

SASKATCHEWAN COLLEGE OF PHARMACISTS

GUIDELINES FOR POST-EXPOSURE TO BLOOD

Overview

1. **Definition** of a significant exposure to blood or body fluids.
2. **Steps to follow** if you experience a significant exposure to blood or body fluids.

Community Exposure and Post-Exposure Prophylaxis

(Guidelines for the Management of Potential Exposures to Hepatitis B, Hepatitis C, HIV and Recommendations for Post-Exposure Prophylaxis, January 2004 from the Saskatchewan Subcommittee on HIV/AIDS, Saskatchewan Health)

3. **Instructions** about filing a Workers Compensation Board (WCB) claim.
4. **List of precautions** you need to take following a significant exposure to blood or body fluids.
5. **Information** related to stress reactions following a needle stick exposure.

1. Definition of a significant exposure to blood or body fluids:

Significant **occupational** exposure to blood-borne pathogens would involve:

- Blood or visibly blood-stained body fluids

Diseases of concern are:

- HEP B - Hepatitis B Virus (6-30% chance of being infected following exposure)
- HEP C - Hepatitis C Virus (3-10% chance of being infected following exposure)
- HIV - Human Immunodeficiency Virus, the AIDS virus (0.3% chance of being infected following exposure)

What is a **significant exposure**?

- **Puncturing** your skin with a used syringe needle or other sharp object such as a razor or tattoo needle
- **Cutting** yourself with any sharp object that is visibly contaminated with blood
- **Splashing blood** or contaminated body fluids onto mucous membranes
 - usually the mouth or eyes, or open sores (broken skin, chapped skin, scrapes or cuts)

Significant **non-occupational** exposure to blood-borne pathogens can also occur.

- **Sexual contact** with an infected person's blood, semen or vaginal secretions is considered a significant exposure.
- **Sharing IV drug equipment** is a significant means of exposure.

The **Body Fluids** of concern are:

- Blood
- Any body fluid **visibly** stained with **blood** (vomitus, saliva, urine, feces)
- Semen
- Vaginal Secretions
- Breast Milk

2. **Steps to follow if you experience a significant exposure to blood or body fluids.**

Immediately:

1. Remove any clothing or gloves to determine the injury area.
2. **Encourage** the wound to bleed.
Wash the area thoroughly (for several minutes) with soap and running water. If eyes or mouth are splashed with blood - **rinse well with running water for several minutes.** - **Spit - don't swallow.**
3. **Report** the incident to your supervisor.

4. **Go directly** to the Emergency Department designated by your institution as soon as possible and no later than 2-4 hours. Post exposure treatment to prevent infection is most effective if given promptly. *Recognizing that the emergency may be very busy it is better to go for treatment as soon as possible and identify to the admitting clerk the reason for your visit.*
5. Blood tests for Hepatitis B, Hepatitis C and HIV will be taken, and post exposure vaccination for Hep B and pills for HIV may be recommended. Currently the *Guidelines for the Management of Potential Exposures to Hepatitis B, Hepatitis C, HIV and Recommendations for Post-Exposure Prophylaxis, January 2004* from the Saskatchewan Subcommittee on HIV/AIDS, Saskatchewan Health indicate:

“that antiretroviral starter kits containing a 3-day supply of antiretroviral medications (Combivir and Nelfinavir), information sheets for the medications and a copy of Appendix 4 will be provided. In Prince Albert five day starter kits will be provided to sites in and north of Prince Albert.

An assessment should occur within 3 days of offering PEP so that an assessment can be made of the need for further antiretroviral medications. The Medical Health Officer or infectious disease expert may be consulted to assist with the assessment.

If a 4 week regimen of antiretrovirals is indicated, the physician must consult with an Infectious Disease specialist and write a prescription for the remaining 23 or 25 days of therapy. For a community exposure involving a client who is NOT covered by insurance, a prescription can be written for combivir because the Saskatchewan Drug Plan covers it. However, because the SPDP does not cover nelfinavir 100%, the following process must be followed in order for the client to receive the remaining nelfinavir free of charge from Saskatchewan Health:

- Verbal order to Royal University Pharmacy, 655-2260 Monday to Friday, 655-1986 evenings and weekends (48 hours noticed is required)
- RUH pharmacy will send the supply of nelfinavir by bus to site specified by the physician (local pharmacy, hospital)
- Nelfinavir from PEP kit can be used until the remaining supply reaches the client.

Antiretroviral medications will vary for children, pregnant women, and for those exposed to a source known to have been on antiretroviral therapy. An infectious disease expert should be consulted to tailor prophylactic regimens for these individuals and if there is a possibility of the source's HIV infection being resistant.”

The complete guidelines are available at
http://www.health.gov.sk.ca/rr_cdc_guidelines.pdf

6. **Inform** the doctor in emergency that you will be filing a WCB claim. The doctor should send a **Report of Injury** to the WCB as soon as possible after your first visit.

As soon as possible:

The following should be documented:

- Date and time of incident.
- Details of the incident
- Details of exposure (site, length of exposure, etc)
- Protective measures employed
- Action taken after exposure

You may need post-exposure counselling, which can be obtained from PAR Consultants.

Community Exposure and Post-Exposure Prophylaxis

Guidelines for the Management of Potential Exposures to Hepatitis B, Hepatitis C, HIV and Recommendations for Post-Exposure Prophylaxis, January 2004 from the Saskatchewan Subcommittee on HIV/AIDS, Saskatchewan Health indicate:

“Antiretroviral therapy is not recommended for needlestick from abandoned needles when they are outside the health care setting or when there is no history of the use of the needle or the time of abandonment. The rationale for this decision is based on information known at this time as follows:

- a) The literature does not report any seroconversions with this type of injury. There has never been an HIV seroconversion from community exposure reported anywhere.
- b) There are real risks from the antiretroviral medications
- c) Risks from antiretrovirals outweigh the theoretical risk of seroconversion from a community exposure.

Certain circumstances may make consideration of PEP appropriate; for example, when needles are found in areas where there is a high concentration of injection drug use and HIV infection, or fresh blood in hollow bore needles.”

3. Instructions about filing a Workers Compensation Board (WCB) claim

Filing a claim is recommended because post-exposure HIV treatment costs hundreds of dollars and makes you sick for about 3 weeks. The Compensation Board may reimburse you for this.

Within a few days:

1. **Report** the exposure to your employer in writing-either a WCB Form - Workers Initial Report of Injury, or a written statement.
2. **Call** the WCB or to report your exposure and they will send you a Report of Injury form to fill out and return to them. Do not delay in reporting to WCB.
3. **Write** a statement of concern to the Occupational Disease Unit of the WCB - **sample described below** - mail to the WCB, at the appropriate address below.

Sample Only

Letter to Occupational Disease Unit - WCB

Name _____

Position _____

Place of Employment _____

Date

Saskatchewan Workers' Compensation Board
Occupational Disease Unit
200-1881 Scarth Street
Regina, SK S4P 4L1

Dear _____,

1. I suffered a needlestick/sharps injury to my finger. The needle involved was returned to the pharmacy from an unknown source. As such, it may be assumed to have been used at some point for injection drug use.

2. I was involved in a physical confrontation in which a member of the public assaulted me in a manner which broke the skin and may have allowed the transmission of blood or body fluids.

Yours sincerely,

4. *List of precautions you need to take following a significant exposure to blood or body fluids.*

- Inform your partner of your exposure and practice safer sex (use a latex condom with a non-petroleum lubricant)
- Do not donate blood, plasma, organs, tissues or sperm until you are certain you are not infected (negative test at 12 weeks following exposure)
- Do not share toothbrushes, razors, needles or other articles that may be contaminated with blood / body fluids, cover cuts until healed
- Disposal of articles with blood (e.g. Tampons, pads, Kleenex) appropriately
- Dispose of sharp items (e.g. Razors) in hard sided containers, taped shut.
- Avoid becoming pregnant
- If you are breast feeding, discuss whether to continue or not with your family doctor

Follow-up your exposure as recommended by the attending physician at 3 months and 6 months.

After your initial visit to the Emergency Department, further follow-up can be done by your doctor. However, some family doctors may be unfamiliar with recommended protocol.

5. *Information related to stress reactions following a needle stick exposure.*

Following a Sharps Injury of Exposure to Blood:

A sharps injury or an exposure to blood may trigger unusually strong reactions which can vary in severity and type. A strong reaction may happen immediately or, in some cases, weeks or months later. Relatives or friends of the exposed person may also experience a strong reaction. It is important to understand that a strong reaction is a normal response by a normal person to an abnormal situation.

Seeking Assistance:

Occasionally, the traumatic event is so painful that professional assistance from a counselor may be necessary. Research has shown that many people recover more fully from the after effects of very painful or powerful events when they get assistance. Others find that getting such assistance speeds up the healing process. Receiving assistance *early* can increase how helpful it is. Assistance is available to you through PAR consultants. Please call 1-877-352-0680.

Extended health care benefits will pay for much of the cost of seeing a registered psychologist if you are referred by a physician. Some psychologists specialize in the treatment of acute traumatic stress reactions.

SIGNS AND SYMPTOMS OF AN ACUTE TRAUMATIC STRESS REACTION

Adapted from the Manitoba Association of Registered Nurses Background Paper on Critical Stress Management. (1993)

People experiencing a strong emotional reaction may undergo physical, cognitive, emotional and behavioral changes that make it difficult for them to recognize what is wrong.

Following a sharp injury or exposure to blood, if you experience some of the signs and symptoms listed below, be sure to ask for assistance as soon as possible.

sleep disturbances	intrusive thoughts	numbness	increase or loss of appetite
fatigue	flashbacks	feeling overwhelmed or helpless	crying spells
dizziness and weakness	poor concentration and memory	irritability	increased alcohol consumption or smoking
increased heart rate and blood pressure	impaired decision making	grief or depression	change in activity
chills	disrupted thinking	loss of emotional control	excessive silence
nausea and vomiting	blaming	anger	excessive humour
diarrhea	lowered attention span	guilt	under / over Eating

TIPS FOR COPING WITH ACUTE TRAUMATIC STRESS REACTIONS

- Talk with a trusted friend / spouse / colleague
- A good diet and exercise together with relaxation will alleviate some of the physical reactions
- Structure your time-keep busy
- Tell yourself you're normal and having normal reactions - don't label yourself "Crazy"
- Talk to people-talk is the most healing medicine
- Be aware of numbing the pain with overuse of drugs or alcohol-don't need to complicate this with a substance abuse problem

- Reach out-people do care
- Maintain as normal a schedule as possible
- Spend time with others
- Give yourself permission to feel rotten and to share your feelings with others
- If you wish, keep a journal-write your way through sleepless hours
- Do things that feel good to you
- Don't make any big life changes
- Make as many daily recurring thoughts or dreams. They will decrease over time and become less painful
- Eat well-balanced and regular meals (even if you don't feel like it)
- Don't fight sleeplessness-get up and read or walk
- **Get assistance**

FOR FAMILY, FRIENDS AND CO-WORKERS

- Listen carefully
- Spend time with the affected person
- Offer your assistance and listening ear even if they have not asked for help
- Reassure them that they are normal
- Give them some private time
- Don't take their anger or other feelings personally
- Don't tell them they are "lucky it wasn't worse" - traumatized people are not consoled by those statements. Instead tell them that you are sorry such an event has occurred and you want to understand and assist them
- Get Assistance for family / friends / co-workers

This information was obtained from:
 Health Canada, Workplace Health and Public Safety Program, Healthy Environments
 Consumer Safety Branch
 and
 Saskatchewan Health, Community Care Branch
 Saskatchewan Subcommittee on HIV/AIDS
www.health.gov.sk.ca/rr_cdc_guidelines.pdf