Non-Occupational (Community) Exposures

Non-Occupational exposures are any direct mucosal, percutaneous, or intravenous contact with potentially infectious body fluids that occurs outside perinatal or occupational situations. Examples of non-occupational exposure situations:

- needlestick injury from needle found in the community;
- individuals exposed to blood and body fluids;
- physical altercations where exposure to blood or body fluids may occur;
- penetrating injury following an assault;
- tattoos, body piercing or other body modification procedures;
- accidents;
- bite injury:
  - penetrating percutaneous injury;
  - mucosal exposure.
- sexual exposure (refer to the Section 5a – Sexual Exposures for additional information about sexual exposures and recommendations)
- lifestyle factors (see Section 5b – Lifestyle Exposures):
  - needle sharing;
  - serodiscordant couples;
  - unprotected consensual sexual exposure.

The rationale for using human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) follows a similar logic to that of occupational exposure. Although data from the studies and case reports do not provide definitive evidence of the efficacy of HIV PEP after sexual, injection drug use, and other non-occupational exposures to HIV, the cumulative data demonstrate that antiretroviral therapy initiated soon after exposure and continued for 28 days might reduce the risk for acquiring HIV.

Step 1 – History of the Incident

Take a history of the incident – complete Exposure Incident Report Form (Appendix 3) and refer to Appendix 15 – Collection Use and Disclosure of Information. The history may identify a potential for exchange of fluids (e.g. physical altercation). Both individuals in these exposures should be assessed from the perspective of being both the exposed and the source. Determine the time elapsed since the exposure. Human immunodeficiency virus PEP is most beneficial if started within 2 hours. If the exposure occurred greater than 72 hours from presentation, HIV PEP is not recommended.

Step 2 – Risk Assessment – Refer to Section 2 – Risk Assessment.

a. Exposure Fluid.
b. Type of Exposure.
c. Source Assessment – A tool for completing a risk assessment is included in Appendix 14 – Source Patient Risk Assessment. Refer to Appendix 15 – Collection Use and Disclosure of Information and Appendix 16 – Consent for Source Patient Testing Following a Blood/Body Fluid Exposure.

Step 3 – Classify the level of risk for HIV – Refer to Section 2 – Risk Assessment.

High-risk.
Low-risk.

Step 4 – Management of Exposure

a. Wound/exposure site management.
b. Tetanus vaccination or tetanus immune globulin should be provided based on the assessment of the injury and immunization history.
c. Baseline laboratory evaluation of exposed person. See Appendix 10 – Monitoring Recommendations Following Exposures.
   - HIV testing;
   - serologic testing for hepatitis B and hepatitis C.
d. Testing of source if available.

In the instance of sexual exposure, refer to Section 5a – Non-Occupational – Sexual Exposures for other considerations.

HIV Management – Refer to Section 3 – Antiretroviral Therapy (ART) for HIV Post-Exposure Prophylaxis.

Hepatitis B Management

I. Review Hepatitis B Immunization History and Immune Status.
During office hours on Monday to Friday, the local public health office may be contacted to review immunization history.

II. Arrange for Administration of Appropriate Hepatitis B Immunological Agents.
Hepatitis B vaccine and/or hepatitis B immune globulin (HBIg) should be provided as per the algorithm in Appendix 8 – Management of Potential Exposures to Hepatitis B.

Community needlestick injury exposures (when the source is unknown) are low-risk and should be managed with hepatitis B vaccine only as per Uninfected (HBsAg-) or Low-Risk Source in Appendix 8.

If indicated, HBIg should be provided within 48 hours after an exposure. The efficacy of HBIg decreases significantly after 48 hours but may be given up to 7 days after exposure. This allows time to review the necessity for the immune globulin and to access it from Canadian Blood Services (if it is not already available in the facility/region).

Individuals requiring immunization may be referred to Public Health (if time allows) or be given the first dose of hepatitis B immunization in the ER and referred to Public Health for completion of immunization series.

Hepatitis C Management

There is no PEP for exposure to hepatitis C.

Seek expert consultation in situations where source testing is positive for hepatitis B or C. Refer to Appendix 9 – Management of Potential Exposures to Hepatitis C and Appendix 10 – Monitoring Recommendations Following Exposures.

Step 5 – Counselling

Refer to Section 6 – Counselling and Follow-Up for guidelines and topics to discuss with the exposed. This includes routine counselling as well as additional recommendations for those engaging in behaviours with ongoing risks. Appendix 6a – Patient Information Following an Exposure should be provided and reviewed with the client. When HIV PEP is provided, Appendix 6b – Patient Information for HIV PEP Kits that is found in the PEP Kits should be provided to the individual.

Regardless of HIV status, assess and assist with access to medical care, social support services, and risk-reduction counselling. Refer to Appendix 13 – Expert Consultation Resources for contact information of various services and care providers.

Step 6 – Follow-up Testing

The client should be advised to follow-up with their family physician for follow-up assessment and testing as outlined in Appendix 10 – Monitoring Recommendations Following Exposures.

NOTE: Public Health will also follow-up with all non-occupational exposures to ensure they are aware of the follow-up required with their primary care provider.

Step 7 – Reporting Requirements

- Refer to Appendix 12 – Reporting Requirements.
- Ensure the Exposure Incident Report Form (Appendix 3) is completed and submitted to the Regional Public Health Office (the Medical Health Officer or Communicable Disease Coordinator) who will submit necessary reporting elements to the Ministry.
- The HIV PEP Kit Replacement Form (Appendix 4) must be completed and Page 1 must be sent to Ministry of Health. Page 2 must be sent to Royal University Hospital Pharmacy to have another kit dispensed to the HIV PEP Kit location.