DEPARTMENT OF VETERANS AFFAIRS
South Texas Veterans Health Care System
San Antonio, Texas 78229-4044

Policy Memorandum 11-13-84

September 25, 2013

PROCEDURAL RESPONSE TO BLOODBORNE PATHOGEN EXPOSURE

1. PURPOSE: To establish procedural guidelines for the South Texas Veterans Health Care System (STVHCS) for persons with potential bloodborne pathogen (BBP) exposure. "Persons" includes all Health Care Workers (HCW) including students, volunteers, contracting agency personnel, Fee Basis (intermittent) providers, and workers without compensation (WOC); and visitors.

2. POLICY: The STVHCS will follow uniform guidelines to ensure adequate protection, treatment, and follow up of all potential bloodborne pathogen exposures.

3. ACTION:

a. **Accountability**

(1) **Potentially exposed individuals (PEI) are responsible for:**

(a) Reporting the incident to their supervisor (unless PEI is a visitor, see (b) below);

(b) Reporting immediately for evaluation and treatment to the Occupational Health Clinic (OHC), or when the OHC is closed, the Emergency Department (ED) at the Audie L Murphy Division (ALMD) or to medical officer on-call (MOC), Kerrville Division (KD). For the clinic division, reporting to the Occupational Health (OH) Coordinator on site; or if visitor, reporting to the ED; and

(c) Reporting to the OHC for follow-up; except clinic division who follow-up with their OH coordinator, and visitors who follow-up with their own health care provider.

(d) Contacting the source (donor) patient's physician, with the assistance of their supervisor as needed, to request BBP blood tests are done on that source patient.

(2) **Supervisors are responsible for:**

(a) Assisting PEIs to comply with this policy/procedure;

(b) Relieving the employee from duty to follow this policy/procedures immediately following exposure; and

(c) Creating an Incident Report in the computerized ASISTS program and then completing, validating, and signing the Incident Report.

(3) **The OHC and OHC Coordinators are responsible for:**

(a) Providing treatment of the PEI at the time of exposure, if possible within a 2 hour time frame from exposure in order to optimize HIV antiviral therapy, including ordering of the BBP panel on the PEI;

(b) Providing the PEI and supervisor with the proper forms from the Needlestick Packet;

(c) Creating the Incident Report in ASISTS when the supervisor is not available (e.g. offsite supervisor) in order to expedite the process for the PEI, as time allows;

(d) Maintaining records in compliance with OSHA guidelines;

(e) Ensuring that the facility evaluating health care provider's written opinion is provided to the PEI within 15 days after evaluation. This written opinion, a copy of which will be maintained in the PEI's medical record, will be limited to whether the Hepatitis B vaccine is indicated for this PEI and if the PEI has received such vaccination; that the PEI has been informed of the results of the post-exposure evaluation; and that the PEI has been told about any medical conditions resulting from exposure to blood or other potentially infectious material (OPIM) which require further evaluation or treatment;

(f) Notifying the donor's attending physician of the exposure incident, if necessary, to assist in obtaining HIV testing;

(g) Providing follow-up care and counseling to VA employees/volunteers; and

(h) Placing the BBP potential exposure report in a confidential file to be maintained in chronological order.

(4) **The ED and medical officer on call at KD are responsible for:**

(a) Providing treatment of the PEI at the time of exposure, if possible within a 2 hour time frame from exposure in order to optimize HIV antiviral therapy, including ordering of the BBP panel on the PEI and follow up as indicated for hepatitis B immunoglobulin (HBIG) within 48 hours and HIV post-exposure prophylaxis within 72 hours when the OHC is closed;

(b) Providing the PEI and supervisor with the proper forms from the Needlestick Packet;

(c) Notifying the donor's attending physician of the exposure incident, if necessary, to assist in obtaining HIV testing; and

(d) Forwarding the ED encounter, including indicated completed Needlestick Packet forms, to OHC the next business day.

(5) **The attending physician (or his/her designee) is responsible for** obtaining verbal informed consent from the donor (patient) or surrogate for HIV testing and documenting consent in the chart, providing donor or surrogate with printed educational materials as per VHA Handbook 1004.01, ordering the BBP panel on the source/donor patient (in CPRS designated "Needlestick patient / source"), and providing the source/donor patient's risk factor information to the PEI or PEI's treating provider as requested. Hepatitis B/C virus testing and liver enzymes may be done without informed consent of the donor.

(6) **The Safety Office is responsible for:**

(a) Maintaining the OSHA log;

(b) Maintaining the Incident Report;

(c) Reports of investigation, including validating all information in the ASISTS computerized program.

(7) **Infection Control is responsible for:**

(a) Ensuring that Federal and VA guidelines/laws are reflected in this policy, and advocating program effectiveness;

(b) Evaluating the effectiveness of the sharp safety program;

(c) Reporting annual trends and program effectiveness to the Infection Control Committee; and

(d) Compiling data for comparison from OSHA logs in collaboration with the Safety Office, and presenting this data annually to the STVHCS Environment of Care Committee and Accident Review Board to track trends in BBP exposures.

b. **Definition:** Bloodborne Pathogen Exposure - a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood and body fluids containing visible blood- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid are also considered potentially infectious. Urine or gastric contents without visible blood are not considered potentially infectious.

c. **Procedures:**

(1) When an exposure incident occurs, implement first aid; e.g..wash the affected area exposed to a sharp preferably with an antimicrobial soap; flush the eyes with running water immediately following a bodily fluid splash.

(2) The employee is responsible for reporting the exposure incident to his/her supervisor. The supervisor should relieve the employee from duty as quickly as possible in order to report to the OHC, ED, MOC, or OH Coordinator for evaluation.

(3) The PEI should report to the OHC or OH Coordinator during normal duty hours (7:30 A.M. - 3:45 P.M.) or after hours, on weekends, or holidays report to the ALMD ED or for KD call the operator at the main number (830) 896-2020 and ask for the (medical officer on call (MOC). **Report within fifteen minutes of the exposure incident for medical counseling/evaluation.** The PEI who is a VA employee either paid or unpaid, and is initially evaluated in the ED, MUST report to OHC the following business day for follow-up. If the VA employee PEI has the potential exposure on the first day of a 72 hour holiday weekend, then he/she should report back to the ED for reevaluation within 72 hours as indicated for HIV PEP; or within 48 hours of exposure for HBIG on a regular weekend or holiday weekend; for KD, follow instructions of the MOC; the MOC is on-call 24/7. All non-VA employees should follow up with their health care provider or their employee health provider as per their established protocols.

(4) After reporting for evaluation, the PEI and supervisor are responsible for entering the BBP incident in the computerized ASISTS program. OHS will enter the data for the incident report for PEIs without an on-site supervisor as a courtesy as time permits.

(5) Should the PEI be stuck by a carelessly discarded sharp (needles, scalpels and others) which may be traceable to a source, s/he should immediately phone the Safety Office (Ext. 1-4040 at ALMD) and provide the name of the brand and the type of the sharp if known.

(6) **Risk Evaluation and Treatment**

(a) The treating clinician will base treatment options on the type and source of exposure. Help with risk evaluation can be accomplished with algorithms included in the Needlestick Packet (see attached) maintained in the OHC, ED, and Community-Based Outpatient Clinics (CBOCs) and available to the MOC at KD.

(b) If a BBP exposure occurs in relation to an identified "donor", blood samples will be drawn from the donor to determine hepatitis B surface antigen (HBsAg), hepatitis C antibody (HCab), and Human Immunodeficiency Virus (HIV) status. Written informed consent from the source for HIV testing is not necessary. Verbal informed consent is acceptable but should be documented and obtained as outlined in VHA Handbook 1004.01. Verbal informed consent must be obtained from the patient or surrogate prior to checking that patient's blood sample for HIV. It is the responsibility of the attending physician or designates to obtain HIV testing informed consent. Blood will be obtained from the PEI to include hepatitis B surface antibody and antigen, HCab, and HIV antibody test. **It is the responsibility of the PEI, with assistance from his/her supervisor as needed, to contact the attending physician to obtain blood testing of the donor/source patient.**

(c) The protocols for administration of Hepatitis B Immune-Globulin (HBIG) and HIV antiviral drugs are per Centers for Disease Control and Prevention (CDC) recommendations (See Attachment pages 5 & 6). Currently there is no recommended prophylaxis for exposure to hepatitis C.

(d) PEIs with exposure to HIV or hepatitis B or C should receive follow-up counseling and medical evaluation including the appropriate follow-up antibody tests. Follow-up antibody testing should be done at 4 weeks, 6 weeks, and 3 months and 6 months, except that individuals exposed to a known hepatitis C positive donor should have follow-up at 3 weeks (and not 4 weeks) with qualitative hepatitis C RNA by PCR, for possible early detection of conversion.

(e) PEIs with BBP exposures should observe precautions to prevent possible secondary transmission until follow-up antibody testing is negative.

4. REFERENCES

a. OSHA Standards 29CFR1910.1030, 29CFR1910.132

b. OSHA Instruction CPL 2-2.44C, Compliance Document for 29CFR1910.1030, Office of Health Compliance Assistance

c. VA Policy Memorandum 001-10-27, Exposure Control Plan, dated February 5, 2010

d. MMWR September 30, 2005, Vol 54, RR-9. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis

e. MMWR June 29, 2001, Vol. 50/No. RR-11, Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis

f. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis Author(s): David T. Kuhar, MD; David K. Henderson et al. Infection Control and Hospital Epidemiology, Vol. 34, No. 9 (September 2013), pp. 875- 892

g. VHA Directive 10-95-105, October 19, 1995, Employee Health Follow-up for Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) after an Accidental Occupational Exposure Incident Involving Blood and Other Potentially Infectious Material (OPIM).

h. Clinical Occupational Health Guidebook, March 2009, Section 5 p32-38; VHA Center for Engineering & Occupational Safety and Health (CEOSH), St. Louis, Missouri; http://vaww.ceosh.med.va.gov

5. RESPONSIBILITY: Chief of Staff (11)

6. RECISSION: STVHCS Policy Memorandum 11-11-84 dated February 28, 2011

7. RECERTIFICATION: September 2018

(Original signature on file)

MARIE L. WELDON, FACHE
Director

Attachment (13)

DISTRIBUTION: B & G

CONTENTS OF NEEDLESTICK PACKET

1. Contents of Needlestick Packet

2. Instructions to the Individual Potentially Exposed to a Bloodborne Pathogen**

3. Instructions to the Supervisor of an Employee Sustaining a Potential Bloodborne Pathogen Exposure

4. Instructions to the Treating Provider Caring for a Bloodborne Pathogen Exposure*

5. Protocol for Administration of Hepatitis B Immune-Globulin (HBIG)*

6. Determining the Need for Post Exposure Prophylaxis (PEP) Algorithm*

7. Occupational Health Bloodborne Pathogen Exposure Report**

8. HIV Prophylaxis Consent/Declination*

9. Blood-Borne Pathogen Exposure Report (For Health Care Provider)*

10. Ordering Lab Tests by Computer (Instructions)*

11. Provider's Written Opinion on Your Potential Bloodborne Pathogen Exposure**

12. Schedule for BBP Lab work Post-exposure**

13. HIV testing educational brochure (Employee and Donor/Patient) **

***GIVE TO OCCUPATIONAL HEALTH COORDINATOR, Medical Officer of the Day (KD), OR EMERGENCY DEPARTMENT ATTENDING PHYSICIAN AT TIME OF VISIT.**

****GIVE TO POTENTIALLY BBP EXPOSED INDIVIDUAL.**

INSTRUCTIONS TO THE INDIVIDUAL POTENTIALLY EXPOSED TO A BLOODBORNE PATHOGEN

1. Implement first aid (i.e., wash the affected area preferably with antimicrobial soap and water; flush mucous membranes with water; **do not attempt to squeeze blood out of wound**).

2. Obtain enough information about the donor/source patient involved in the incident to help with your evaluation (name, SSN, risk factors for BBP such as injection drug abuse, blood transfusions, and multiple sexual partners). You may ask your supervisor and/or the source patient's physician to assist you with obtaining this information. The patient's physician may wish to contact occupational health to relay this information. Do not let obtaining this information delay you from reporting as soon as possible after the exposure to obtain care (see below). Once you are at the provider's office, fill out the "Occupational Health Bloodborne Pathogen Exposure Report" given to you by the treating provider.

3. If the exposure is related to a sharp device, obtain the type and brand of device and how and when in the course of handling the device the exposure occurred.

4. Report as soon as possible after informing your supervisor, if possible after the needlestick/exposure (ideally within 15 minutes) to the Occupational Health Clinic (during normal duty hours 7:30 a.m. to 3:45 p.m. Monday– Friday) or your Occupational Health Coordinator; or after hours or on weekends/holidays to the Emergency Department at Audie Murphy or at the Kerrville Division call the operator at 830-896-2020 and ask for the Medical Officer of the Day. Identify yourself to the reception desk that you possibly have been exposed to a bloodborne pathogen.

NOTE: Current recommendations are that PEP therapy be started as soon as possible the day of the exposure (i.e., within 2 hours); therefore, timely reporting and accurate information are requirements.

NOTE: Blood samples of the donor/source patient may be collected after initial assessment and therapies have begun. Obtaining verbal informed patient consent for HIV testing and providing the source patient with printed approved educational materials on HIV testing is the responsibility of the attending physician or designee. Reporting to the lab to have your blood drawn is solely your responsibility. Delay in obtaining specimens only leaves your case open to question and delays the wait for confirmed HIV results.

5. It is your responsibility to contact the attending physician/provider or designee of the donor/source patient to request s/he orders the bloodborne pathogen panel on the source patient. Please see attachment 1, page 10 ("Ordering Lab Tests by Computer") of how to order these tests in VISTA or CPRS. You may ask for a copy of this sheet to give to the source patient's attending provider. The provider treating you for your potential exposure can assist with questions the attending physician may have regarding which tests to order, or if there is a problem with the attending physician ordering the tests or obtaining verbal informed consent for HIV testing.

6. If you are a UTHSC medical resident or a University Hospital staff member, you will need to report to University Hospital Employee Health for follow up.

INSTRUCTIONS TO THE SUPERVISOR
OF AN EMPLOYEE SUSTAINING A POTENTIAL BLOODBORNE PATHOGEN EXPOSURE

1. Employee will report to you whenever s/he experiences a potential bloodborne pathogen exposure.

2. Your assistance is required to guide your employee in the proper procedural response to a potential bloodborne pathogen exposure. Familiarize yourself with the information on the sheet entitled "INSTRUCTIONS TO THE INDIVIDUAL POTENTIALLY EXPOSED TO A BLOODBORNE PATHOGEN" included in the Needlestick Packet.

a. Help the employee obtain information vital to his/her evaluation (e.g. patient donor name and SSN; donor's risk factors- injecting drug abuse, blood transfusions, multiple sexual partners; type and brand name of sharps device involved in incident).

b. Send the employee to the Occupational Health Clinic (OHC) during normal duty hours (M-F 7:30 a.m. to 3:45 p.m. ALMD; 7:30 a.m.-4:00 p.m. Kerrville Division) or the Occupational Health Coordinator at outlying clinics. If the OHC is closed, send the employee to the Emergency Department (ALMD) or at Kerrville Division call the operator at (830) 896-2020 and ask for the Medical Officer of the Day. Ideally the employee should report within 15 minutes of the exposure.

3. Complete the ASISTS (Automated Safety Incident Surveillance Tracking System) case on the STVHCS intranet.

INSTRUCTIONS TO THE TREATING PROVIDER

CARING FOR A BLOODBORNE PATHOGEN EXPOSURE

1. Every attempt should be made to assess the potentially exposed individual (PEI) expeditiously, if possible within a 2 hour time frame from exposure, in order to optimize HIV anti-viral treatment. Please see point # 10 below in this section for Kerrville Specific instructions.

2. Documentation should be done in CPRS for individuals potentially exposed to bloodborne pathogens (BBPs). Enter visit as an Employee Health visit for employees and volunteers; for all others the visit is entered as a regular emergency room visit. The needlestick template may be used to document the encounter. Do not identify the source patient in CPRS; only identify the name in the handwritten report filled out by the PEI.

3. Assure the PEI has received and filled out the "Occupational Health Bloodborne Pathogen Exposure Report" from the Needlestick packet (appendix p. 7).

4. Standard labs for BBP exposures are listed in the VISTA system. They may be ordered in the VISTA system or in CPRS. Instructions on how to enter them are included with this packet. For the potentially exposed individual (PEI), baseline hepatitis BsAg and Ab, hepatitis C Ab, HIV 1/2, chemistry panel and CBC are ordered. For the donor patient, a hepatitis BsAg, hepatitis C Ab, and HIV 1/2 are ordered by the attending physician. It is the responsibility of the donor patient's attending physician or designee to obtain verbal informed consent for HIV testing on the donor and to order the BBP panel on the donor/source patient. Please assist the PEI to facilitate the ordering of BBP testing, as requested. **Following through with the collection of lab specimens is the responsibility of that PEI.** You may remind the PEI that testing and prophylaxis are time-sensitive, (long delays may decrease effectiveness) and procrastination on his/her part only adds to the waiting time for results.

5. The exposure should be evaluated for the potential to transmit HBV, HCV, and HIV based on type of exposure, type and amount of fluid/tissue, the infectious status of the source, and susceptibility/status of the exposed person (including pregnancy as indicated). Assist the PEI, if asked, by discussing the source/donor patient's risk factors or health status directly with the attending physician or designee.

6. Enclosed are algorithms to help you establish who needs hepatitis B immunoglobin (HBIG) and HIV Post Exposure Prophylaxis (PEP). HBIG should be administered within 48 hours of injury. Administering HBIG can normally be left to the Occupational Health Clinic (OHC) for the next business day since the donor/source HBsAg can be obtained within that time frame (run in-house daily M-F). On holiday weekends or Friday evening/nights the decision to treat and administer HBIG shall be made by the emergency room provider as hepatitis B serology testing is not performed on the weekend. Verbal informed consent should be obtained and documented before HIV testing. HIV testing is currently available twice daily M-F, and in 24 hours on a weekend (sent out weekends on Friday night and all day Saturday). Currently there is no recommended post-exposure prophylaxis for hepatitis C.

7. The first dose of HIV prophylaxis should be dispensed to the PEI as soon as possible, preferably during the visit if available (e.g. Omni cell in the Emergency Department). The initial antiviral prescription should be for 3 days of therapy. The remaining medication supply will be prescribed on follow-up visit(s) at the OHC. Any written prescription for post exposure prophylaxis should be coded with "needlestick" at the top.

8. If HIV prophylaxis is recommended , the PEI should be given the HIV testing educational brochure "Information about HIV Testing" (appendix pages 13 & 14) and a copy of the HIV prophylaxis Consent/Declination form listing medication side effects (appendix p. 8). OHC will give the PEI the "Provider's Written Opinion on Your Potential Bloodborne Pathogen Exposure" (appendix p. 11) and "Schedule for BBP Lab-work Post-exposure" (appendix p. 12) during the follow up visit.

9. All employees should be instructed to follow-up at the OHC on the next business day. Forward the remainder of the Needlestick Packet back to OHC the next business day.

10. After hours at Kerrville Division, the MOC, if taking call outside the hospital, will evaluate the patient directly by phone. If prophylaxis is recommended, a verbal order will be given to the registered nurse in charge to administer the medications. That nurse will obtain written consent from the PEI to give the medication. Informed oral consent to draw HIV antibody on the PEI will be obtained by the MOC. All charting by the MOC will be completed within 24 hours as required. If the PEI needs to be registered in CPRS (VISTA), administrative assistance may be obtained by calling the ALMD emergency department. Once the patient is registered, all laboratory tests and medication orders can be entered.

Vaccination and antibody status of exposed person	**Treatment when source is hepatitis B surface antigen (HBsAg) positive**	**Treatment when source is HBsAg negative**	**Not tested or status unknown**
Unvaccinated	HBIG and initiate Hepatitis B vaccine series	Initiate Hepatitis B vaccine series	Initiate Hepatitis B vaccine series
Previously vaccinated known responder	No treatment	No treatment	No treatment
Previously vaccinated known non responder	HBIG or HBIG and initiate revaccination	No treatment	If known high-risk source treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for antibody to hepatitis B surface antigen (results available in 48 hours) 1. If adequate, no treatment 2. If inadequate, HBIG and initiate revaccination	No treatment	Test exposed person for antibody to hepatitis B antigen 1. If adequate, no treatment 2. If inadequate, administer vaccine booster and recheck titer in 1-2 months

Hepatitis B immune globulin dose: 0.06 mL/kg intramuscularly
Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen as defined by the laboratory performing the test.

Determining the need for HIV prophylaxis algorithm

Preferred HIV PEP Regimen

Raltegravir (Isentress; RAL) 400 mg PO twice daily
Plus
Truvada, 1 PO once daily
(Tenofovir DF [Viread; TDF] 300 mg + emtricitabine [Emtriva; FTC] 200 mg)

Alternative Regimens

(May combine 1 drug or drug pair from the left column with 1 pair of nucleoside/nucleotide reverse-transcriptase inhibitors from the right column; prescribers unfamiliar with these agents/regimens should consult physicians familiar with the agents and their toxicities)[a,b]

Raltegravir (Isentress; RAL)	Tenofovir DF (Viread; TDF) + emtricitabine (Emtriva; FTC); available as Truvada
Darunavir (Prezista; DRV) + ritonavir (Norvir; RTV)	Tenofovir DF (Viread; TDF) + lamivudine (Epivir; 3TC)
Etravirine (Intelence; ETR)	Zidovudine (Retrovir; ZDV; AZT) + lamivudine (Epivir; 3TC); available as Combivir
Rilpivirine (Edurant; RPV)	Zidovudine (Retrovir; ZDV; AZT) + emtricitabine (Emtriva; FTC)
Atazanavir (Reyataz; ATV) + ritonavir (Norvir; RTV)	
Lopinavir/ritonavir (Kaletra; LPV/RTV)	

The following alternative is a complete fixed-dose combination regimen, and no additional antiretrovirals are needed: Stribild (elvitegravir, cobicistat, tenofovir DF, emtricitabine)

Preferred HIV PEP regimen:
Raltegravir 400 mg po bid **PLUS** Tenofovir 300mg daily + emtricitabine 200mg daily (Truvada), except in pregnant or patients with renal disease.
In pregnant patients and patients with renal disease, expert consultation is recommended.

- Possible alternatives in pregnant patients include zidovudine 300 mg + lamivudine 150 mg twice daily + lopinavir/ ritonavir 400mg/100 mg twice daily.
- In patients with renal disease raltegravir + zidovudine + lamivudine may be used (but dose of zidovudine and lamivudine may need to be adjusted).

***Principles*:** Post exposure prophylaxis is indicated for PEI that are exposed to a patient with HIV or for whom there is a reasonable suspicion that they could have HIV. If the source is tested and is HIV negative, prophylaxis should be discontinued. PEP should not be delayed. Careful evaluation of the drug interactions should be performed by the prescribing provider.

Risk assessment:
Potentially infectious body fluids in contact with mucous membranes, non-intact skin or through percutaneous exposure include blood, bloody body fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Not considered infectious (unless visibly bloody): feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus.

Risk of occupational transmission to blood infected with HIV: percutaneous exposure 0.3%, mucous membrane exposure 0.09%. Risk is increased when exposure occurs with a needle previously placed on artery or vein, deep injury, needle or instrument visibly contaminated with blood, source case with elevated viral load or advanced AIDS. HIV can still be transmitted if source HIV viral load is undetectable, and PEP may still be required.

Indications for Expert Consultation: Delayed exposure report (>72 hours), Unknown source, known or suspected pregnancy on PEI, breastfeeding by PEI, known or suspected resistance on source patient, toxicity of PEP regimen, serious medical disease on PEI (i.e. renal failure or cirrhosis), in any instance where the prescribing HIV PEP provider needs guidance.

TYPE	HIV SOURCE	PROPHYLACTIC TREATMENT
Percutaneous **Less severe** (Solid needle or superficial injury) **More severe** (Large bore hollow needle, deep injury or visible blood on needle/device, device was in an artery/vein)	**Known Positive Donor** **Low risk:** Asymptomatic, viral load <1500	Recommended
Mucocutaneous **Small volume (few drops)** **Large volume (major blood splash)**	**High Risk** Symptomatic, AIDS, acute retroviral syndrome, or known high viral load	**Small volume Low risk:** Consider treatment **Small volume High risk:** Recommend treatment **Large volume High/Low risk:** Recommend treatment
	Known donor with HIV status unknown	**Mucocutaneous Small volume:** Generally treatment not recommended **Mucocutaneous large volume:** Generally not recommended. Consider treatment in source with known risk factors **Percutaneous: Less severe or more severe:** Generally not recommended. Consider treatment in source in which exposure to HIV-infected persons likely (donor w/risk factors)**.**
	Unknown source	**Mucocutaneous Small volume:** Generally not recommended **Mucocutaneous large volume:** Generally not recommended. Consider treatment in setting with known risk factors (e.g. Immunosuppression clinic) **Percutaneous: Less severe or more severe:** Generally not recommended. Consider treatment in source in which exposure to HIV-infected persons likely (e.g. trash from HIV clinic)**.**

OCCUPATIONAL HEALTH
BLOODBORNE PATHOGEN EXPOSURE REPORT

This completed report is mandatory prior to the initiation of appropriate therapy and counseling. Therefore, accurate readable documentation on the part of the person sustaining a potential blood-borne pathogen exposure is required when that person reports to the Occupational Health Clinic (OHC), Community-based Outpatient Clinic (CBOC), or Emergency Department (ED).

Potentially Exposed Individual's Name: _____ DOB_____

SSN _____ Service _____

Date of injury/exposure_____ Time_____

Date of reporting for therapy _____ Time of initial contact at OHC/ED _____

Work/pager, phone #_____ Home phone/mobile _____

Supervisor _____

Have you completed the hepatitis B vaccine series? Yes___ No___ Date completed_____

Have you ever been tested for hepatitis B surface antibody? Yes___ No___ Results_____

Job duty at time exposure occurred _____

Give complete description of exposure, i.e. type (needlestick, cut, splash); activity during which exposure occurred (e.g. removal of syringe with needle attached from bedside table; removal of bedside trash container); exposure material); and approximate amount and duration of exposure, if applicable (e.g. blood splash to right eye sufficient to cover inner aspect for approximately 30 seconds).

_____
_____
_____

If needlestick or sharps device, list type and brand of device:

_____

Extent of resulting injury: (e.g. gaping puncture wound approximately 2 mm deep or small needlestick puncture)

_____

Corrective action taken at time of exposure (if applicable): (e.g. immediately irrigated with water)

_____

Donor/patient name_____ SSN_____

Known hepatitis B: _____ hepatitis C_____ HIV_____
Risk History: _____
(E.g. lifestyle, injecting drug use, history of transfusion)

If HIV+: AIDS diagnosis: yes/no viral load_____ CD4 count_____
AIDS medications: Current:

_____

Previous_____

Attachment 7

HIV PROPHYLAXIS CONSENT

The latest Public Health Service Guidelines needlestick and blood and/or bodily fluid exposure guideline recommends the following prophylactic drug regimen given for 28 days (4 weeks) after occupational exposure to Human Immunodeficiency Virus (HIV):

Truvada: tenofovir 300mg + emtricitabine 200mg daily
PLUS
Raltegravir 400 mg PO twice a day

For persons that cannot or should not take either of the above medications:
Combivir: zidovudine 300mg Q 12 hrs and lamivudine 150mg twice a day (can replace truvada)
And
Kaletra: lopinavir 400 + ritonavir 100mg twice a day (can replace raltegravir)
May be chosen instead.

I have been informed about my risk for HIV infection after my recent exposure to blood and/or bodily fluids of a person suspected or known to be HIV positive. The South Texas Veterans Health Care System (STVHCS) physician has offered me the prophylactic medications. I understand that these medications are contraindicated for me if I have had an allergic reaction to any of them in the past. Furthermore, the risks for pregnant women taking these medications are uncertain. I understand that side effects of these medications may include (Counseling provider to circle regimen selected):

a. **Truvada (tenofovir 300mg + emtricitabine 200mg) - Take 1 tablet daily**
*Headache *Elevated liver tests * Kidney problems (rare) *Loss of appetite *Nausea, vomiting *Increased bilirubin

b. **Isentress (Raltegravir 400mg) - Take 1 tablet TWICE daily**
* Insomnia, * headache * Elevated glucose * elevated liver tests * elevated muscle enzymes

c. **Combivir (zidovudine 300mg + lamivudine 150mg) - Take 1 tablet TWICE daily**
*Nausea, vomiting *Diarrhea *Skin rash * Anemia *Diarrhea *Fatigue *Skin rash *Muscle pain *Difficulty sleeping *Muscle and joint pains *Elevated liver tests

d. **Kaletra (lopinavir 400 + ritonavir 100mg) - Take 1 tablet TWICE daily**
*Diarrhea (Kaletra), vomiting * Elevated liver tests* rash * diarrhea* abnormal taste* headache*Difficulty sleeping * abdominal pain

Antiretroviral medications can have multiple interactions with other medications and they should be evaluated by your healthcare provider. DO NOT TAKE ANY MEDICATION (including Viagra, Cialis, or others) without asking your doctor if it would interact with your antiretroviral medications. These interactions may be severe and affect your health.

I have been informed that the recommendations from the CDC for prophylaxis after a possible exposure to HIV is to begin the above drug regimen within two hours, if possible, after the exposure.

I DECLINE TO TAKE THE RECOMMENDED PROTOCOL AS OFFERED BY STVHCS:

_____

Signature Date

I ACCEPT TO TAKE THE RECOMMENDED PROTOCOL AS OFFERED BY STVHCS:

_____

Signature Date

WITNESS:

_____

Signature Date

Blood-Borne Pathogen Exposure Report (For Health Care Provider)

Name and last 4 SSN of Potentially Exposed Individual _____

Time Seen by Provider: _____

Post-exposure prophylaxis given: yes/no

If yes, two drugs/four drugs (circle one)

First dose of antiretroviral therapy administered how long after exposure (minutes)? _____

Patient counseled on risks of exposure (date): _____
_____

Additional information:

History: _____
_____
_____
_____

PE: _____

Assessment:
_____
_____

Plan: _____
_____

Name/Signature of evaluating clinician: _____

Occupational Health Use

Donor:
Hepatitis B surface antigen result/date_____
Hepatitis C antibody result/date_____
HIV antibody result/date_____

Potentially exposed individual:	Baseline	3*/4 weeks	6 weeks	3 mos	6 mos
Hepatitis B surface Antigen	X				
Hepatitis B surface Antibody	X				
Hepatitis C Antibody	X	X	X	X	X
HIV antibody	X	X	X	X	X
ALT	X	X	X	X	X

*If source Hep Cab + (CBC, Chem 20, Hep C qual PCR)_____
Hepatitis BsAg & Ab should be ordered at baseline then as indicated
PEP follow-up:
Labs_____
Side Effects _____

Attachment 9

POLICY MEMORANDUM 11-13-84

ORDERING LAB TESTS BY COMPUTER (INSTRUCTIONS)

ENTERING LAB DATA FOR NEEDLESTICK/BBP EXPOSURE
IN VISTA:
PROMPT: YOU ENTER:

Clinic Clerk Menu Option **WARD LAB MENU**
Hospital Location Name **EMPLOYEE HEALTH**
(List of Clinics Appears): **EMPLOYEE HEALTH**
Ward Lab Menu Option **FAST LAB TEST ORDER**
Do You Want Copies of Orders **YES**
Collection Date **TODAY**
Select Accession Test Group **# 35 (NEEDLESTICK GROUP**)
Patient Name **FIRST LETTER OF LAST NAME WITH**
LAST 4 OF SSN
(For Employees)--So You Want To Continue
Processing This Patient Record
Y (ES)
Patient Location: EMPL EMPLOYEE HEALTH (FOR EMP) WARD
(FOR PATIENT/DONOR)
Provider EHC PROVIDER'S NAME (FOR EMP)
PRIMARY PROVIDER (FOR
PATIENT/DONOR)
Choose One (or More) **1 AND 2** FOR EMPLOYEE
(**3** FOR THE PATIENT/**DONOR)**
Is Blood Yellow Gel the Correct Sample to
Collect?
Y (ES)
Other Test(s): N// "ENTER"
All Satisfactory? Y// "ENTER"
Enter Pt. Sex & DOB **M** (ALE) or **F** (EMALE), MMDDYY
OK? YES// "ENTER"

****************NEXT STEP IS VERY IMPORTANT****************

Enter Order Comment NEEDLESTICK, MMDDYY (OF ACCIDENT), "RECIPIENT" OR "DONOR" (IF KNOWN)
*This Prompt Will Come Up For Each Test
Requested*
USE SAME RESPONSE
Print on Device ENTER YOUR PRINTER DEVICE CODE

FOR CPRS:
Under lab orders as usual select:
For potentially exposed individual

- Needlestick employee (always order w/ #2)
- Needlestick employee (signed HIV form needed) [will change to "HIV verbal informed consent needed"]

For the source (donor, patient)
Needlestick patient/source

PROVIDER'S WRITTEN OPINION ON YOUR POTENTIAL BLOODBORNE PATHOGEN EXPOSURE

Name: _____ Date of Exposure: _____SSN (Last 4):_____

1. Hepatitis B vaccine is is not indicated (circle one).

2. Hepatitis B vaccine was was not given (circle one).

3. The above-named individual has been informed of the results of the post-exposure evaluation.

4. The above-named individual has been informed about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment.

Medical provider name: _____

Signature: _____

Date: _____

Schedule for Bloodborne Pathogen Lab-work Post-exposure

Name: _____Last 4: _____ Date of Incident: _____Date of Birth: _____

The potentially exposed individual is to report to the Occupational Health Clinic to have these tests ordered and for follow-up as scheduled below.

3 weeks – _____If Donor is Hep C+ and/or if the employee is taking PEP the following will be drawn: CBC, Chem 20, Hep C PCR RNA (Qualitat) and ALT

4 weeks - _____If the Donor is Hep C– AND the employee is not taking PEP, only order:

HepC Antibody, HIV and ALT

6 weeks - _____ HepCAntibody, HIV, and ALT

3 months - _____ HepCAntibody, HIV, and ALT

6 months - _____ HepCAntibody, HIV, and ALT

_____

Employee Signature for Receipt of Schedule

Attachment 12

Information about HIV Testing

What is the HIV test?
This test can tell if you have human immunodeficiency virus (HIV), the virus that causes AIDS. HIV weakens the body's immune system. When the immune system is damaged so much that the person can get serious infections or cancers this is called AIDS. People infected with HIV may have no symptoms for many years. Even without symptoms damage to the immune system happens and infected people can still pass the virus to others

The test is usually done using blood taken from a vein with a needle. Sometimes it can be done using blood from sticking your finger or fluid from inside your mouth (oral fluid). If your first test is done with oral fluid or blood from a finger stick and is positive we will take blood from a vein for a second test to confirm the results.

Why does VA want to test me for HIV?
Testing is recommended for all patients, even those who do not think they may have been exposed to HIV. For some patients who have had a possible exposure or who have symptoms suggesting they might have HIV infection repeat testing may be recommended.

How will the HIV test help me?
If you have HIV, the sooner you know, the sooner you can take steps to stay healthy. There are effective treatments that help people with HIV live longer and healthier lives. If you learn you have HIV, you can take steps to avoid spreading the virus to others. You can get care for HIV at VA. Your HIV test result will not affect your VA care or eligibility for VA benefits.

What are the possible risks of this test?

- You may feel sad, depressed, angry or anxious if you learn you have HIV. This is natural. If these feelings are severe, your provider can refer you to someone at VA who can help you.
- If other people find out about the HIV diagnosis, some people may treat you unfairly.

Protecting your privacy

VA will not give your HIV test results to anyone except your caregivers or providers unless you give permission in writing except in these SPECIAL CASES

- Within VA for medical care
- With a VA health care provider or employee in case an employee comes into contact with your blood, such as by an accidental needlestick
- Within VA if the VA needs the information to see if you qualify for VA benefits;
- With a specific health care provider in an emergency if the information is required to provide you with medical care
- To report to public health authorities
- If ordered by a court of law
- If the Department of Defense requests it (to use for treatment or benefits);
- If Congress requests it for VA program oversight (your name will not be used)
- For VA-approved scientific research (your name will not be used)
- To evaluate patient care
- If you tell a VA provider that you have unprotected sex with someone and will not tell them your HIV status the provider can tell them to protect their health.

What happens if I refuse to have this test?

You have the right to refuse to have this test done. If you refuse to have this test, your health care providers may not have all the information needed to take the best care of you.

What are the alternatives to having this test done in VA?

You can have an HIV test done outside VA. If you have a test done outside VA you will have to pay any cost yourself. In some places you can get an HIV test done anonymously (without giving your name.)

What HIV test results mean: When testing is completed the result is reported to your provider. Your provider will tell you the result. Possible results are:

Positive: result means that you have an HIV infection and you can pass it to others.

Negative: result means either you do not have HIV or got it so recently that your body has not had time to make enough antibodies to be seen by the test. If your result is negative but other things seem to point to HIV as a possibility you should have the test repeated later.

Indeterminate: means that the test did not show whether or not you have HIV. This could happen if you have another medical condition that interfered with the test or have been infected recently. If you have an indeterminate HIV test result, you need to have an HIV test repeated at a later date to find out for sure if you have HIV.

What everyone needs to know about how HIV spreads from person to person.

- People spread HIV by:
    - Unprotected (without a condom) sexual contact.
    - Sharing needles or "works" (cookers and other things used to prepare drugs for injection) during drug use.
    - From an HIV infected woman to her baby during pregnancy, labor, or breastfeeding
- You can reduce risk by:
    - Not having sex
    - Using a condom every time you have sex.
- For pregnant women there are drugs that will improve your health and reduce the risk to the baby
- You can get HIV any time you inject drugs and share needles or works. .You can reduce the risk by:
    - Not injecting drugs
    - Never sharing needles or works.

You should find out how and when you will get your HIV test results.
If your HIV test is positive, you can still get care at VA. Your provider may refer you to another medical professional for follow-up care.