OCHSNER CLINICAL SCHOOL POLICY	Policy #: OCS 400.16
Title: Occupational Exposure to Menigococcus	

PURPOSE

Xavier University of Louisiana Physician Assistant Program with Ochsner Medical Center will provide the XULA PA students with chemoprophylaxis following high-risk occupational exposure to patients with invasive meningococcal disease (infection due to Neisseria meningitidis). The Centers for Disease Control and Prevention recommends that health-care workers with direct exposure to a patient's oral secretions who has a confirmed or probable infection due to Neisseria meningitidis should receive chemoprophylactic antibiotics within 24 hours of the exposure.

Post exposure chemoprophylaxis is recommended for those students who:

- Had direct contact with the patient's oral or respiratory secretions
- Placed an endotracheal tube or assisted with the endotracheal tube placement
- Managed the endotracheal tube (i.e. endotracheal tube suctioning) and DID NOT use proper personal protective equipment.
- administered mouth-to-mouth resuscitation
- sustained a needle stick exposure to a patient with meningococcemia
- Post exposure chemoprophylaxis does not need to be administered to health-care workers who do not have direct contact with the source patient's oral or respiratory secretions.

POLICY STATEMENT/PROCEDURES

I. Immediately following an exposure to a confirmed or probable case of invasive Neisseria meningitidis, the student should report to Ochsner Employee Health and Wellness during normal business hours, Monday – Friday, 7am – 4:30pm, or after hours to the Emergency Department for high risk exposures.

II. If the exposed student is initially seen in the Emergency Department, the student should report to Employee Health and Wellness the next open business day for further evaluation and follow-up.

III. Post exposure chemoprophylaxis will be given to students who:

- Had direct contact with the patient's oral or respiratory secretions.
- Placed an endotracheal tube or assisted with the endotracheal tube placement.
- Managed the endotracheal tube (i.e. endotracheal tube suctioning or bagging) and DID NOT use proper personal protective equipment.
- Placed a nasogastric tube and DID NOT use proper personal protective equipment.
- Administered mouth-to-mouth resuscitation.

IV. Post exposure chemoprophylaxis will NOT be given to students who:

- Are routinely caring for the patient, and do not have direct contact to the patient's oral or respiratory secretions.
- Enters the source patient's room and does not have direct contact with the patient.
- Are on the same unit as the source patient, but not caring for the source patient.

Chemoprophylactic Regimen:

- Ciprofloxacin 500 mg orally times 1 dose – preferred regimen
- Ceftriaxone 250 mg intramuscularly times 1 dose (for pregnant students and those who cannot take a fluoroquinolone)
- Rifampin 600 mg orally every 12 hours for 2 days (for those students who can not take a fluoroquinolone or cephalosporin)
- Post exposure chemoprophylaxis should be initiated within 24 hours of exposure, but no longer than 14 days after onset of illness in the source patient.

FORMS

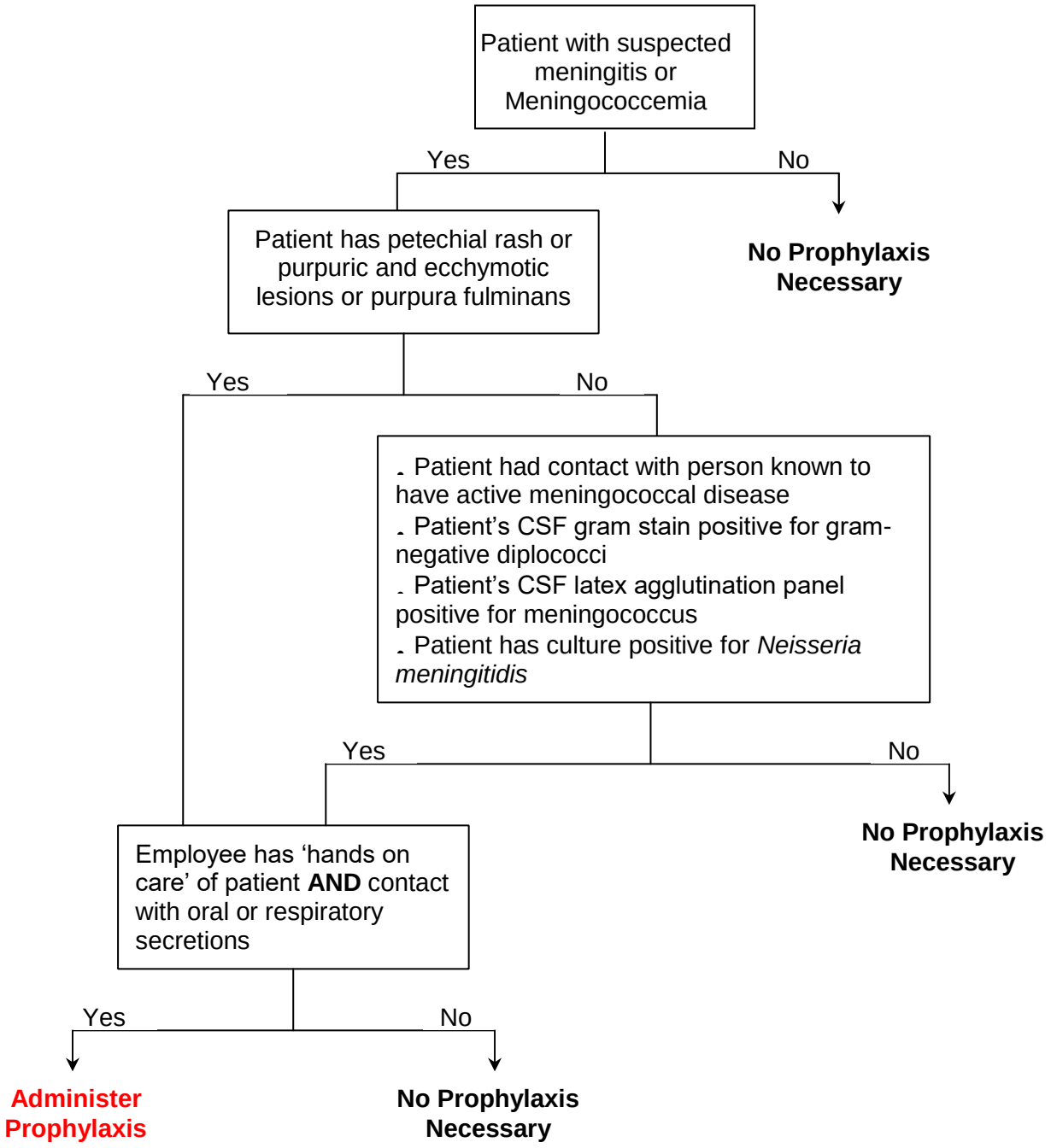
Meningitis Exposure Checklist

REFERENCE

Centers for Disease Control and Prevention. Prevention and control of meningococcal disease Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR

OCCUPATIONAL EXPOSURE TO MENINGOCOCCUS
ALGORITHM TO DETERMINE NEED FOR PROPHYLAXIS

Refer to HR Policy 400.16 Occupational exposure to Meningococcus



Chemoprophylactic Regimen:

- Ciprofloxacin 500 mg PO x1 – preferred
- Ceftriaxone 250 mg IM x1 – pregnant employee and those who cannot take fluoroquinolone
- Rifampin 600 mg PO BID x 2 days – cannot take cephalosporin or fluoroqinolone