

Subject:	HIV CONTAMINATED EXPOSURE PROTOCOL	
EHS supersedes		Revised: August 23, 2005 Prev. Issued: New

I. STANDARD OF PRACTICE

All CSMC employees are evaluated for exposure to potentially contaminated blood and or body fluids. The evaluation should follow prompt notification by the employee of the exposure.

II. POLICY

All employees exposed to potentially contaminated blood and /or body fluids are to be evaluated by the EHS provider, or during off-hours, by the Emergency Department for evaluation of risk and implementation of treatment/prophylaxis as appropriate for the situation. It is the policy of CSMC to provide urgent evaluation and management including consideration of HIV prophylaxis.

III. PURPOSE

To prevent the spread of communicable disease between staff, patients, and visitors and provide prompt treatment and follow-up for exposures.

IV. PROCEDURE

The exposed employee should report to Employee Health Service (EHS) during regular office hours: 7:00 AM – 4:00 PM Monday – Wednesday and Friday, Thursday 7:00 AM – 2:00 PM, excluding holidays. At all other times the employee should report to the Emergency Department.

A. For assistance with any part of this protocol: contact the needle stick hotline at 310-423-6877 or EHS.

B. Immediate Management

Local wound care including cleaning with soap and water, flushing mucous membranes with water/saline, and other care dictated by injury or accident.

C. Early Management

Consideration of Tetanus prophylaxis, Hepatitis prophylaxis including Hep B vaccination and HBIG, and HIV chemoprophylaxis (e.g. Post-Exposure Prophylaxis-PEP).

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D. Post-Exposure Prophylaxis (PEP)

1. Counseling /Education, including risks/benefits of PEP, will be provided as follows:
 - a. All health care workers are to be offered PEP after a significant contaminated exposure. If after proper counseling, the employee wishes to take PEP, the timely and appropriate administration of medications should take place.
 - b. Counseling: Information on the efficacy and toxicity of PEP is limited. Employees with occupational exposure to HIV should observe precautions to prevent possible secondary transmission including safe sex/condom use, no blood/tissue/semen donation for 6-12 months post –exposure, no sharing of toothbrushes or razors. Use in pregnancy based on medical evaluation.
 - c. **Timing: Initiate PEP promptly, preferably within 1-2 hours post-exposure.**

Currently, the CDC recommends Combivir and Crixivan for a needle stick. Due to the difficulties in administering this regimen, we are proposing to alternatively adapt the regimen recommended by the National Guideline for Antiretroviral Postexposure Prophylaxis after Sex or Injection-Drug Use, or Other Nonoccupational Exposure to HIV, which includes:
 - Atazanavir 300mg
 - Ritonavir 100mg
 - Emtricitabine 200mg
 - Tenofovir 300mg
 - d. Give 3-day supply to cover until employee can be seen in EHS
These medications are available through the outpatient Ambulatory Care Center pharmacy during regular office hours, ext.#35606. The choice of antiretrovirals should be tailored to give the best protection based on data obtained from the source and the employee. Consultation with an infectious disease specialist is at the discretion of the treating provider.
 - e. **Drug information sheets will be given to the employee.** A summary of medication side effects is provided for employees.
- E. **Follow-up care:** The employee should follow-up with Employee Health Services on the next working day. EHS will arrange for follow-up with an infectious disease specialist.
- F. **Exposure Labs:** Exposed employee and source patient labs should be drawn using MRN number to identify both employee and source. Labs will be drawn according to EHS protocol. Consent must be obtained from the source patient through their primary physician. Every effort must be made to obtain consent from the patient source.

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