

Confirm exposure

- Most important step is to determine true exposure to blood/OPIM
- Blood to blood contact
- Contact with other potentially infectious material (OPIM) in a manner that allowed contact with HCW mucous membranes
- Contact with unknown fluid in same manner

Consent

- Kentucky requires written, informed consent
- Request consent from patient
- If patient unable to consent, ask family
- Use hierarchy outlined in other consents
- In emergency care, test and discuss with family/
- General consent form not satisfactory alone
- Exposures in OR require signed general consent or consent from family. Must communicate results with patient when awakens.

Assessing Risk of Transmission

- Critically review type of exposure situation to determine level of risk

Less Severe:

- solid needle injury or superficial injury
- small blood volume (few drops) exposure to mucous membranes and/or non-intact skin

More Severe:

- large-bore hollow needle injury
- deep puncture
- visible blood on device
- needle used in patient's artery or vein
- major splash

Determining Post-exposure Prophylaxis (PEP) Indication

- Review risks of transmission associated with exposure
- Discuss risk/benefit with exposed HCW
- Review side effect profiles
- HCW pregnant?

U of L Hospital's ED PEP Kit Standard Regimen

- Truvada and Isentress

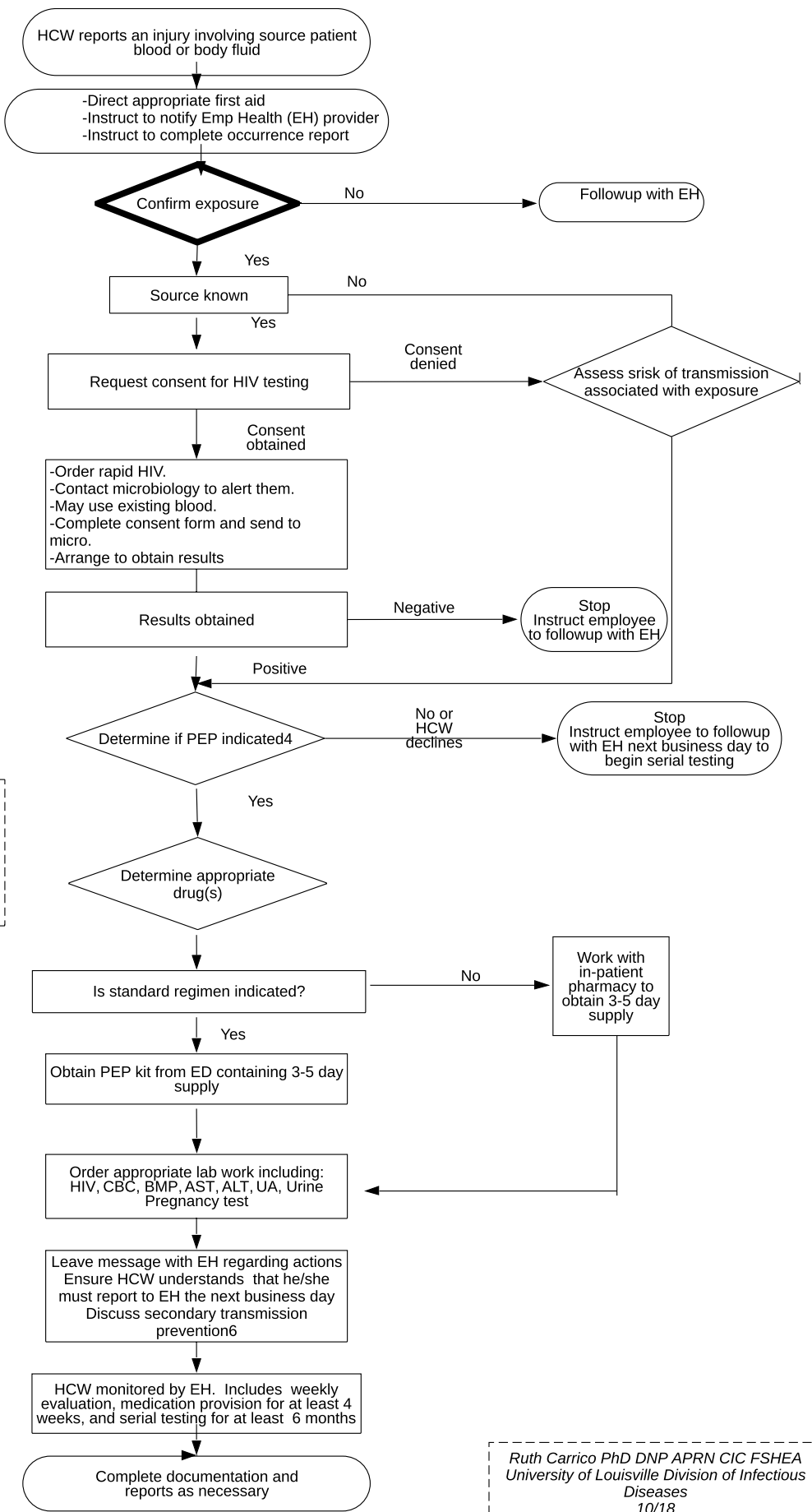
Kit consists of 3-5 day supply provided to ensure rapid followup with EH and minimize unrecognized side effects

Secondary Transmission Prevention

- No unprotected sex
- No tissue/blood donation
- Continue precautions until serial testing complete and results negative

Additional Comments

- Instruct HCW to report signs of fatigue, malaise, or viral syndrome during first 30 days post exposure



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