BLOOD BORNE PATHOGEN POST EXPOSURE PROPHYLAXIS

BLOOD BORNE PATHOGEN POST EXPOSURE PROPHYLAXIS (PEP)

Level II
(No Level I)

Skill Level: RN or LPN with MD consultation if medications are started

Definition: This protocol is for use after a potential exposure to possible blood borne pathogen source, in particular HIV, Hepatitis B, or Hepatitis C.

Subjective:
- “I cut myself with razor I found…”
- “I was involved in a fight and got blood on myself…”
- “I was bit…”
- “I got poked with a needle…”
- “I recently got a new tattoo…”
- “Got cut…”
- “I was spit on…”

Assessment:
- Exposure to/Possible exposure to Blood Borne Pathogen

Objective:
- Administer first aid-see plan.
- Determine the risk of BBP exposure:
  - Exposure Substance:
    - Non-infectious body fluid (saliva, tears, sweat, urine, or feces)
    - Infectious body fluid (semen, vaginal secretions, breastmilk, and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)
    - Visibly bloody fluid or blood.
  - Method of injury/exposure:
    - Skin compromised
    - Mucous membrane
    - Eyes
    - Percutaneous with solid sharp or hollow needle.
  - Exposure amount
    - Microscopic (not visible)
    - A few drops
    - A major splash.
  - If bite was skin broken, amount of blood.
    - If a bite results in blood exposure to either person post exposure should be provided to both patients.

Plan:
- First Aid: **Irrigate** wound with water or saline, **Flush** eyes and mucous membranes with water or saline. **Clean** exposure site with soap and water. Serious injuries or other wound care dictated by the injury or accident.
- Refer to the primary care medical provider or to the infectious disease specialist for follow up within 48-72 hrs. If this is not possible consult with the provider within 48-72 hours of the exposure.
- Check HBV vaccination status, if three dose HBV vaccination series is not complete and/or not immune, refer for vaccination series ASAP.
- Order the following tests Now, in 6 weeks and 3 months.
  - HIV antibody test (HIV1/2)
  - Hepatitis B Surface antibody
  - Hepatitis C antibody

**Risk assessment and Decision to treat HIV:**
Use the recommendations to determine treatment course and for discussion with patient below for treatment based on exposure type and volume:
- Recommended HIV post-exposure for **percutaneous injuries, mucous**
**BLOOD BORNE PATHOGEN POST EXPOSURE PROPHYLAXIS**

- Determine the source/sources of the exposure.

**Initial Source person information:** the source should be evaluated for HIV, Hepatitis B (HBV) and Hepatitis C (HCV).
  - If the source is known but the HIV, HBV and/or HCV of the source is unknown request testing (Attachment 1).
  - If the source is known to have HIV infection, obtain patient record and consult with the provider (Attachment 2.).
  - If the source person is HIV sero-negative and has no clinical evidence of AIDS or symptoms of HIV infection, no further testing of the person for HIV infection is indicated.

<table>
<thead>
<tr>
<th>membrane and/or non-intact skin exposure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o If source is known to be HIV positive; starting PEP is recommended.</td>
<td></td>
</tr>
<tr>
<td>o If source is unknown or their HIV status is unknown; generally PEP is not warranted but must be considered if exposure to HIV infected person is likely or if the source has HIV risk factors.</td>
<td></td>
</tr>
<tr>
<td>o If source is known to be HIV negative; no PEP is warranted.</td>
<td></td>
</tr>
</tbody>
</table>

- If unclear, consider consultation with on-call provider or with specialist.

- If medication is determined to be necessary, start Tenofovir disoproxil fumarate and emtricitabine (Truvada) 200mg/300mg-give 1 capsule orally for 28 days.

---

**APPROVED:**

<table>
<thead>
<tr>
<th>Medical Services Manager</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Medical Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2/28/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Medical Director</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effective:**

Revised: February 2018
Supersedes: February 2015
BLOOD BORNE PATHOGEN POST EXPOSURE PROPHYLAXIS

Attachment 1

SOURCE TESTING/INFORMATION RELEASE

I have been advised that there is significant reason to believe that another individual has been exposed to my blood or other potentially infectious body fluid in a manner that puts that individual at risk for serious infection. I understand that knowledge that I do or do not have particular blood borne infectious diseases will affect treatment decisions for this exposed individual.

I have been asked to:

_____ Consent to release of current information

_____ Consent to blood test and release of these results.

I am willing to:

_____ Consent to testing for:

  HIV  YES  NO
  HBV  YES  NO
  HCV  YES  NO

_____ Consent to release results to the physician caring for the individual exposed to my blood or body fluid concerning:

  HIV  YES  NO
  HBV  YES  NO
  HCV  YES  NO

_________________________________________  _______________________________________
Printed Name                                                      Witness Printed Name

_________________________________________  _______________________________________
Signature                                                   Witness Signature

_________________________________________  _______________________________________
Date                                                     Date
INITIAL SOURCE PATIENT INFORMATION - HIV

1. Do you know who the source person is?
   YES______ NO______

2. If you do not know the source person, are there any factors about possible sources to be considered?
   ______________________________________________________
   ______________________________________________________

3. If the source person is known, check one:
   a. Their HIV status is not known (no testing has been done) _________
   b. They have a known NEGATIVE HIV test _________
   c. They have a known POSITIVE HIV test _________

4. If the patient has a known positive HIV test fill out all that you can:
   Asymptomatic Symptomatic______
   AIDS _________
   CD4 count _________
   Viral Load _________
   Current antiviral medication(s)________________________
   ________________________

Untested source individuals will be asked to consent to testing.

Random “blind” testing of blood drawn at Oregon Department of Corrections intake shows a prevalence of:

HIV + blood – men 0.08% (8 out of 1000), women 1.2% (12 per 1000)
HCV + blood – men 29%, women 35%
When the source of a blood exposure is known to have HIV, or is high risk for having HIV, medication can be given to theoretically try to prevent the exposed person from acquiring HIV disease. The decision whether or not to initiate a combination of medications for post exposure prophylaxis is difficult. There are no references or resources that can guarantee outcome. What has been found helpful has been a combination of the following:

1. Be candid with the exposed individual.

2. The tables in this protocol have been adapted from the National Guidelines recommendations for post exposure treatment. Tell them we are using an aggressive interpretation of the most up to date national guidelines for post exposure treatment. The decision to recommend or not recommend Post-Exposure Prophylaxis treatment is based on the type of exposure combined with an estimate of source virus amount.

3. If the patient source of the exposure is positive for HIV, or unknown, I may be offered Anti-HIV medications. I have been told that if I am going to take any of these three medications I should start immediately, as the sooner I start the greater the chance that it may help. I may need to take the medications for a total of four weeks. If I begin the medications and the patient is found to be negative for HIV, I may be able to stop taking the medications. I will need to have my blood checked now and in 2 and 4 weeks for side effects. If I am female, I will need to have a pregnancy test prior to my first dose. If I am pregnant or breast feeding, the most current recommendations for post exposure treatment will be discussed with me.

4. Because HIV is blood borne, it can be spread through sexual activity. During the six months I am considered at risk of developing HIV from this incident, I should avoid or practice safe sex.

5. Because I have been exposed to another person’s blood or body fluids, I need to also be aware that I may have been exposed to a number of hepatitis viruses. I will be considered for hepatitis prevention which can include the use of globulins and/or the Hepatitis B vaccine.

6. I am always free to decline recommended treatment following an exposure. Additionally, if I begin a course of post exposure treatment and change my mind about continuing, I may stop treatment at any time without having any effect on my future treatment.
BLOOD BORNE PATHOGEN POST EXPOSURE PROPHYLAXIS

7. I understand that I am ineligible to participate in the Post-Exposure Prophylaxis treatment protocol if any of the following criteria are present:
   
   - Pregnant or breast-feeding.
   - Men or women declining pregnancy avoidance.
   - Active malignancy, hepatic, pancreatic, or renal disease, or other serious current medical illness.
   - Failure to give written informed consent within 48 hours.

8. I have read or have had read to me, all of the above. I understand what it says and have reported anything that contraindicates my taking the Post-Exposure medications. If I have questions I can ask the physicians or nurses to help answer them. I am aware of the risks of being involved in an exposure to another person’s blood or body fluids. I am aware of the risks and the possible benefits of prophylactic treatment for HIV. A copy of this Information Sheet will be given to me.

_________________________________________  ________________________________
Patient Signature                           Witness Signature