinator (936-437-3572) if an employee declines participation in the Occupational Exposure Program.

PRINT Name: _____

Date of Birth: _____ **Today's date:** _____

The Texas Department of Criminal Justice Office of Public Health was informed that on _____ (date of exposure), you experienced an occupational exposure.

As a result, you were offered the opportunity to receive — free of charge and on state time — diagnostic serologic screening, examination and pre- and post-test counseling for suspected and/or potential exposure to the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and the hepatitis C virus (HCV).

Pre-test counseling was offered by your unit medical department, and you were informed that the follow-up screening, examination and post-test counseling would also be arranged on the unit.

It is the understanding of the medical department that you have chosen not to seek any follow-up. When you make this decision we are required to document that you were offered these options but chose not to receive them. Please sign the statement below. This form will be sent to the TDCJ Office of Public Health where it will be retained in your medical record.

I decline post-exposure counseling and testing through TDCJ's Occupational Exposure Program. I understand that if a baseline blood test is not obtained within 10 days of the exposure I may not be eligible for Workers' Compensation benefits, even if I become ill at a later date. I also understand that if I experience an occupational exposure in the future, signing this form at this time will not jeopardize my eligibility for future testing.

Employee Signature: _____ **Date:** _____

Witness signature: _____ **Date:** _____

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**Prescription for HBIG and Hepatitis B Vaccine
CMHC Policy B-14.5
Attachment G**

Texas Department of Criminal Justice

Transmitted to: UTMB CMC Pharmacy
2400 Avenue I, Huntsville, Texas 77340
Phone: 936-437-5300
Email: utmbcmc.pharmacyRX4employee@utmb.edu

Transmitted by: _____ Date Transmitted: _____
(Name of Person Transmitting Prescription)

Name: _____ Date Written: _____
Unit of Assignment: _____ Date of Birth: _____
HUB Unit: _____ Employer: _____

- Rx**
- (1) Hepatitis B Immune Globulin HBIG
Dose = 0.06ml x (body weight in **Kg.**) = _____ mls
 - (2) Hepatitis B Vaccine Recombinant 20mcg/ml
1 ml vial

Provider's Signature: _____ Provider's DEA#: _____
Provider's Address: _____ Provider's Telephone: _____

Note: Use the formula below to calculate weight in kilograms (Kg) when determining the dose of HBIG.

$$\frac{\text{(current weight in lbs.)}}{2.2} = \text{(weight in Kg)}$$

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Texas Department of Criminal Justice
Six-Day HIV Prophylaxis Prescription
CMHC Policy B-14.5
Attachment H-1

Transmitted to: UTMB CMC Pharmacy
2400 Avenue I, Huntsville, Texas 77340
Phone: 936-437-5300
Email: utmbcmc.pharmacyRX4employee@utmb.edu

Transmitted by: _____
(Name of Person Transmitting Prescription)

Date Transmitted: _____

Name: _____

Date Written: _____

Unit of Assignment: _____

Date of Birth: _____

HUB Unit: _____ Employer: _____

Rx

Bag 1 (Days 1-3)	Take each bottle's dose two times daily for 3 days then begin bag 2.
(1)	Lamivudine 150mg tablets Disp #6 Take 1 tablet orally two (2) times daily
(2)	Zidovudine 300mg tablets Disp #6 Take 1 tablet orally two (2) times daily with food
(3)	Kaletra 200mg/50mg Disp #12 Take 2 tablets orally two (2) times daily

Bag 2 (Days 4-6)	Take each bottle's dose two times daily for 3 more days for a total of 6 consecutive days.
(4)	Lamivudine 150mg tablets Disp #6 Take 1 tablet orally two (2) times daily Do NOT take until bottle 1 is finished
(5)	Zidovudine 300mg tablets Disp #6 Take 1 tablet orally two (2) times daily with food Do NOT take until bottle 2 is finished
(6)	Kaletra 200mg/50mg Disp #12 Take 2 tablets orally two (2) times daily Do NOT take until bottle 3 is finished

Do Not Refill

Provider's Signature: _____

Provider's DEA#: _____

Provider's Address: _____

Provider's Telephone: _____

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Texas Department of Criminal Justice
22-Day HIV Prophylaxis Prescription
CMHC Policy B-14.5
Attachment H-2

Transmitted to: UTMB CMC Pharmacy
2400 Avenue I, Huntsville, Texas 77340
Phone: 936-437-5300
Email: utmbcmc.pharmacyRX4employee@utmb.edu

Transmitted by: _____ Date Transmitted: _____
(Name of Person Transmitting Prescription)

Name: _____ Date Written: _____

Unit of Assignment: _____ Date of Birth: _____

HUB Unit: _____ Employer: _____

Rx

- (1) Lamivudine 150mg tablets
Disp #44
Take 1 tablet orally two (2) times daily
- (2) Zidovudine 300mg tablets
Disp #44
Take 1 tablet orally two (2) times daily with food
- (3) Kaletra 200mg/50mg
Disp #88
Take 2 tablets orally two (2) times daily

Do Not Refill

Provider's Signature: _____ Provider's DEA#: _____

Provider's Address: _____ Provider's Telephone: _____

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Texas Department of Criminal Justice
Employee Prescription Log
CMHC Policy B-14.5
Attachment I

Email to the UTMB CMC Pharmacy when complete at utmbcmc.pharmacyRX4employee@utmb.edu.

Unit: _____

Date Shipped by Pharmacy: _____

Container Number	RX Number	Date Received ¹	Drug	QTY	Date Dispensed ²	Employee Name & Date of Birth ²	Physician Signature ²
1			Lamivudine 150mg	6			
2			Zidovudine 300mg	6			
3			Kaletra 200mg/50mg	12			
4			Lamivudine 150mg	6			
5			Zidovudine 300mg	6			
6			Kaletra 200mg/50mg	12			

1. Completed by unit on date received.
2. Completed by unit when given to patient (i.e., the employee)

**Occupational Exposures to Bloodborne Pathogens
Provider Checklist
CMHC Policy B-14.5
Attachment K**

If it is necessary for an employee to be sent to a non-TDCJ facility for treatment following an occupational exposure, this packet (Attachments K through K-5b) should be given to the freeworld practitioner.

PRACTITIONER: To ensure proper payment, please follow these guidelines. If you have questions please contact TDCJ Office of Public Health Occupational Exposure Program Coordinator (936-437-3567) during normal business hours.

- Provide necessary medical care to treat the injury.
- Use the enclosed laboratory testing form (Attachment K-2) as a reference.
- If indicated, use TDCJ Occupational Exposure Prescription Form (Attachment K-3) to prescribe enough medication to last until the employee's follow-up appointment or the source's results are received. These drugs are the recommended ones, but the form should not be construed to override clinical judgment. If these drugs are prescribed, the employee can receive them from the closest TDCJ hub unit free of charge.
- Complete the enclosed BBP Exposure Notification Form (Attachment K-1) and FAX it, along with completed Attachments K-2 and K-3 to TDCJ Office of Public Health (936-437-3572).
- Refer to Attachments K-5a and K-5b for guidelines regarding post-exposure prophylaxis (PEP).
- Provide the employee with the enclosed patient education information (Attachment K-4).
- After initial evaluation, refer employee back to the unit medical department for follow-up.**
- Reimbursement will be for reasonable and customary charges for authorized or medically necessary tests as noted in enclosed information. Any additional charges for testing will not be reimbursed. (This restriction is not intended to limit medically necessary testing and treatment of injuries sustained by the employee.) Submit requests for payment to:

Texas Department of Criminal Justice
Office of Risk Management
P.O. Box 99
Huntsville, TX 77342-0099

Included Attachments:

- K-1 Bloodborne Pathogens (BBP) Occupational Exposure Notification Form
- K-2 Laboratory Testing Form
- K-3 TDCJ Occupational Exposure Prescription Form
- K-4 Patient Education Information
- K-5a,b Post-Exposure Prophylaxis (PEP) Guidelines

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**Bloodborne Pathogens (BBP) Occupational Exposure Provider Statement
CMHC Policy B-14.5
Attachment K-1**

A health care provider must provide a statement to the employer after evaluating an employee for a bloodborne pathogen exposure. The employee should also be given a copy of the statement.

Form completed by: _____ **Phone:** (____) _____
(Print Name and Credentials)

Facility name: _____

Facility address: _____

City/State: _____ **ZIP:** _____

HUB UNIT: _____ **Employer:** _____

Employee Name: _____ **Unit:** _____

Job Title: Security Medical Other _____ **Extended Title (LVN, COIII, etc.)** _____

Date of Exposure: _____ **Time of Day:** _____

Race: W B H O **Sex:** M F

Date of Birth: _____ **Home Phone:** _____

Address: _____ **City/ZIP:** _____

I have evaluated the employee named above and report the following information:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B vaccine is indicated for this employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B vaccine was administered to this employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | This was a true exposure to blood or other potentially infectious material according to CDC guidelines. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employee has been informed of the results of the evaluation. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employee has been informed of any medical conditions that resulted from the exposure. |
| <input type="checkbox"/> | <input type="checkbox"/> | The evaluation is complete; no further follow-up is needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional follow-up or treatment is needed |
| <input type="checkbox"/> | <input type="checkbox"/> | The employee has been given a copy of this provider statement. |

Signature

Printed name of provider

Date

**Bloodborne Pathogens (BBP) Occupational Exposure Provider Statement
CMHC Policy B-14.5
Attachment K-1a**

Instructions to provider:

1. The definition of a true exposure according to CDC guidelines is:

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

2. If follow-up evaluation or treatments are needed, please refer the patient to the medical department at the facility where they work. The employee may elect to continue follow-up and treatment elsewhere, but it will be at their own expense.

3. If HIV post-exposure prophylaxis is indicated, please administer the first dose of medications. The employee will be provided the rest of the medication at a TDCJ unit. Although we do not wish to override clinical decision making, our recommended post-exposure regimen includes zidovudine, lamivudine and lopinavir/ritonavir (Kaletra) – see the prescription form, Attachment K-3. Please sign this prescription form and send it back with the employee to be filled at the unit, if you choose to use our recommended regimen. If you choose an alternative regimen, please provide the employee with a prescription for a 6-day supply. We will continue the regimen for a total of 28 days if indicated based on results of baseline testing of the employee and the source.

**Laboratory Testing Form
CMHC Policy B-14.5
Attachment K-2**

CONFIDENTIAL / EMPLOYEE

Employee Name: _____ DOB: _____

Sex: Male Female

Race: W B H O

Employee ID or TDCJ last 4 digits of SSN: _____

Physician's Name: _____ Collection Date/Time: _____

Facility Name: _____ **Collected By:** _____

To the practitioner: The following tests are reasonable for employees who have experienced an occupational exposure and will be reimbursed by the Texas Department of Criminal Justice:

Exposure Profile/Serology

- HIV Antibody
- HCV Antibody
- HBs Antigen
- HBs Antibody

Chemoprophylaxis Profile/Hematology (To be done only in the event that HIV chemoprophylaxis is prescribed.)

- CBC w/Differential

Chemoprophylaxis Profile/Chemistry

- RENAL PANEL
- Urea Nitrogen
- Creatinine
- Uric Acid
- LIVER PANEL
- ALT
- AST
- Bilirubin, Total
- Pregnancy, Qualitative (hCG) {Females only}
- Fasting glucose (if a protease inhibitor is prescribed)

Specimen Collection Instructions:

- Please clearly label each tube to include complete patient information.
- Fax Report of Occupational Exposure Form to Office of Public Health as soon as possible: (936) 437-3572.

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Texas Department of Criminal Justice
TDCJ Occupational Exposure Prescription Form
CMHC Policy B-14.5
Attachment K-3

EMPLOYEE SHALL TAKE THIS PRESCRIPTION BACK TO THE UNIT MEDICAL DEPARTMENT TO BE FILLED BY THE UTMB CMC PHARMACY.

Transmitted to: UTMB CMC Pharmacy
2400 Avenue I, Huntsville, Texas 77340
Phone: 936-437-5300
Email: utmbcmc.pharmacyRX4employee@utmb.edu

Transmitted by: _____
(Name of Person Transmitting Prescription)

Date Transmitted: _____

Name: _____

Date Written: _____

Unit of Assignment: _____

Date of Birth: _____

HUB Unit: _____

Employer: _____

Rx

Bag 1 (Days 1-3)	Take each bottle's dose two times daily for 3 days then begin bag 2.
(1)	Lamivudine 150mg tablets Disp #6 Take 1 tablet orally two (2) times daily
(2)	Zidovudine 300mg tablets Disp #6 Take 1 tablet orally two (2) times daily with food
(3)	Kaletra 200mg/50mg Disp #12 Take 2 tablets orally two (2) times daily

Bag 2 (Days 4-6)	Take each bottle's dose two times daily for 3 more days for a total of 6 consecutive days.
(4)	Lamivudine 150mg tablets Disp #6 Take 1 tablet orally two (2) times daily Do NOT take until bottle 1 is finished
(5)	Zidovudine 300mg tablets Disp #6 Take 1 tablet orally two (2) times daily with food Do NOT take until bottle 2 is finished
(6)	Kaletra 200mg/50mg Disp #12 Take 2 tablets orally two (2) times daily Do NOT take until bottle 3 is finished

Do Not Refill

Provider's Signature: _____

Provider's DEA#: _____

Provider's Address: _____

Provider's Telephone: _____

Patient Education Information
CMHC Policy B-14.5
Attachment K-4 Page 1

Occupational Exposure to Bloodborne Pathogens

Risk of HIV Infection

The average risk of HIV infection due to all types of reported percutaneous exposures to HIV-infected blood is 0.3 percent (or three out of one thousand). Percutaneous means an exposure to a sharp object that penetrates through the skin.

The risk of catching HIV is greater if the exposure involves a deep injury, if there is visible blood on the device causing the injury, if the device was previously placed in the source-patient's vein or artery or the source-patient has advanced AIDS.

There is a lower risk for exposure to HIV-infected blood in the eyes, mouth or inside of the nose, or to broken skin without a penetrating injury. There is no risk from exposure of blood to intact skin or if the source-patient does not have HIV infection.

Risk of Hepatitis B or Hepatitis C Infection

The average risk of Hepatitis B infection (HBV) for someone who has not been vaccinated against hepatitis B is between 22 and 62 percent after a percutaneous exposure to HBV-infected blood. Most of post-exposure infections occur without developing symptoms, but between one and 31% of unvaccinated persons do become sick after percutaneous exposure to blood containing HBV. If an exposed person was not previously vaccinated against hepatitis B, vaccination soon after exposure can prevent hepatitis B.

The risk of hepatitis C infection (HCV) after percutaneous exposure to HCV-infected blood is between zero and 7 percent, and averages 1.8%.

Treatment with zidovudine, lamivudine and lopinavir/ritonavir

Zidovudine, lamivudine and lopinavir/ritonavir (Kaletra) are offered to employees who have an exposure that might result in transmission of HIV infection within the scope and performance of their duties. Treatment in these circumstances is voluntary. While these drugs are approved for the treatment of HIV infection, the FDA has not approved them specifically for postexposure use, but such use has become common practice and is recommended by the Centers for Disease Control and Prevention (CDC). It is used for certain exposures because there is evidence that the drugs can prevent HIV infection from occurring if they are started within a few hours after an exposure. The CDC goes on to say, "because most occupational exposures to HIV do not result in infection transmission, potential toxicity must be carefully considered when prescribing postexposure prophylaxis (PEP)."

Each of these drugs may be associated with toxic side effects. Common side effects include upset stomach, nausea, vomiting, headache, or diarrhea. Zidovudine can cause nausea or upset stomach, headache or insomnia. This drug can also cause anemia or low white blood cell count. Both lamivudine and zidovudine may rarely cause conditions called lactic acidosis and fatty liver. Symptoms of these conditions include extreme tiredness, unusual muscle pains, difficulty breathing, dizziness or lightheadedness, or rapid heart beat. Lopinavir/ritonavir may cause an increase in blood sugar or cholesterol and triglyceride levels. These side effects are expected to stop when the drugs are discontinued. These drugs may have interactions with other medications, so be sure the prescribing doctor knows about any medical problems you have and any other medication you are on before taking these drugs.

Patient Education Information
CMHC Policy B-14.5
Attachment K-4 Page 2

Occupational Exposure to Bloodborne Pathogens

Blood tests will be done before or within a day or two after starting the drugs, and repeated after two weeks of treatment, to help monitor for side effects.

These drugs are not known to cause birth defects if taken while pregnant, but if you might be pregnant you should discuss the risks and benefits with your doctor as soon as possible. It is recommended that breast feeding NOT be done while on these drugs.

Treatment should normally continue for 4 weeks, unless you are advised to stop earlier. If you are thinking about stopping the drugs early because of side effects, discuss the risks and benefits with the doctor before stopping.

Be sure to report any skin rash, numbness, tingling, stomach or back pain, sore muscles, or severe nausea or diarrhea, or increased thirst or urination.

Routine Occupational Exposure Follow-Up Testing

Baseline blood testing for HIV, HBV and HCV must be done within 10 days after an exposure. Follow-up testing is done six weeks, 12 weeks and six months from the date of exposure.

Special Precautions After an Occupational Exposure

Although the chances that you will become infected are very low, for safety the following precautions are recommended until all of the follow-up blood tests have come back negative:

- Do not share a toothbrush. Gums can bleed easily, getting blood on the toothbrush.
- Do not share razors because blood may go undetected on the blade.
- Do not donate blood, plasma, organs, tissue or semen.
- Avoid becoming pregnant or causing pregnancy until HIV is ruled out.
- Use safe sex practices (latex condoms or abstinence).
- Consider discontinuing breast feeding if you are doing so now.

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**CMHC Policy B-14.5
 Attachment K-5a**

Recommended HIV postexposure prophylaxis (PEP) for percutaneous injuries

Exposure type	<u>Infection Status of Source</u>				
	HIV-Positive Class 1*	HIV-Positive Class 2*	Source of unknown HIV status†	Unknown source§	HIV-Negative
Less severe¶	Recommend PEP	Recommend PEP	Generally, no PEP warranted; however, consider PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider PEP** in settings where exposure to HIV-infected persons is likely	No PEP warranted
More severe§§	Recommend PEP	Recommend PEP	Generally, no PEP warranted; however, consider PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider PEP** in settings where exposure to HIV-infected persons is likely	No PEP warranted

* HIV- Positive, Class 1 — asymptomatic HIV infection or known low viral load (e. g., <1,500 RNA copies/ mL). HIV- Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face- to- face counseling, resources should be available to provide immediate evaluation and follow- up care for all exposures.

† Source of unknown HIV status (e. g., deceased source person with no samples available for HIV testing).

§ Unknown source (e. g., a needle from a sharps disposal container).

¶ Less severe (e. g., solid needle and superficial injury).

** The designation “consider PEP” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

†† If PEP is offered and taken and the source is later determined to be HIV- negative, PEP should be discontinued.

§§ More severe (e. g., large- bore hollow needle, deep puncture, visible blood on device, or needle used in patient’s artery or vein).

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Source: MMWR 54(RR-9), 9/30/05, page 3. This Table differs from the MMWR source because a two-drug PEP regimen is not recommended in TDCJ.

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**CMHC Policy B-14.5
 Attachment K-5b**

Recommended HIV postexposure prophylaxis (PEP) for mucous membrane and nonintact skin* exposures

Exposure type	Infection Status of Source				
	HIV- Positive Class 1 [†]	HIV- Positive Class 2 [†]	Source of unknown HIV status [§]	Unknown source [¶]	HIV-Negative
Small volume ^{**}	Consider PEP ^{††}	Recommend PEP	Generally, no PEP warranted; however, consider PEP ^{††} for source with HIV risk factors ^{§§}	Generally, no PEP warranted; however, consider PEP ^{††} in settings where exposure to HIV-infected persons is likely	No PEP warranted
Large volume ^{¶¶}	Recommend PEP	Recommend PEP	Generally, no PEP warranted; however, consider PEP ^{††} for source with HIV risk factors ^{§§}	Generally, no PEP warranted; however, consider PEP ^{††} in settings where exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e. g., dermatitis, abrasion, or open wound).
[†] HIV- Positive, Class 1 — asymptomatic HIV infection or known low viral load (e. g., <1,500 RNA copies/ mL). HIV- Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.
[§] Source of unknown HIV status (e. g., deceased source person with no samples available for HIV testing).
[¶] Unknown source (e. g., splash from inappropriately disposed blood).
^{**} Small volume (i. e., a few drops).
^{††} The designation, “consider PEP,” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.
^{§§} If PEP is offered and taken and the source is later determined to be HIV- negative, PEP should be discontinued.
^{¶¶} Large volume (i. e., major blood splash).

Effective: 02/2016
Reviewed: 02/2016

Source: MMWR 54(RR-9), 9/30/05, page 3. This Table differs from the MMWR source because a two-drug PEP regimen is not recommended in TDCJ.

Effective: 02/2016
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CMHC Policy B-14.5
Attachment L
Request for Testing an Offender for Communicable Disease

Chapter 81.050 of the Texas Health and Safety Code allows a correctional employee to request testing of an offender for certain communicable diseases when a bona fide exposure has occurred that could result in transmission of that disease. The determination of a bona fide exposure is upon the judgment of the Director, TDCJ Health Services Division or his/her designee, and cannot be appealed. If testing is done under this statute, the exposed employee can be informed of the results of the offender's tests. However, that employee is bound by confidentiality laws and may be criminally or civilly liable if he or she divulges that information to others without the offender's consent.

Offender: _____ TDCJ Number: _____

Circumstances of exposure:

I certify that the foregoing is true and request testing of the named offender for communicable diseases, and to be informed of the results of those tests. I understand that I am not permitted to divulge those results to anyone else without the offender's permission, and may be subject to disciplinary action or criminal or civil liability if I do divulge those results.

Employee's name (please print)

DOB

Employee's signature

Date

Office Use Only

- I have reviewed this exposure and find that it meets CDC criteria for a bona fide bloodborne pathogen exposure. (Form will be faxed to Public Health for concurrence)
- I have reviewed this exposure and find that it **DOES NOT** meet CDC criteria for a bona fide bloodborne pathogen exposure. (Offender will not be tested)
- I am unable to determine whether this exposure meets CDC criteria and request determination by the Director of Health Services (or designee).

Signature of ICN Nurse

Date

- This exposure meets CDC criteria for a bona fide bloodborne pathogen exposure. (Offender will be ordered to be tested)
- This exposure **DOES NOT** meet CDC criteria for a bona fide bloodborne pathogen exposure. (Offender will not be tested)

_____ Director of Health Services (or designee) Date _____

CMHC Policy B-14.5
Attachment M
Texas Health and Safety Code 81.107
Exposure of Health Care Worker

This is the law on testing source patients without consent. Note that the reference to section 81.102 is incorrect – it should be 81.102(a)(5)(D). Apparently section 81.102 was changed and the references to it were left unchanged.

Sec. 81.107. Consent to Test for Certain Accidental Exposures

(a) In a case of accidental exposure to blood or other body fluids under Section 81.102(a)(4)(D), the health care agency or facility may test a person who may have exposed the health care worker to HIV without the person's specific consent to the test

(b) A test under this section may be done only if:

(1) the test is done according to protocols established as provided by Section 81.102(c); and

(2) those protocols ensure that any identifying information concerning the person tested will be destroyed as soon as the testing is complete and the person who may have been exposed is notified of the result

(c) A test result under this section is subject to the confidentiality provisions of this chapter

Added by Acts 1991, 72nd Leg., ch. 14, Sec. 28, eff. Sept. 1, 1991

Sec. 81.102. Tests; Criminal Penalty

(a) A person may not require another person to undergo a medical procedure or test designed to determine or help determine if a person has AIDS or HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS unless:

(1) the medical procedure or test is required under Subsection (d), under Section 81.050, or under Article 21.31, Code of Criminal Procedure;

(2) the medical procedure or test is required under Section 81.090, and no objection has been made under Section 81.090(l);

(3) the medical procedure or test is authorized under Article 21.21-4, Insurance Code;

(4) a medical procedure is to be performed on the person that could expose health care personnel to AIDS or HIV infection, according to board guidelines defining the conditions that constitute possible exposure to AIDS or HIV infection, and there is sufficient time to receive the test result before the procedure is conducted; or

(5) the medical procedure or test is necessary:

(A) as a bona fide occupational qualification and there is not a less discriminatory means of satisfying the occupational qualification;

(B) to screen blood, blood products, body fluids, organs, or tissues to determine suitability for donation;

(C) in relation to a particular person under this chapter;

(D) to manage accidental exposure to blood or other body fluids, but only if the test is conducted under written infectious disease control protocols adopted by the health care agency or facility;

(E) to test residents and clients of residential facilities of the Texas Department of Mental Health and Mental Retardation, but only if: (i) the test result would change the medical or social management of the person tested or others who associated with that person; and (ii) the test is conducted in accordance with guidelines adopted by the residential facility or the Texas Department of Mental Health and Mental Retardation and approved by the department; or

(F) to test residents and clients of residential facilities of the Texas Youth Commission, but only if: (i) the test result would change the medical or social management of the person tested or others who associate with that person; and (ii) the test is conducted in accordance with guidelines adopted by the Texas Youth Commission

(b) An employer who alleges that a test is necessary as a bona fide occupational qualification has the burden of proving that allegation

(c) Protocols adopted under Subsection (a)(4)(D) must clearly establish procedural guidelines with criteria for testing that respect the rights of the person with the infection and the person who may be exposed to that infection. The protocols may not require the person who may have been exposed to be tested and must ensure the confidentiality of the person with the infection in accordance with this chapter.