

# Blood Borne Pathogen Post Exposure Prophylaxis

## Blood Borne Pathogen Post Exposure Prophylaxis

### Level II (No Level I)

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

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

*Significant exposures should be considered an urgent medical concerns. Ensure timely post-exposure management and administration of HBIG, hepatitis B vaccine, and/or HIV post-exposure prophylaxis (PEP).*

**Procedure:**

1. **First Aid: Irrigate wound with water or saline, Flush mucous membranes with water or saline.**  
**Clean exposure site with soap and water.**  
**Serious injuries and other wound care dictated by injury or accident.**
  
2. **Determine Risk for BBP exposure:**
  - a. **Exposure substance: Non-infectious Body Fluid (saliva, tears, urine, or feces), Infectious body fluids (including semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids), Visibly Bloody Fluid, or Blood**
  - b. **Method of injury/exposure: Skin, compromised skin, mucous membrane, percutaneous with solid sharp or hollow needle.**
  - c. **Exposure amount: Microscopic, a few drops, or a major splash.**

For HCV and HIV, exposure to a blood-filled hollow needle or visibly bloody device suggests a higher risk exposure than exposure to a needle that was most likely used for giving an injection.

For skin exposure, follow-up is indicated only if it involves exposure to an infectious body fluid or visibly bloody fluid and evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound). In the clinical evaluation for human bites, possible exposure of both the person bitten and the person who inflicted the bite must be considered. If a bite results in blood exposure to either person involved, post-exposure follow-up should be provided.

**Initial Source person information:** the source should be evaluated for HIV, HBV, and HCV infection.

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If the source is known, but the HBV, HCV, and/or HIV infection status of the source is unknown request testing. (Attachment 1).

If the source person is known to have HIV infection, obtain patient record and consult 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.

### 3. Risk assessment and Decision to treat HIV:

Use the recommendations to determine treatment course and for discussion with patient below for recommendations for treatment based on exposure type and volume:

- a. **Recommended HIV post-exposure prophylaxis for percutaneous injuries**
  1. If source is known to be HIV positive; starting PEP is recommended.
  2. If source is unknown or their HIV status is unknown; generally PEP is not warranted but must be considered if exposure the HIV infected persons are likely or if the source has HIV risk factors
  3. If source is known to be HIV negative: no PEP is warranted
  
- b. **Recommended HIV post-exposure prophylaxis for mucous membrane exposures and non-intact skin exposures**
  1. If source is known to be HIV positive; starting PEP is recommended.
  2. If source is unknown or their HIV status is unknown; generally PEP is not warranted but must be considered if exposure the HIV infected persons are likely or if the source has HIV risk factors
  3. If source is known to be HIV negative: no PEP is warranted
  
- c. **If unclear, consider consultation with on-call provider, or with specialist.**

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### PLAN:

- Refer to primary care medical provider or to infectious disease specialist for follow up within 48-72 hours, if this is not possible, consult with via telephone/video within 48-72 hours.
- Check HBV vaccination status, if three (3) dose HBV vaccination series is not complete and/or not immune, refer for vaccination series ASAP.
- Order the following labs:
  - HIV antibody test (HIV ½) at baseline, 6 weeks, 3 months
  - Hepatitis B surface antibody
  - Hepatitis C antibody
- If medication is determined to be necessary, start Truvada one capsule daily for 10 days (available in institutions as stock supply). Medications should be started ASAP after exposure as benefit from treatment is time sensitive (within 48-72 hours). Ensure provider follow up is timely to prevent any interruption in therapy. Patient is to sign consent to treat form (Attachment 3).
- **STAT pregnancy test for females of child bearing capacity. NONE OF THE MEDICATIONS CAN BE GIVEN TO PREGNANT PERSON WITHOUT FURTHER PROVIDER CONSULTATION.**
- The full course of post exposure preventive HIV therapy is ALWAYS 28 days.
- Do directly observed therapy with medication controlled on pill line.
- Schedule follow up during treatment as below:
  - CBC, chemistry panel, urinalysis with micro every 2 weeks while on treatment
  - Symptom history and focused physical exam every 2 weeks while on treatment

### References

#### References:

<http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>. 2014 PEP Clinical Practice Guideline/CDC

[http://www.cdc.gov/hiv/pdf/PrEP\\_GL\\_Patient\\_Factsheet\\_Truvada\\_English.pdf](http://www.cdc.gov/hiv/pdf/PrEP_GL_Patient_Factsheet_Truvada_English.pdf). 2014 TRUVADA patient information sheet

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>. 2013 HBV PEP Guidance/CDC

## Blood Borne Pathogen Post Exposure Prophylaxis

### APPROVED:

\_\_\_\_\_  
Medical Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

*Steve Shelton M.D.*

\_\_\_\_\_  
Medical Director

*2/24/2015*

\_\_\_\_\_  
Date

Effective Date: 3/2015

Revised: 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

# Blood Borne Pathogen Post Exposure Prophylaxis

Attachment 2

## 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%

### **PATIENT CONSENT TO TREAT**

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.

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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.

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Patient Signature

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Witness Signature