

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. The following table provides examples of the types of exposure for which the WSIB provides benefits for PEP.

Types of Exposure	Examples
Any percutaneous, mucous membrane, or non-intact skin exposure to concentrated virus in a research laboratory or similar facility.	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.
A percutaneous, mucous membrane*, or non-intact skin* exposure to blood or other potentially infectious body fluids** from a contact source infected with HIV.	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 HIV chemotherapy. A worker splashed in the face (eyes, nose, and lips) with a large amount of arterial blood from an HIV-infected individual.

* 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.

The table below indicates the types of exposure for which the risk of HIV transmission is negligible. The WSIB does not routinely provide benefits for PEP for these exposure situations.

Types of Exposure	Examples
Any percutaneous, mucous membrane or non-intact skin exposure to body fluids not known to transmit the HIV virus.*	A cut with a sharp object contaminated with an AIDS patient's saliva, tears, or non-bloody urine.

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Any percutaneous, mucous membrane or non-intact skin exposure to fluids not known to be contaminated with HIV.	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.
Intact skin exposure to blood or other body fluids.	A worker splashed on the arm with blood from a terminal AIDS patient.

* 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 HIV-infected. 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.

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 all accidents occurring on or after September 1, 1998.

Document History

This document replaces 16-01-02.

References**Legislative Authority**

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

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Minute

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