

Standardized Procedures for RN's and Standardized Protocol for LVN's for Post-Exposure to Blood or Other Potential Infectious Material

SOURCE POSITIVE FOR HIV

- Consultation with HIV Attending/Fellow/Staff or post-exposure prophylaxis (PEP) Hotline recommended immediately per facility as needed.
- If PEP started, draw minimally CBC and Comprehensive Panel at baseline and 2 weeks follow-up.
- Consider reevaluation within 72 hours after exposure.
- Workforce member (WFM) will have HIV testing at baseline, 6 weeks and concluding testing at 4 months.
- Extended HIV follow-up at 12 months recommended for WFMs who become infected with HCV after exposure to a source co-infected with HIV and HCV.
- HIV tests should be performed for any exposed person who has an illness compatible with an acute retroviral syndrome, regardless of interval since exposure.
- WFM instructed to avoid blood or tissue donation, breastfeeding, unprotected sex, or pregnancy during the first 6-12 weeks following exposure.

SOURCE POSITIVE FOR HCV

- Source needs HCV RNA if no recent lab result in medical record.

SOURCE POSITIVE FOR HCV RNA

- WFM needs HCV Ab and ALT at baseline.
- WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- WFM needs HCV Ab and ALT 4-6 months after exposure, if prior tests were negative.
- If WFM is HCV antibody positive at baseline, inquire and document their prior knowledge of Hep C infection, and refer WFM to primary care provider for further care.

SOURCE POSITIVE OR UNKNOWN FOR HBV (See ATTACHMENT 2 for details)

- WFM with documentation of complete hepatitis B vaccination series and a positive response to the vaccine series as measured by HbsAb titer $\geq 10\text{mIU/ml}$, no treatment or follow-up is necessary.
- WFM known non-responder give HBIG x 2 separated by 1 month.
- If WFM does not have complete hepatitis B vaccination series and/or immunity then WFM needs HBsAg and HbcAb at baseline and 6 months after exposure.
- WFM does not have complete hepatitis B vaccination series and immunity give HBIG x1 and complete vaccination.
- Counseling provided regarding importance of hepatitis B vaccination among health care workers. If vaccine is declined then a declination form must be signed.

SOURCE UNKNOWN FOR HIV

- Counseling regarding risks/benefits of PEP may be obtained through HIV Attending/Fellow/Staff/PEPline.
- PEP is generally not warranted in cases of unknown status. However, consider PEP for exposures from a source with HIV risk factors.
- PEP is generally not warranted in cases of an unknown source person. However, consider PEP in settings where exposure to HIV-infected persons is likely.
- Follow-up schedule is same as SOURCE POSITIVE FOR HIV.

SOURCE UNKNOWN FOR HCV RNA

- WFM needs HCV Ab and ALT at baseline.
- WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- WFM needs HCV Ab and ALT 4-6 months follow-up after exposure, if prior tests at baseline and 4-6 weeks follow-up were negative.
- If WFM is HCV antibody positive at baseline, then WFM should be referred to primary care provider.

SOURCE NEGATIVE FOR HIV

- No treatment or follow-up necessary.

SOURCE NEGATIVE HCV RNA

- No treatment or follow-up necessary.

SOURCE NEGATIVE FOR HCV Ab

- Follow up schedule same as SOURCE POSITIVE FOR HCV RNA, unless source clinically low risk

SOURCE NEGATIVE FOR HBV (See ATTACHMENT 2)

- No treatment or follow-up necessary.

Consider consultation with the Post-Exposure/PEPline per facility resources. (888)448-4911

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ **ID #** _____

EHS Medical Director's Signature: _____ **Effective Date:** _____

**Standardized Procedures for RN's and Standardized Protocol for LVN's for Post Exposure to Blood and Body Fluids by
Hep B Vaccination and Response Status**

Health-Care Personnel Status	Post-Exposure Testing		Post-Exposure Prophylaxis		Post-Vaccination Serologic Testing [†]
	Source Patient (HBsAg)	HCP Testing (anti-HBs)	HBIG*	Vaccination	
Documented responder [§] after complete series (≥ 3 doses)	No Action Needed				
Documented non-responder [¶] after 6 doses	Positive/Unknown	— **	HBIG x 2 separated by 1 month	—	NO
	Negative	No Action Needed			
Response unknown after 3 doses	Positive/Unknown	<10mIU/mL**	HBIG x 1	Initiate Revaccination	YES
	Negative	<10mIU/mL	None		
	Any Result	≥10mIU/mL	No Action Needed		
Unvaccinated/Incompletely vaccinated or vaccine refused	Positive/Unknown	— **	HBIG x 1	Complete Vaccination	YES
	Negative	—	None	Complete Vaccination	YES

Abbreviations:

HCP = Health-Care Personnel; **HBsAg** = Hepatitis B Surface Antigen; **anti-HBs** = antibody to hepatitis B surface antigen; **HBIG** = hepatitis B immune globulin

(*) HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or non-intact skin exposures is unknown. HBIG dosage is 0.06 mL/kg.

(†) Should be performed 1-2 months after the last dose of the Hep B vaccine series (and 4-6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥ 10mIU/mL).

(§) A responder is defined as a person with anti-HBs ≥ 10mIU/mL after ≥ 3 doses of Hep B vaccine.

(¶) A non-responder is defined as a person with anti-HBs <10mIU/mL after ≥ 6 doses of Hep B vaccine.

(**) HCP who have anti-HBs <10mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg-positive or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; testing at approximately 6 months consists of HBsAg and total anti-HBc

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ **ID #** _____

EHS Medical Director's Signature: _____ **Effective Date:** _____