

## Sample Worker Protection Against HIV and HBV Transmission

### EXAMPLES OF RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR WORKER PROTECTION AGAINST HIV AND HBV TRANSMISSION (1) IN PRE-HOSPITAL (2) SETTINGS

<i>Task or Activity</i>	<i>Disposable Gloves</i>	<i>Gown</i>	<i>Mask (3)</i>	<i>Protective Eyewear</i>
Bleeding control - spurting blood	Yes	Yes	Yes	Yes
Bleeding control - minimal bleeding	Yes	No	No	No
Emergency childbirth	Yes	Yes	Yes, if splashing likely	Yes, if splashing likely
Drawing blood	Yes	No	No	No
Starting intravenous line (IV)	Yes	No	No	No
Endotracheal intubation esophageal obturator use	Yes	No	No, unless splashing likely	No, unless splashing likely
Oral/nasal suctioning manually cleaning airway	Yes (4)	No	No, unless splashing likely	No, unless splashing likely
Handling and cleaning instruments with microbial contamination	Yes	No, unless soiling likely	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

- (1) The examples provided in this table are based on application of universal precautions. They are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination.
- (2) Defined as settings where delivery of emergency health care takes place away from a hospital or other health care facility.
- (3) Refers to protective masks to prevent exposure of mucous membranes to blood or other potentially contaminated fluids.
- (4) While not clearly necessary to prevent HIV or HBV transmission unless blood is present, gloves are recommended to prevent transmission of other agents (e.g., herpes simplex).

**City and County of Honolulu  
Infectious Disease Exposure Reporting Procedures**

- 1) Exposure (bloodborne or airborne) occurs.
- 2) Employee should gather information on source patient if possible
  - a) Type of injury or illness
  - b) Symptoms
  - c) Date of birth
  - d) Medical History
  - e) Receiving hospital
- 3) Employee must notify their department contact (Safety Officer, Chief, etc.) as stated in the individual's department policy.
- 4) If the emergency sustains an injury, the employee should get immediate medical treatment at the emergency room (ER).
- 5) Infectious Disease Exposure Forms:  
  
IDC Form A – Employee to Infectious Disease Coordinator (IDC) 'Report of Occupational Exposure to Infection Disease Form'  
IDC Form B – IDC to Hospital  
IDC Form C – Hospital to IDC
- 6) Employee must immediately notify City and County (C&C) of Honolulu IDC with the above information or fill out IDC Form A and fax to 768-1474. If the IDC is not available, alternate contacts must be notified.
- 7) The IDC will send IDC Form B to the respective ER and gather all the information which will be reported to the IDC who is contracted by the City and County of Honolulu as the Designated Officer.
- 8) IDC Form C will be processed by the hospital and sent to the IDC.
- 9) The IDC will respond back to the employee with any immediate treatments, recommendations, or if an emergency room visit is required for further treatment, blood draws, medication, etc.
- 10) If follow-up evaluations are required, IDC will arrange future appointments with the employee.
- 11) All information will remain confidential and records will be stored at the City and County of Honolulu Health Services Branch. .
- 12) Contact Numbers:
  - a) C&C of Honolulu Infectious Disease Coordinator (IDC)  
Contact information will be provided to all Department Safety Specialists/Coordinators as IDC changes.

**Report of Occupational Exposure to Infectious Disease  
City and County of Honolulu**

Name of Exposed \_\_\_\_\_ Dept./Dept. Report # \_\_\_\_\_

Date and time of exposure \_\_\_\_\_ Reported by \_\_\_\_\_

Exposure Incident Log # \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN# (last 4 digits): \_\_\_\_\_ Phone: \_\_\_\_\_

Exposure type (circle): Blood ( needle eye face wound skin)

Respiratory Wound Bite Other

Circumstances \_\_\_\_\_

Infections of concern: HIV HBV HCV TB meningitis flu other: \_\_\_\_\_

**TO BE FILLED OUT BY INFECTIOUS DISEASE COORDINATOR (IDC)**

Intervention: Labs Meds ED eval TB test Office Visit Other

Source patient status: \_\_\_\_\_

Exposed status if tested: \_\_\_\_\_

Initial Assessment \_\_\_\_\_

Plan \_\_\_\_\_

Final Assessment \_\_\_\_\_

## **Hepatitis B Vaccination Declination**

### **Mandatory**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk to acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B virus, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Signature of Employee

Date