

23-01-01

Section Acute Exposures

Subject

Operational Policy

Post-exposure Prophylaxis for Occupational Exposure to HIV

# Policy

The WSIB provides benefits for post-exposure prophylaxis (PEP) in claims involving occupational exposure to Human Immunodeficiency Virus (HIV), when there is a percutaneous, mucous membrane or non-intact skin exposure to material known to be infective for HIV.

# Guidelines

This policy applies to workers exposed to materials by which HIV may be transmitted. Entitlement to benefits for PEP may be provided when there is a percutaneous, mucous membrane or non-intact skin exposure to material known to be infective for HIV. Entitlement to benefits for PEP is generally not provided when the risk of HIV transmission is negligible. The following table provides examples indicateof the types of exposure for which the WSIB provides benefits for PEP.

## Examples of Exposures where benefits may be provided

The following are the types of exposures for which the WSIB provides benefits for PEP.

1. Any percutaneous, mucous membrane, or non-intact skin exposure to concentrated virus in a research laboratory or similar facility.

### Example

While purifying HIV virus for research purposes from a culture medium, the contaminated medium is splashed over an open wound on the worker's forearm.

2. A percutaneous, mucous membrane<sup>\*</sup>, or non-intact skin<sup>\*</sup> exposure to blood or other potentially infectious body fluids\*\* from a contact source infected with HIV (see notes below).

### **Examples**

Accidental injection of blood from a contact source known to have terminal HIV disease.

A deep cut caused by a sharp object contaminated by blood from a person who is HIV positive.

A jab with a suturing needle that penetrates the skin used on a patient with on HIV chemotherapy.

A worker splashed in the face (eyes, nose, and lips) with a large amount of arterial blood from an HIV-infected individual.



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Types of Eexposure	Examples
Any percutaneous, mucous membrane, or non-	While purifying HIV virus for research purposes
intact skin exposure to concentrated virus in a	from a culture medium, the contaminated
research laboratory or similar facility.	medium is splashed over an open wound on
	the worker's forearm.
A percutaneous, mucous membrane*, or non-	Accidental injection of blood from a contact
intact skin* exposure to blood or other	source known to have terminal HIV disease. A
potentially infectious body fluids** from a	deep cut caused by a sharp object
contact source infected with HIV.	contaminated by blood from a person who is
	HIV positive. A jab with a suturing needle that
	penetrates the skin used on a patient with HIV
	chemotheraphy. A worker splashed in the face
	(eyes, nose, and lips) with a large amount of
	arterial blood from an HIV-infected individual.

### **NOTESotes**

\* Splash exposures must be substantial, not just a speck.

\*\* Serum, plasma, any fluid containing blood, organ and tissue transplants, vaginal and uterine fluids, semen, and pleural, amniotic, pericardial, peritoneal, synovial, and cerebrospinal fluids.

Entitlement to benefits for PEP is generally not provided when The table below indicates the types of exposure for which the risk of HIV transmission is negligible. The following examples indicate the types of exposure for which tThe WSIB does not routinely provide benefits for PEP for these exposure situations.

### Examples of xposures where benefits are not generally provided

The following are the types of exposure for which the WSIB does not routinely provide benefits for PEP.

1. Any percutaneous, mucous membrane or non-intact skin exposure to body fluids not known to transmit the HIV virus (see note below).

## \*\*\*

### Example

A cut with a sharp object contaminated with an AIDS patient's saliva, tears, or nonbloody urine.

Any percutaneous, mucous membrane or non-intact skin exposure to fluids not known to be contaminated with HIV.



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### Example

A sanitation worker sustains a cut from a syringe in the trash. A worker sustains a scratch from a syringe that may have belonged to an intravenous drug user.

#### <del>2.</del>3. Intact skin exposure to blood or other body fluids.

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### Example

A worker splashed on the arm with blood from a terminal AIDS patient.

Types of Eexposure	Examples
Any percutaneous, mucous membrane or non-	A cut with a sharp object contaminated with
intact skin exposure to body fluids not known to	an AIDS patient's saliva, tears, or non-bloody
transmit the HIV virus.*	urine.
Any percutaneous, mucous membrane or non-	A sanitation worker sustains a cut from a
intact skin exposure to fluids not known to be	syringe in the trash. A worker sustains a
contaminated with HIV.	scratch from a syringe that may have
	belonged to an intravenous drug user.
Intact skin exposure to blood or other body fluids.	A worker splashed on the arm with blood
	from a terminal AIDS patient.

### NOTE<del>ote\*\*\*</del>

Urine, sputum, stool, tears, saliva, and vomitus uncontaminated by blood.

### Uncertain exposure source

When the HIV status of the contact source is unknown, PEP may be medically necessary when a visible amount of blood was deeply injected, or when a large amount of blood is splashed on mucous membranes, and when the contact source has a high risk of being HIVinfected. The latter should be determined on a case-by-case basis. When a puncture wound is not observable after contact with a high risk HIV source, (or there is a superficial scratch) PEP is usually not indicated.

The dangers of chemoprophylaxis also usually outweigh benefits when there is no evidence the contact source has any risk factors for HIV, and especially when the contact source is completely unknown and the blood has been at ambient temperature for some time (as in the case of a needle stick from a refuse container).

Individual circumstances may warrant the initial use of chemoprophylaxis for several days while a determination is made regarding the status of the contact source.



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## Worker HIV status

If the worker is HIV-positive at the time a claim for occupational exposure to HIV is made, the claim for PEP as a result of this exposure is not allowed since infection has already occurred due to other causes.

# **Application date**

This policy applies to <u>all decisions made on or after July 20, 2023, for</u> accidents occurring on or after September 1, 1998.

## Document **H**history

This document replaces 23-01-01 dated October 12, 200416-01-02.

This document was previously published as: 16-01-02 dated June 15, 1999.

# References

## Legislative <u>a</u>Authority

Workplace Safety and Insurance Act, 1997, as amended Section 33

# Minute

Administrative #9, June 10, 2004, Page 363