**Bloodborne Pathogen Significant Exposure Algorithm for UW-Madison Health Sciences Students**

**UNKNOWN SOURCE**
- Test exposed person for HIV 1/2, hepatitis C, and hepatitis B surface antibody if their immune status is unknown. Add hepatitis B antigen if a “non-responder” if recommended by CDC, offer PEP under medical direction. Infectious disease consultation is highly recommended. Conduct follow-up 6 weeks, 3 months and 6 months post exposure.

**KNOWN SOURCE**
- Clinical site must perform a risk assessment ASAP (not to be performed by exposed person)
  - Site will explain need for HIV, Hepatitis C and possibly hepatitis B testing to source person. Site will obtain written consent for HIV testing
  - Site will arrange for blood draw of source as per their protocol. Cost of testing is the site’s responsibility and they should not charge the patient or the exposed person. Do not accept any responsibility for payment of source patient testing.
  - Ideally, the source patient should be tested for HIV within two hours of the exposure, preferably using a rapid HIV test.
  - The source person’s test results will be managed per the site’s usual protocol. Usually the site will notify the exposed person of the source person’s test results directly. This information is confidential and exposed persons are prohibited by law from releasing this information to others.

**EXPOSED PERSON (student)**
- Ensure exposed person has received first aid as needed.
  - Exposed person must notify clinical preceptor at site
  - An incident form may need to be completed
  - At many sites, exposure incidents are coordinated by employee health. After hours, go to immediate care or an emergency room
  - Priority is to arrange for testing of the source patient.
  - Testing and follow up of exposed persons depends on the outcome of the source patient’s test results.
  - Students are encouraged to consult with UHS at any time: 608-265-5600 or 608-262-6720

**If source person’s test results are all negative**, no further action is needed. The exposed person does NOT need any baseline testing.
- If the exposed person’s Hep B immune status is unknown, it should be checked now (Hep B surface antibody).
  - The exposed person may see PCP or UHS if testing is desired.

**If source patient’s rapid HIV test is positive**, arrange for HIV 1/2 tests of exposed person. PEP may be offered per medical direction (if rapid HIV test cannot be run in a timely manner, PEP may be considered per medical direction. Infectious disease consultation is recommended in this circumstance).
- If source’s test for Hep C is positive, arrange for Hep C test on exposed.
- If source’s test for Hep B is positive, follow CDC protocol for exposure.
- The exposed person will be advised regarding the confidentiality of source person’s test results.
- Costs for testing the exposed person are usually NOT covered by the site and are the exposed person’s responsibility.

Follow-up testing of exposed students can be done at UHS or by the student’s PCP. If the source patient is positive for any agent, follow-up testing is recommended at 6 weeks and 12 weeks. **If the source patient is negative, testing is not needed** but available if desired.