

## **Appendix 17 – Decision Making**

December, 2014

Page 1 of 5

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Please see the following pages for the Decision-Making Algorithms.

# Guidelines for the Management of Exposures to Blood and Body Fluids

MOST EXPOSURES DO NOT WARRANT HIV PEP, HOWEVER, IT IS STILL RECOMMENDED TO PROVIDE THE INDIVIDUAL WITH BASELINE TESTING AND FOLLOW-UP

This includes:

**BASELINE TESTING:**

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)

**EDUCATION**

- Supportive counselling
- Safer sex education
  - Patients should have protected sex with partners until their results of final HIV antibody testing is known to be negative
- Blood and Body Fluid Precaution Education (to take precautions until final HIV test result is known). See [Section 6 – Counselling and Follow-Up](#)

**FOLLOW-UP**

- HBV post-exposure prophylaxis (vaccination and HBIg if indicated)
- Refer the exposed person to their Family physician
- If source is known positive for HIV, HBV or HCV or their status is unknown complete follow-up testing as per table below
- Send completed Exposure Incident Report Form to MHO
- For Health Region Employee, refer to Regional Occupational/Employee Health Department

## SKIN & MUCOUS MEMBRANE EXPOSURE

**FIRST AID**

- Skin – wash site liberally with soap and water
- Eyes – irrigate gently with sterile saline
- Mouth – rinse with water
  - Tooth brushing is NOT recommended

Exposed individuals should be assessed **URGENTLY**

If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure

**RISK ASSESSMENT**

- When did exposure occur
- Nature of exposure (type of fluid and amount)
- Duration of exposure

**CONSIDER HIV PEP IF THE FOLLOWING CONDITIONS ARE MET:**

If there is exposure of NON-INTACT skin or mucous membrane by blood or other body fluids (excluding urine, saliva & faeces)  
**AND**  
 The source is KNOWN to be HIV positive  
**OR**  
 The source is at HIGH RISK for HIV  
**AND**  
 The patient consents to PEP  
**AND**  
 The time from exposure to HIV PEP is < 72 hours

Consider HIV PEP **NO**

Consider HIV PEP **YES**

The HIV PEP Kit may be started if there is a delay in obtaining source information

**SOURCE DETAILS**  
HIV STATUS OF SOURCE UNKNOWN  
 If available and consents:

- Test for HIV, HBV & HCV
  - Consider possibility of source window period

HIV STATUS OF SOURCE KNOWN TO BE POSITIVE  
 Information that is helpful for the ID Specialist:

- HIV viral load
- Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
- HBV & HCV status

If HIV positive source, administer 1<sup>st</sup> dose of HIV PEP regimen to the exposed person (if not already given)

**EXPOSED PERSON'S DETAILS**

- Medical history including all drugs
- Review for drug interactions on PIP
- Vaccination history for HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

**DISCUSS WITH ID SPECIALIST AT TIME OF INCIDENT TO DETERMINE THE NEED FOR ONGOING HIV PEP AND FOLLOW-UP**

**HBV PEP**

- Assess and manage as per Canadian Immunization Guide See [Appendix 8](#)

**BASELINE BLOODS**

- HIV antibodies
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

**EDUCATION**

- Likely side-effects of HIV PEP. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Blood and Body Fluid Precautions See [Section 6 – Counselling and Follow-Up](#)
- Patients should have protected sex with partners until results of final HIV antibody testing is known

**FOLLOW-UP**

- Refer exposed person to Family Physician and/or ID Specialist
- Send completed Exposure Incident Report Form to MHO

| Follow-up Testing | Month 1        | Month 3 | Month 6 |
|-------------------|----------------|---------|---------|
| HIV               | √              | √       |         |
| HBsAg             |                | √       |         |
| Anti-HCV          | √              | √       | √       |
| Hep C PCR         | * - See App 10 |         |         |

# Guidelines for the Management of Exposures to Blood and Body Fluids

## NEEDLE STICK INJURY (NSI)

### FIRST AID

- Allow the wound to bleed freely
- Wash liberally with soap & water

Exposed individuals should be assessed **URGENTLY**

If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure.

### RISK ASSESSMENT

- When did exposure occur
- Geographic location of exposure (e.g. hospital versus community)
- Nature and extent of the injury
  - Deep penetrating injury
  - Superficial injury
  - Through clothing/gloves
  - Volume of blood in syringe
  - Was the needle/syringe freshly used

**USUALLY HIV PEP IS NOT INDICATED FOR COMMUNITY NSIs.**

**FOR HEALTH CARE NSIs HIV PEP MAY BE CONSIDERED IF THE FOLLOWING CONDITIONS ARE MET:**

The syringe has been freshly used/discarded  
**AND**  
 There is visible fresh blood on the needle or syringe  
**AND**  
 The source is KNOWN to be HIV positive  
**OR**  
 The source is at HIGH-RISK for HIV  
**AND**  
 The patient consents to PEP  
**AND**  
 The time from exposure to PEP is < 72 hours:

Consider HIV PEP **NO**

Consider HIV PEP **YES**

| Follow-up Testing | Month 1        | Month 3 | Month 6 |
|-------------------|----------------|---------|---------|
| HIV               | √              | √       |         |
| HBsAg             |                | √       |         |
| Anti-HCV          | √              | √       | √       |
| Hep C PCR         | * - See App 10 |         |         |

MOST EXPOSURES DO NOT WARRANT HIV PEP, HOWEVER, IT IS STILL RECOMMENDED TO PROVIDE THE INDIVIDUAL WITH BASELINE TESTING AND FOLLOW-UP

This includes:

#### BASELINE TESTING:

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)

#### EDUCATION

- Supportive counselling
- Safer sex education
  - Patients should have protected sex with partners until their results of final HIV antibody testing is known to be negative
- Blood and Body Fluid Precaution Education (to take precautions until final HIV test result is known). See [Section 6 – Counselling and Follow-Up](#)

#### FOLLOW-UP

- HBV post-exposure prophylaxis (vaccination and HBIG if indicated)
- If the exposure was from a sharp object that may have had contact with soil, tetanus vaccination should be confirmed and prophylaxis offered as per standard practice
- Refer the exposed person to their Family physician
- If source is known positive for HIV, HBV or HCV or their status is unknown complete follow-up testing as per table below
- Send completed Exposure Incident Report Form to MHO
- For Health Region Employee, the MHO will refer to Regional Occupational/Employee Health Department

The HIV PEP Kit may be started if there is a delay in obtaining source information

#### SOURCE DETAILS

##### HIV STATUS OF SOURCE UNKNOWN

If available and consents:

- Test for HIV, HBV & HCV
  - Consider possibility of source window period

##### HIV STATUS OF SOURCE KNOWN TO BE POSITIVE

Information that is helpful for the ID Specialist:

- HIV viral load
- Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
- HBV & HCV status

If HIV positive source, administer 1<sup>st</sup> dose of HIV PEP regimen to the exposed person (if not already given)

#### EXPOSED PERSON'S DETAILS

- Medical history including all drugs
- Review for drug interactions on PIP
- Vaccination history for tetanus and HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

**DISCUSS WITH ID SPECIALIST AT THE TIME OF THE INCIDENT TO DETERMINE THE NEED FOR ONGOING HIV PEP**

#### HBV PEP

- Assess the need for HBIG and hepatitis B vaccine for all percutaneous exposures using the flowcharts in Appendix 8
- HBIG is not usually recommended for Community NSI. See [Appendix 8 \(b\)](#)

#### TETANUS PROPHYLAXIS

- If the exposure was from a sharp object that may have had contact with soil, tetanus vaccination should be confirmed and prophylaxis offered as per standard practice

#### BASELINE BLOODS

- HIV antibodies
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

#### EDUCATION

- Likely side-effects of HIV PEP. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Blood and Body Fluid Precautions See Section 6 – Counselling and Follow-Up
- Patients should have protected sex with partners until results of final HIV antibody testing is known

#### FOLLOW-UP

- Refer exposed person to Family Physician and/or ID Specialist
- Send completed Exposure Incident Report Form to MHO

# Guidelines for the Management of Exposures to Blood and Body Fluids

MOST EXPOSURES DO NOT WARRANT HIV PEP, HOWEVER, IT IS STILL RECOMMENDED TO PROVIDE THE INDIVIDUAL WITH BASELINE TESTING AND FOLLOW-UP

This includes:

**BASELINE TESTING:**

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- STI screening

**EDUCATION**

- Referral for supportive and/or behavioural counselling
- Safer sex education
  - Patients should have protected sex with partners until their results of final HIV antibody testing is known to be negative
- Blood and Body Fluid Precaution Education (to take precautions until final HIV test result is known). See [Section 6 – Counselling and Follow-Up](#)

**FOLLOW-UP**

- HBV post-exposure prophylaxis (vaccination and HBIG if indicated)
- Refer the exposed person to their Family physician
- Repeat STI Screening
- If source is known positive for HIV, HBV or HCV or their status is unknown, complete follow-up testing as per table below
- Send completed Exposure Incident Report Form to MHO

## SEXUAL EXPOSURE (assault or consensual\* exposure) \* Refer to Sections 5a and 5b



**FIRST AID**

- Rectum or vagina – douching is NOT recommended
- Mouth – rinse with water
  - Tooth-brushing is NOT recommended



Exposed individuals should be assessed URGENTLY

If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure.



**RISK ASSESSMENT**

- Date & time of exposure
- Nature of exposure (eg. oral, vaginal, anal)
- Concurrent STI in exposed or source
- Trauma from the exposure

**CONSIDER HIV PEP IF THE FOLLOWING CONDITIONS ARE MET:**

Unprotected anal or vaginal sex  
**AND/OR**  
Unprotected receptive oral sex with ejaculation  
**AND**  
The source is KNOWN to be HIV positive  
**OR**  
The source is at HIGH RISK for HIV  
**AND**  
The patient consents to PEP  
**AND**  
The time from exposure to PEP is < 72 hours

NOTE: Unprotected sex is defined as no condom used or condom slippage/breakage

Consider HIV PEP NO

Consider HIV PEP YES

| Follow-up Testing | Month 1        | Month 3 | Month 6 |
|-------------------|----------------|---------|---------|
| HIV               | √              | √       |         |
| HBsAg             |                | √       |         |
| Anti-HCV          | √              | √       | √       |
| Hep C PCR         | * - See App 10 |         |         |

The HIV PEP Kit may be started if there is a delay in obtaining source information

**SOURCE DETAILS**

HIV STATUS OF SOURCE UNKNOWN

If available and consents:

- Test for HIV, HBV & HCV
  - Consider possibility of source window period

HIV STATUS OF SOURCE KNOWN TO BE POSITIVE

Information that is helpful for the ID Specialist:

- HIV viral load
- Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
- HBV & HCV status (anti-HBs, HBsAg, anti-HCV)
- Any concurrent STI

If HIV positive source, administer 1<sup>st</sup> dose of HIV PEP regimen to the exposed person (if not already given)

**EXPOSED PERSON'S DETAILS**

- Medical history including all drugs.
- Review for drug interactions on PIP
- Vaccination history for HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

**DISCUSS WITH ID SPECIALIST AT TIME OF THE INCIDENT TO DETERMINE THE NEED FOR ONGOING HIV PEP**

**HBV PEP**

- Assess and manage as per Canadian Immunization Guide See [Appendix 8](#)

**BASELINE BLOODS**

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- STI Screening
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

**EDUCATION**

- Likely side-effects of HIV PEP. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Blood and Body Fluid Precautions See Section 6 – Counselling and Follow-Up
- Patients should have protected sex with partners until results of final HIV antibody testing is known

**FOLLOW-UP**

- Refer exposed person to Family Physician and/or ID Specialist.
- Send completed Exposure Incident Report Form to MHO
- Follow-up STI Screening

# Guidelines for the Management of Exposures to Blood and Body Fluids

MOST EXPOSURES DO NOT WARRANT HIV PEP, HOWEVER, IT IS STILL RECOMMENDED TO PROVIDE THE INDIVIDUAL WITH BASELINE TESTING AND FOLLOW-UP

This may include:

**BASELINE TESTING:**

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology
- HBV vaccination if indicated

**EDUCATION**

- Safer injecting education and information on available Needle Exchange Programs
- Blood and Body Fluid Precaution Education (to take precautions until final HIV test result is known). [See Section 6 – Counselling and Follow-Up](#)
  - Patients should have protected sex with partners until their results of final HIV antibody testing is known to be negative
- Referral for supportive and/or behavioural counselling

**FOLLOW-UP**

- Drug & alcohol referral
- HBV post-exposure prophylaxis (vaccination and HBIG if indicated)
- Tetanus prophylaxis if the exposure was from a sharp object that may have had contact with soil
- Refer the exposed person to their Family physician
- If source is known positive for HIV, HBV or HCV or their status is unknown complete follow-up testing as per table below
- Send completed Exposure Incident Report Form to MHO

## NEEDLE SHARING EVENT

(Refer to Lifestyle Exposure Section 5b pg 2-3)

**FIRST AID**

- Allow the wound to bleed freely
- Wash liberally with soap & water

Exposed individuals should be assessed URGENTLY

If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure.

**RISK ASSESSMENT**

- When did exposure occur
- Nature of exposure (from the event they are concerned about)

**CONSIDER PEP IF THE FOLLOWING CONDITIONS ARE MET**

There has been an episode of needle sharing  
**AND**  
 The syringe has been freshly used  
**AND**  
 There is visible blood on the needle or syringe  
**AND**  
 The source is KNOWN to be HIV positive  
**OR**  
 The source is at HIGH RISK for HIV  
**AND**  
 The patient consents to PEP  
**AND**  
 The time from the event of concern to PEP is < 72 hours

Consider HIV PEP NO

Consider HIV PEP YES

| Follow-up Testing | Month 1        | Month 3 | Month 6 |
|-------------------|----------------|---------|---------|
| HIV               | ✓              | ✓       |         |
| HBsAg             |                | ✓       |         |
| Anti-HCV          | ✓              | ✓       | ✓       |
| Hep C PCR         | * - See App 10 |         |         |

The HIV PEP Kit may be started if there is a delay in obtaining source information

**SOURCE DETAILS**

HIV STATUS OF SOURCE UNKNOWN

If available and consents:

- Test for HIV, HBV & HCV
  - Consider possibility of source window period

HIV STATUS OF SOURCE KNOWN TO BE POSITIVE

Information that is helpful for the ID Specialist:

- HIV viral load
- Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
- HBV & HCV status

If HIV positive, administer 1<sup>st</sup> dose of HIV PEP regimen to the exposed person (if not already given)

**EXPOSED PERSON'S DETAILS**

- Medical history including all drugs
- Review for drug interactions on PIP
- Vaccination history for HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

**DISCUSS WITH ID SPECIALIST WITHIN 24 HOURS TO DETERMINE THE NEED FOR ONGOING HIV PEP**

**HBV PEP**

- Assess and manage as per Canadian Immunization Guide See [Appendix 8](#)

**BASELINE BLOODS**

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

**EDUCATION**

- Likely side-effects. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Safer injecting education (Harm Reduction Education)
- Blood and Body Fluid Precautions See Section 6 – Counselling and Follow-Up
- Patients should have protected sex with partners until results of final HIV antibody testing is known

**FOLLOW-UP**

- Refer exposed person to Family Physician and/or ID Specialist
- Send completed Exposure Incident Report Form to MHO