

**Procedure after occupational exposure
for HIV, HBV, and HCV infection**

§ 1

LEGAL GROUNDS:

1. Act of December 5, 2008, on preventing and combating infections and infectious diseases in humans (i.e., Journal of Laws [Dz.U.] of 2023 pos. 1284).
2. Regulation of the Minister of Health and Social Care of May 30, 1996, on medical examinations of employees, the scope of preventive health care for employees and medical certificates issued for the purposes provided for in the Labour Code (i.e., Journal of Laws [Dz.U.] of 2023 pos. 607).
3. Regulation of the Minister of Health of April 22, 2005, on biological factors harmful to the health and health care of employees exposed to these agents in their working environment (Journal of Laws [Dz.U.] of 2005, No. 81, pos. 716, as amended).

I. PROCEEDINGS AFTER EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) WHICH MIGHT TRANSFER AN INFECTION WITH HAEMATOGENOUS VIRUSES – HIV, HBV and HCV

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1. **EXPOSURE** - exposure to factors with potential or proven harmful effects on the human system.
2. **OCCUPATIONAL EXPOSURE** - exposure (of employees, students, participants of doctoral studies, doctoral students, participants of postgraduate education, including specialised education) to factors causing infections related to occupation, practical activities, and vocational training.
3. **EXPOSED PERSON** - a person who has been exposed because of contact with potentially infectious biological material, with a risk of being infected with HIV, HBV, and HCV during the performance of occupational duties, or in the case of students, participants of doctoral studies and participants of postgraduate education, including specialised education, during the performance of academic tasks.
4. **SOURCE PERSON** - a person who is a potential source of HIV, HBV, or HCV infection for employees during the performance of occupational duties and for students, participants of

doctoral studies, doctoral students, and participants of postgraduate education during the performance of academic tasks.

5. A potential source of HIV, HBV or HCV infection is any biological material that may contain an amount of the virus sufficient to cause infection, e.g., blood, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal lubrication, synovial fluid, milk of an HIV-infected woman, as well as secretions and excretions containing blood.

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Contact with the above-mentioned biological materials may occur through:

- 1) Disruption of the continuity of the skin by: pricking, scratching, or cutting with an instrument contaminated with infectious material;
- 2) Previously damaged skin - an open, unprotected wound, cut, crack, scratch or abrasion;
- 3) Splashing of mucous membranes - oral cavity, eye conjunctiva, nasal mucosa, and other mucous membranes;
- 4) Long-term contact of intact skin with large amounts of infectious material.

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Exposure not requiring special procedures:

1. Exposure of intact skin.

2. Questionable exposure:

- 1) Superficial cut with a needle considered uncontaminated with blood or OPIM,
- 2) Superficial wound without visible bleeding caused by an instrument considered uncontaminated with blood or OPIM,
- 3) Previously acquired cut or wound contaminated with a body fluid other than blood or OPIM, but not containing traces of blood.

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Exposure requiring post-exposure management and post-exposure observation:

1. Likely exposure:

- 1) Intradermal cut with a needle or other sharp instrument contaminated with blood or OPIM,
- 2) Superficial wound without visible bleeding, caused by an instrument contaminated with blood or OPIM,
- 3) Previously acquired cut contaminated with blood or OPIM during exposure,
- 4) Contact of mucous membranes or conjunctiva with blood or OPIM.

2. Clear exposure:

- 1) Penetrating skin damage caused by a needle or other sharp instrument contaminated with blood or OPIM,
- 2) Blood injection,
- 3) Cut or similar wound with subsequent bleeding, with an instrument visibly contaminated with blood or OPIM,
- 4) Any direct introduction of biological material (laboratory).

3. Massive exposure:

- 1) Blood transfusion,
- 2) Injection of a large volume (over 1 ml) of blood or OPIM,
- 3) Parenteral exposure to laboratory samples containing high concentrations of viruses.

Higher risk of HIV infection: needle stick with visible blood, a needle used for intramuscular and intravenous injection, deep puncture, instrument contaminated with blood.

II. PROCEEDINGS AFTER EXPOSURE TO MATERIAL POTENTIALLY INFECTIOUS WITH HAEMATOGENOUS VIRUSES – NONSPECIFIC PROCEEDINGS

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1. Follow these steps immediately after exposure:

- 1) If the skin is punctured/cut, immediately remove the sharp object from the wound,
- 2) Abundantly rinse the wound with warm water and wash it with warm water and soap without stopping the bleeding, but also not squeezing out the blood (pressure on the wound facilitates the aspiration of material into the wound),
- 3) Disinfect the injured area with an alcohol-free skin disinfectant,
- 4) Apply a waterproof dressing,
- 5) If there is blood on the skin, regardless of whether the skin has been previously cut or has lesions, abrasions on it etc., wash the skin thoroughly with water and soap,
- 6) If conjunctiva is contaminated, rinse the eye area gently but thoroughly with injection water or 0.9% NaCl, with eyelids open and removed contact lenses (if used by an exposed person),
- 7) If blood gets into the mouth, rinse the mouth with water several times (do not use alcohol-based disinfectants).

2. Further proceedings:

Post-exposure prophylaxis should be implemented as soon as possible, not later than 48 hours after exposure; in justified cases, up to 72 hours after exposure.

An exposed person should immediately report the incident to his/her immediate superior, e.g.: the plant manager, the doctor on duty, an academic teacher, or an internship supervisor (depending on the place where the exposure occurred), and then:

1) if the material is not collected from a source person (exposure source unknown or a source person did not consent to blood collection), the person who received the exposure report is responsible for:

a) conducting an interview and completing the required documentation: a referral signed by a member of the Dean's Office or a Head of an Organisational Unit authorised on behalf of the Contractor, or by a doctor on duty, an academic teacher or a supervisor of practice or internship, or a person conducting classes (Annex No. 2 to this Procedure), and Part I of the Occupational Exposure Report Card (Annex No. 6 to this Procedure),

b) referring the exposed person to a compulsory examination at the Jan Mikulicz-Radecki University Clinical Hospital in Wrocław – an exposed person must immediately, preferably within 1-2 hours after the exposure, but not later than 24 hours post-exposure, report to the Jan Mikulicz-Radecki University Clinical Hospital in Wrocław 50-368, ul. Tytusa Chałubińskiego 2/2a, (Department of Paediatrics and Infectious Diseases), contact number to the doctor on duty - 71 770 31 55 with:

- a referral, annexed hereto as Annex No. 2,
- a declaration/consent to perform tests for HBV, HCV, and HIV infection (Annex No. 5 to this Procedure) and
- a completed Occupational Exposure Report Card (Part I of Annex No. 6 to this Procedure),
- a commissioning of tests for an exposed person (Annex No. 8 to this Procedure) and
- a consent to the use of post-exposure prophylaxis (Annex No. 7 to this Procedure).

c) if obtaining a referral causes a delay in reporting to the Jan Mikulicz-Radecki University Clinical Hospital in Wrocław, an exposed person shall report without a referral, and the referral together with the set of documents specified in §6, section 2, point 1, letters (a-b) shall be delivered within 7 consecutive days.

2) if the material is collected from a source person (known source), the person who received the exposure report is responsible for:

a) conducting an interview with an exposed person and completing the required documentation (including referrals, declarations, Part I of the Occupational Exposure

- Report Card - Annex No. 6 to this Procedure),
- b) obtaining consent from the source person for the material collection (Annex No. 3 to this Procedure); if a source person is under the age of 16, consent for the examination is given by legal guardians, and if a source person is aged 16-18, consent for the examination is given by both legal guardians and a source person,
 - c) completing Part II of the Occupational Exposure Report Card concerning a source patient (Annex No. 6 to this Procedure),
 - d) obtaining the consent referred to in point b) is not required if the material has been collected from a deceased person,
 - e) if consent is obtained – commissioning an order for the staff to collect blood from a source person (Annex No. 4 to this Procedure) for serological testing (5 ml of blood per clot); if a source person is HIV positive (HIV infection confirmed or suspected) an additional blood sample should be taken (2 ml per Ethylenediaminetetraacetic acid (EDTA) - sample tube as for morphology),
 - f) referring an exposed person for compulsory examination at the Jan Mikulicz-Radecki University Clinical Hospital in Wrocław
 - g) calling for sanitary transport at: 71 758 13 00, to transport the material collected from a source person together with an exposed person to the Jan Mikulicz-Radecki University Clinical Hospital in Wrocław 50-368, ul. Tytusa Chałubińskiego 2/2a (Department of Paediatrics and Infectious Diseases). The company providing the sanitary transport service is obliged, at the latest within one hour after receiving the call, to come to the indicated place to collect the transported material together with an exposed person,
 - h) providing documentation on a source person's material, in a sealed envelope marked: "Source person material" (the envelope should include a source person's consent) - it is up to the consulting physician of the Department of Paediatrics and Infectious Diseases to order the scope of the examination.
 - i) an exposed person reports to the Department of Paediatrics and Infectious Diseases with a complete set of documents as in §6, section 2, point 2.
- 3) The consulting physician is obliged to provide medical advice and order serological tests (possibly molecular) for an exposed person and a source person, assess the risk of infection and, if necessary, implement preventive procedures for HIV, HBV, and tetanus. If HIV prophylaxis is required, a prescription for antiretroviral drugs is issued. Prophylactic antiretroviral treatment lasts for 28 days, whereas:
- a) an exposed person may fill a prescription for the above-mentioned medicines free of charge

at the Pharmacy, the address, and opening hours of which are announced on the University's website under "Student/General information for students/Health care for students/Post-exposure prophylaxis".

- b) antiretroviral drugs recommended by the consulting physician shall be taken immediately after obtaining them and further, as per the instructions,
- c) the consulting physician shall schedule an exposed person for further visits to the Department of Paediatrics and Infectious Diseases of the Jan Mikulicz-Radecki University Clinical Hospital in Wroclaw to assess the effect of antiretroviral drugs on the body and to rule out or confirm exposure-related infection(s).

3. For people undergoing professional practice, practical classes, specialised internships, or specialisation courses at a Department/Hospital/Laboratory/Institution located outside Wroclaw:

- 1) An exposed person undergoing professional practice, practical classes, specialised internships, or specialisation courses outside the University's premises, shall be subject to the procedure in force at the Department/Hospital/Laboratory/Institution where a professional practice, practical classes, specialised internships or specialisation courses are performed,
- 2) If it is necessary to carry out specialist tests or fill a prescription for antiretroviral drugs, the University covers the costs based on a VAT invoice delivered to the Student Affairs Department, issued to Wroclaw Medical University, Wybrzeże L. Pasteura 1, 50-367 Wroclaw, NIP 896-000-57-79. The invoice must be accompanied by a description of the incident confirmed by the Unit where the exposure occurred.

III. OBLIGATIONS AND RESPONSIBILITIES

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- 1. Each employee of Wroclaw Medical University, each student of the University, participant of doctoral studies, doctoral student and participant of postgraduate education, is obliged to follow the procedure and report the incident to the Occupational Safety and Health Inspectorate, Wybrzeże L. Pasteura 1, 50-367 Wroclaw, tel. 71 784 11 40, and in the case of students, participants of doctoral studies, doctoral students, participants of postgraduate education, also to the Student Affairs Department, ul. Wojciecha z Brudzewa 12, tel. 71 348 27 96.
- 2. Confirmation that employees, students, participants of doctoral studies and participants of postgraduate education are familiar with the procedure for occupational exposure to HIV, HBV

or HCV infection is attached hereto as Annex No. 1.

3. Documentation constituting the basis for settling the service charges under the procedure shall be confirmed by the Occupational Safety and Health Inspectorate.

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The matters related to the reimbursement for the proceedings after occupational exposure of a person exposed, who is a student, a participant of doctoral studies, a doctoral student, or a participant of postgraduate education, including specialised education, are settled by the Division of Student Affairs, to which the invoice for the examinations and antiretroviral drugs should be provided.