WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

INFECTION CONTROL MANUAL

SUBJECT: Post Exposure Prophylaxis Protocol No: EH107

EFFECTIVE DATE: 1/99 Page: 1 of 2

REVIEWED/REVISED: 7/99, 4/03, 10/04, 11/05, 8/06, 8/07 ,5/08, 1/09, 2/10, 1/11, 1/12, 1/13, 1/14, 1/17, 1/18, 1/19, 3/21, 1/24

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1. Tuberculosis
    a. The Infection Control Professional, with assistance from Department Heads, will establish a list of all persons having been exposed to a patient with positive cultures for TB and establish baseline TB skin tests status for these persons.
    b. Approximately 8 to 10 weeks following exposure, all employees who have negative skin tests will be administered a repeat TST.
    c. No follow-up is indicated for those previous positive employees unless the employee experiences a change in health status consistent with active TB. In this case, medical evaluation will be required.
    d. Personnel whose TST converts to positive will be referred to Occupational Health.
2. Meningococcal Meningitis
    a. The Infection Control Professional, with assistance from Department Heads, will establish a list of all employees having been exposed (intensive contact such as would occur in mouth to mouth resuscitation or obvious other respiratory secretion contact).
    b. The decision to administer prophylactic medication will be determined by Occupational Health.
    c. Contacts will be instructed about the disease and monitored for development of symptoms.
3. Scabies/Pediculosis
    a. The Infection Control Professional, with assistance from Department Heads, will establish a list of all persons having been exposed (direct physical contact with an infested person).
    b. Employees will be notified of signs and symptoms to be watchful for.
    c. Routine prophylaxis will not be administered, unless there is an outbreak situation. In such a case, a decision will be made jointly between the Infection Control Practitioner, physician, and Occupational Health.
4. Hepatitis A

Healthcare associated Hepatitis A occurs infrequently and is associated with patients hospitalized with other diagnoses whose Hepatitis is not apparent and who are fecally incontinent. Transmission of Hepatitis A occurs as a result of failure to maintain appropriate infection control practices on the part of the health care worker or patient's poor hygiene.

a. The Infection Control/Employee Health Professional, with assistance from Department Heads, identifies employees who have been exposed.

b. The decision for prophylaxis will be determined by Occupational Health.

5. Hepatitis B and Hepatitis C.

    a. Please see BBP Exposure Protocol in Infection Control Manual.

6. Acquired Immunodeficiency Syndrome (AIDS).

    a. Please see BBP Exposure Protocol in Infection Control Manual.

7. Other Communicable Diseases.

    a. Examinations, tests, or treatment will be instituted as needed under the direction of Occupational Health and/or the State or County Health Department.

REFERENCES:

Centers for Disease Control and Prevention. (2023, December 15). *Frequency of Tuberculosis Screening and Testing for Health Care Personnel*. https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/frequency.html#:~:text=All%20U.S.%20health%20care%20personnel,at%20a%20health%20care%20facility.

Centers for Disease Control and Prevention. (2024, March 25). *Meningococcal Disease*. https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/meningococcal-disease.html#:~:text=Healthcare%2Dassociated%20transmission%20of%20Neisseria,and%20handling%20isolates%20of%20N.