



STANDARD OPERATING GUIDELINE
SAN JUAN ISLAND EMERGENCY MEDICAL SERVICES
SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO.1

EXPOSURE CONTROL PLAN

SOG #
123-09

APPROVED: Chief Jim Cole

ISSUED
4/28/09

PURPOSE

To provide consistent guidelines for personnel of San Juan Island EMS ("SJIEMS" or "District") for the testing and care following a potential body fluid exposure in the line of duty.

GUIDELINE

These recommendations are for known HIV "+" source. Consider risk factors if the source is unknown. Err on the side of treatment.

A. MASSIVE Exposure

1. Transfusion of blood
2. Large volume of injections of blood or other contaminated fluids (>1 ml)

Strongly recommend treatment

B. DEFINITE Parenteral Exposure

1. Intramuscular injury with blood/body fluid-contaminated needle
2. Injection of blood/body fluid
3. Laceration or similar wound which causes bleeding produced by a visibly contaminated blood/body fluid instrument (human bite causing wound to bleed)
4. Fresh wound inoculated with blood/body fluid

Recommend treatment

C. POSSIBLE Parenteral Exposure

1. Subcutaneous injury with blood/body fluid contaminated needle ("needle stick")
2. Wound produced by blood/body fluid instrument which does not cause visible bleeding (human bite without bleeding)
3. Open wound or skin lesion contaminated with blood/body fluid
4. Mucous membrane inoculation with blood/body fluid (splash to mouth or eyes)

Not routinely recommend but may be indicated for some

D. DOUBTFUL Parenteral Exposure

1. Wound caused by urine or saliva body fluid contaminated instrument which does not cause visible bleeding
2. Healed wound or skin lesion contaminated with urine or saliva body fluid
3. Mucous membrane inoculation with urine or saliva fluid

Not recommend treatment

Note: No employee shall be refused chemoprophylaxis for a work incurred exposure to blood or body fluids if they so desire the prophylaxis unless there are specific contraindications.

Blood Exposure Flow Outline

Note: treatment should be started within 3 hours of exposure

A. Emergency Responder Exposed to Blood

1. Notify Paramedic or Chief - get blood exposure packet (documents); notify MPD.
2. Go to IIMC - get registered, calling in staff after hours if necessary.

B. Source HIVA status

1. Known *positive* - determine significance of exposure, test hepatitis panel
 2. *Unknown*
 - a. request HIVA testing - someone other than the exposed person has to ask, consider the ER physician. Informed consent (hospital should have HIV testing consent form)
 - b. if blood sample obtained prior to exposure, it may be tested
 - c. if consent denied, unable to test
 - d. death of source: request testing by Coroner
- Labs drawn from source: HIVA, hepatitis panel (excluding hepatitis A)

C. If significant exposure –

1. Labs from emergency responder at IIMC: CBC, liver and renal function, (betaHCG), hepatitis panel, amylase, urinalysis, HIVA (IIMC will have consent form)
2. Informed consent to treat with antivirals.
3. Antivirals started with request of enough dispensed for 4 days
4. Offer counseling through EAP or local practitioner.
5. Medical Director to follow-up with source results and recommendation of continuation or halting treatment, and scheduling follow-up testing and examinations (2 weeks, 4 weeks, 6 weeks, 3 months, 6 months, 12 months).

D. Medications:

Common 2 drug PEP:

- **Combivir 1 P.O. BID** (zidovudine (ZDV) 300 mg + lamivudine (3TC) 150 mg)
- Lamivudine (3TC) + stavudine (d4T)
- Didanosine (ddl) + stavudine (d4T)

High risk exposure 3 drug PEP:

- zidovudine 200 mg TID + lamivudine 150 mg BID + indinavir (IDV) 800 mg TID

E. Precautions if high risk exposure: protected sex until seroconversion ruled out.

**Informed Consent to Receive Antiviral Treatment
For Blood Exposed Emergency Responders**

Information: Transmission of HIV during an occupational exposure is rare (1 in 250 for parenteral needle stick; mucous membrane and non-intact skin is too low to be measured). However, given the severe consequences of HIV transmission and the possible benefits of antiviral prophylaxis, a combination of medications is offered. Post exposure prophylaxis is recommended by the CDC. It is recommended that these medications be started within 3 hours post exposure. It is believed that a short course of these medications will cause minimal toxicity and that the possible benefits outweigh the side effects. The plan is to cover you until source blood tests are determined, or for 4 weeks if blood is not available.

Benefit: Possible prevention of HIV infection.

Risks/Reactions: vomiting, cramps, bleeding, lowered white blood cell count, lowered red blood cell count, lowered platelet count, alterations of liver and kidney functions, fatigue, headache, pancreatitis, kidney stones, confusion, anxiety, nausea, skin rashes, itching, "flu-like" syndrome. All known side effects are reversible and felt to be rare with short term therapy. Long term and reproductive side-effects are not known at this time.

Contraindications: prior intolerance, pregnancy or refusal to use contraception, breast feeding, prior diagnosis of HIV, renal insufficiency (creatinine > 3x normal), hepatic insufficiency (lft's > 3x normal), bone marrow dysfunction (hgb < 10 g/dl, WBC < 1500, plt < 100,000), treatment with myelosuppressive, nephrotoxic or hepatotoxic medications within 2 weeks, and non-compliance.

Recommendation: You have been evaluated and are offered to begin treatment with a combination of antiviral medications. Refusal to take these medications will not compromise your further care. Initially, you will have a 4 day supply. If further treatment is needed, a 2 week prescription will be given to you.

We will need to monitor you during the course of these medications in addition to monitoring your HIV status. You need to be examined again in 2 weeks, 4 weeks, 6 weeks and 3 months. Blood tests taken during these exams: CBC, creatinine, liver function tests. During these examinations, the risk and benefits of continued treatment will be evaluated.

Employee Statement: I understand the risks and benefits of taking these medications and have had my questions answered. I agree to participate in this therapy.

Name:

Date:

Signature:

Witness:

Medication Choice (please check one):

_____ Common 2 drug PEP: Combivir 1 P.O. BID (zidovudine (ZDV) 300 mg + lamivudine (3TC) 150 mg)

_____ High risk exposure 3 drug PEP: zidovudine 200 mg TID + lamivudine 150 mg BID + indinavir (IDV) 800 mg TID

_____ Other (please list): _____

Instructions to Attending Physician Caring for Exposed Emergency Responder

The EMT presenting with this has had a blood exposure. Please use this as a guide for obtaining labwork and treatment. Time is of the essence: these medications should to be started within three hours of exposure.

A. Lab Testing Of Source

HIVA, Hepatitis panel (HCV, HBSAg)

B. Assess the risk of transmission of HIV

Please refer to the tables provided if necessary (or refer to:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>, Tables 4 and 5)

C. Start appropriate drug therapy if needed

Informed consent for treatment is in this packet

Medications:

* Common 2 drug PEP: Combivir 1 P.O. BID [zidovudine (ZDV) 300 mg lamivudine (3TC)
150 mg]

* High risk exposure 3 drug PEP: zidovudine 200 mg TID + lamivudine 150 mg BID + indinavir
(IDV) 800 mg TID

Please dispense a 4 day supply and give a prescription for a 4 week supply.

D. Lab Testing of Emergency Responder

1. If antiviral therapy is started

CBC, liver function tests (AST, ALT), renal function (BUN, creat), amylase, urinalysis, HIVA (your hospital's consent), hepatitis C (HCV)

2. If antiviral therapy is not started

HIVA, hepatitis C (HCV)