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**LRI Emergency Department**

# Non-occupational blood borne virus (BBV) exposure

Version 44

**For adults potentially exposed to HIV, HBV or HCV**

**Do not use for sexual or occupational exposure (see separate guidance)**

**Patient must be assessed by ED clinician within 1h**

**Disclaimer:**
**This is a clinical template; clinicians should always use judgment when managing individual patients**

Approved by ED guidelines committee on 27Apr22 . Trust Ref: C184/2016
Review due Apr25

## Patient details

Full name

DoB

Unit number

*(use sticker if available)*

## ① Mucocutaneous exposure?

☐ **YES**, as one of the below was splashed

*Mucous membrane*

- Eye ☐
- Inside of the nose ☐
- Inside of mouth ☐

*Non-intact skin*

- Cut ☐
- Abrasions ☐
- Eczema ☐
- Other (please describe below) ☐

☐ **NO**, as only intact skin was splashed

**✱ First aid measures**

- Exposed area to be washed liberally with soap & water **but without scrubbing**
- Encourage free bleeding of wounds **without sucking**
- Copious irrigation of mucous membranes; conjunctivae both **before and after** removal of any contact lenses

DD/MM/YY Date of exposure

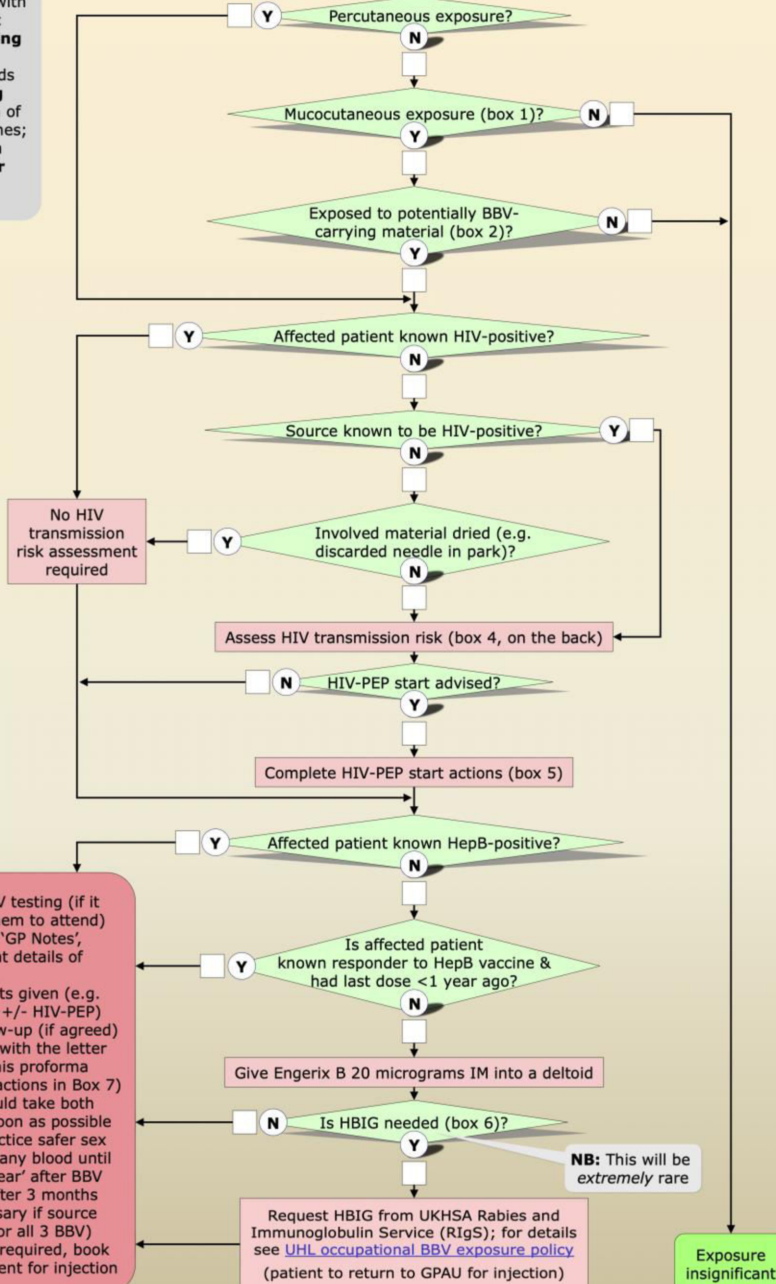
HH:MM Time of exposure

DD/MM/YY Date of assessment

HH:MM Time of assessment

HH:MM Target time of 1st HIV-PEP dose

HH:MM Actual time of 1st HIV-PEP dose




- ☐ Offer source BBV testing (if it is feasible for them to attend)
- ☐ In NerveCentre 'GP Notes', enter all relevant details of
  - ☐ The exposure
  - ☐ Any treatments given (e.g. HepB vaccine +/- HIV-PEP)
  - ☐ ID team follow-up (if agreed)
- ☐ Provide patient with the letter and a copy of this proforma (suggested GP actions in Box 7)
- ☐ The patient should take both to their GP as soon as possible
- ☐ They should practice safer sex and not donate any blood until given the 'All Clear' after BBV testing by GP after 3 months (**NB**: not necessary if source tests negative for all 3 BBV)
- ☐ **ONLY IF** HBIG required, book GPAU appointment for injection

## ② Could material carry BBV?

☐ **YES**, because one of the below involved

- Amniotic fluid ☐
- Blood ☐
- Breast milk ☐
- Cerebrospinal fluid ☐
- Fluid from burns or skin lesions ☐
- Pericardial fluid ☐
- Peritoneal fluid ☐
- Pleural fluid ☐
- Semen ☐
- Synovial fluid ☐
- Unfixed tissue or organ ☐
- Vaginal secretions ☐
- Visibly bloodstained (or dentistry-related) saliva ☐
- Other visibly bloodstained body fluid (give details below) ☐

☐ **NO**, as none of the above involved

## ③ Need for HIV-PEP cautions?

☐ **YES**, at least one of the below

- Pregnancy (consider testing as applicable) ☐
- Known or clinically suspected eGFR<50 ☐
- Source HIV+ **AND** on antiretroviral therapy ☐
- Affected patient is taking phenobarbital, rifampicin, carbamazepine, phenytoin or oxcarbazepine, or takes regular calcium, magnesium, iron or aluminium, which is often found in multi-vitamin supplements or indigestion remedies ☐
- Affected patient has already been taking PrEP (pre-exposure prophylaxis) ☐

☐ **NO**, none of the above

## ⑤ HIV-PEP start actions

*unless IDU consultant advised differently*

- Record time, date and place of agreed review by ID consultant in ED notes ☐
- Take an HIV PEP pack from Majors clean utility (in TTO pre-pack cupboard) ☐
- Read 'Information for prescribers' sheet (stapled to the outside of the pack) and discuss all items stated on its second page with the patient ☐
- Prescribe PEP exactly as per instructions in the pack ☐
- Ensure first dose is taken ASAP ☐
- Record time dose taken in box on the left ☐
- Place prescription into labeled plastic wallet on the side of the TTO pre-pack cupboard ☐
- Record details in the 'Pre-pack Medicine Register (next to TTO pre-pack cupboard) ☐

## ⑥ HB immunoglobulin needed?

☐ **YES**, as one of the two scenarios below

- Affected patient has never been vaccinated against HepB **AND** source patient is known to be HepB-positive ☐

*OR*

- Affected patient is known non-responder to HepB vaccine **AND** source patient's HepB status is positive or unknown ☐

☐ **NO**, as neither of the scenarios above

Manage any significant wounds along standard principles and consider tetanus vaccination status

This patient was managed by

Print name | Signature | Role

## ④ HIV transmission risk assessment matrix

*tick applicable exposure & source HIV status details*

**Source HIV status details**

| Positive | Unknown | Unknown | Positive |
|---|---|---|---|
| ☐ Viral load detectable or unknown, e.g. source not on treatment | ☐ High prevalence group<br>☐ Man who has sex with men<br>☐ Injecting drug user<br>☐ Originating from a country with HIV prevalence ≥1% (see bit.ly/2Ln0gXf or [Wikipedia page](Wikipedia page))<br>Country: ____<br>Prevalence: ____ % | ☐ Not from high prevalence group | ☐ Viral load undetectable (source has confirmed that their viral load [VL] is <200 copies/mL) |

**Exposure details**

☐ Percutaneous exposure
- ☐ Used hollow-bore needle
- ☐ Used razor
- ☐ Bone fragment (e.g. when inserting a chest drain)
- ☐ Other sharp object; details:

*e.g. used scalpel blade, suture needle or trochar*

☐ Bite with **ALL THREE** of the conditions below
- ☐ Source has untreated HIV infection **AND**
- ☐ Some of biter's blood was present in their mouth **AND**
- ☐ Bite has punctured the skin

☐ Bite without the conditions above

☐ Mucocutaneous exposure to blood or other virus-containing fluid

**Complete Box 3 then seek advice from on-call IDU consultant**

**If PEP is started, IDU consultant will indicate where and when patient will be followed up**

**PEP is not indicated and advice from the infectious diseases team not needed:**

**HIV transmission risk is less than 1 in 10.000**

## ⑦ Suggested GP actions

**Dear Doctor,**

Your patient attended our ED today following potential exposure to blood borne viruses. You will find details of what happened as well as the assessment and treatment provided by us in our main discharge letter and on this proforma.

We suggest that your patient should have baseline tests for all three virus infections (i.e. HepB, HepC and HIV) on the day they visit your surgery with this letter. Unless the source person proves to be free of all three virus infections, these tests should be repeated at 3 months to rule out (or confirm) transmission (this is also known as seroconversion).

If HIV seroconversion does occur, please refer your patient to the UHL HIV clinic. Patients testing HepB or HepC positive should be referred to the UHL Joint Hepatitis Clinic.

Unless your patient had already been fully vaccinated against HepB or is HepB positive, we will usually have given them the first dose of an accelerated HepB vaccination course. Please complete the course by giving further doses of the vaccine (Engerix B 20 microgram IM into a deltoid muscle) at 1 and 2 months.

In the unlikely event that your patient is already known to be a non-responder to HepB vaccine, a further dose of HepB immunoglobulin (HBIG - 500 units IM into the contralateral deltoid muscle) will be required at 1 month unless the source person has tested negative to HepB by then. HBIG is provided by the Rabies and Immunoglobulin Service (RIgS) at UK Health Security Agency (UKHSA) Colindale; call **0330 128 1020**.

Please do not hesitate to call the ED 'Consultant of the Week' in case of any questions about our suggested management plan.