

Occupational Exposures  
6/17/18

You have to be very knowledgeable about occupational exposures because this is the only chief complaint that I guarantee, you will eventually manage in a colleague. LEARN THIS.

Exposure types:

1. Respiratory (usually no treatment, except for pts with these two infection types)
  - a. **Meningococcus** (3 indications for treatment with Ceftriaxone)
    - i. Intubated a pt w/out a mask
    - ii. Suctioned a pt w/out a mask
    - iii. Performed mouth to mouth resuscitation on a pt w/out a barrier
  - b. **Tuberculosis** (CDC recommends testing if exposed, with follow-up. Treat if:)
    - i. Little children, HIV+, immunosuppressed
    - ii. Fails initial testing or follow-up testing
2. Broken skin
3. Mucous membrane
4. Needle stick
  - a. **Hepatitis B:**
    - i. If pt is positive & coworker is not immunized = 1-30% risk of transmission
    - ii. Dx: test source pt
    - iii. Dx: test coworker for anti-Hep B surface antibody level
    - iv. Tx: Hep B vaccine + Hep B immune globulin (only if source +, and coworker anti-Hep B surface antibody level is LOW)
  - b. **Hepatitis C:**
    - i. If pt is positive = 2% risk of transmission
    - ii. Dx: test source pt
    - iii. Dx: baseline liver labs for coworker
    - iv. Tx: No prophylaxis, but recommend follow-up with PMD
  - c. **HIV:**
    - i. If pt is positive = 1/300 risk after needlestick exposure
    - ii. Transmission risk increases if: bloodier exposure, larger needle bore
    - iii. Dx: test source pt with rapid HIV test
    - iv. Tx: recommend expedient PEP (only if source is positive)
    - v. Counsel: side effects of PEP = GI sx, headache, fatigue

General info:

1. Exposure risks are specific to exposure type. Higher for needle stick. Lower for mucous membrane and broken skin exposures.
2. PEP = post exposure prophylaxis.
3. In each case of HepB, HepC, and HIV exposures, copious irrigation is recommended as initial treatment.