Call For PEP Guidance
If physicians have questions call:

(520) 694-5868 (in Tucson)
*Ask for an Infectious Disease Physician

**WARMLINE:**
The National HIV Telephone Consultation Service
Phone: 1 (800) 933 3413
Hours: 6am-5pm (PST), M-F

The mission of the Arizona AIDS Education and Training Center is to provide healthcare professionals with knowledge and skills necessary to provide outstanding care to persons living with HIV.

www.aetc-arizona.org

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**Special Note:**
Infectious Disease Clinic
Will be holding a clinic space available Wednesday mornings at South Campus to accommodate healthcare workers taking PEP.

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**Occupational HIV Post-exposure Prophylaxis Protocol**

**Arizona AIDS Education Training Center**

**A Guide for:**
Healthcare Workers, Employee Health, and Emergency Room Physicians

April 2014
HIV Exposure Checklist: What You Should Expect

☐ Treatment of the exposure site: wash the area with soap and water.

☐ Contact Employee Health during business hours or the ER after hours for treatment.

    If PEP is Recommended:

☐ Obtain 28 Day PEP regimen from outpatient pharmacy during business hours, inpatient pharmacy after hours.

☐ Check to make sure you have received 28 days of medication and nausea medication if necessary.

☐ Complete your PEP regimen.

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Step 7: Follow-Up

Every employee receiving PEP should report the incident ASAP to Employee Health. Employee Health will arrange the appropriate follow up measures for laboratory blood draws and counseling.
How can the employee obtain PEP?

**Weekdays:** Employee Health will evaluate the incident and prescribe PEP. PEP will be filled by outpatient pharmacy.

**After hours: and South Campus** ER will assess the incident and prescribe PEP. PEP will be filled by inpatient pharmacy.

* Note: Make sure the exposed employee receives a 28 day prescription. Employee may ask for nausea medications*

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**Introduction**

Post-exposure prophylaxis (PEP) involves the provision of antiretroviral medications to prevent HIV transmission.

Exposure to HIV is through any direct mucosal, percutaneous, or intravenous contact with the potentially infectious body fluids. Post-exposure prophylaxis can reduce the risk of acquiring HIV.

**Step 1: Treat Your Exposure Site**

- Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible.
- If eyes are exposed, flush with a water.
- Flush any exposed mucous membranes with water.
- Do NOT apply caustic agents or inject antiseptics or disinfectants in the wound.

**Step 2: Report the Incident and Seek Assistance**

- Report the incident to the Nurse Supervisor or Attending Physician.
  and
- **Main Campus** between 7:30 am– 4:00 report the incident to Employee Health, after hours to the Emergency Room.
- **South Campus** report the incident to the Emergency Room.

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**Step 6: Determine PEP Regimen**

**Recommended 28 Day PEP Regimens**

- Raltegravir 400 mg tab p.o. bid
  + Emtricitabine/Tenovir 1 tab qd

  Or

  For Pregnant Patients:
  - Lopinavir/Ritonavir 2 tabs bid
  + Lamivudine/Zidovudine 1 tab bid

*Nausea medication can be prescribed in addition to PEP*
Step 3: Employee Health or ER will Evaluate the Exposure and Risk
*Treatments should be started within the first 2 hours*

Risk of Occupational Contraction of HIV by Exposure

<table>
<thead>
<tr>
<th>Exposure To HIV</th>
<th>Risk of Infection from HIV Source (PEP not Provided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percutaneous Exposure</td>
<td>3/1,000</td>
</tr>
<tr>
<td>(Hollow bore needle; deep stick)</td>
<td></td>
</tr>
<tr>
<td>Mucous Membrane Exposure</td>
<td>&lt;9/10,000</td>
</tr>
</tbody>
</table>

Body Fluid Source and Potential for HIV Transmission

<table>
<thead>
<tr>
<th>Fluid Source</th>
<th>Risk of HIV Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Vaginal Fluid</td>
</tr>
<tr>
<td>CSF</td>
<td>Seminal Fluid</td>
</tr>
<tr>
<td>Bile</td>
<td>Breast Milk</td>
</tr>
<tr>
<td>Amniotic fluid</td>
<td></td>
</tr>
<tr>
<td>Feces</td>
<td></td>
</tr>
<tr>
<td>Saliva</td>
<td></td>
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<tr>
<td>Urine</td>
<td></td>
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<tr>
<td>Tears</td>
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</tbody>
</table>

**Risk**

**NO RISK**

Note: If the exposure has been evaluated and no risk is found, you do not need to continue to the next steps.

Step 4: Ordering Labs
Determine the baseline evaluation of HIV by testing the source patient (this is at no cost to the patient) and the blood of exposed employee.

<table>
<thead>
<tr>
<th>Labs to Be Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td>CBC</td>
</tr>
<tr>
<td>CMP</td>
</tr>
<tr>
<td>HIV EIA</td>
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<tr>
<td>HCV Ab</td>
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</tbody>
</table>

Step 5: Prescribing PEP
*Employees are to begin PEP within 2 hours of the incident.*

Significant HIV Exposures:
If the Source is HIV Positive or High Risk for HIV and the Following Has Occurred, Start PEP (Step 5)

- Break in the skin by sharp object contaminated with blood, bodily fluid, other known contaminants, or has been in source patients blood vessel.
- Bite from patient with visible bleeding in the mouth that causes bleeding in exposed worker.
- Splash of blood, bodily fluid, or other contaminant that is exposed to mucous membrane (eyes, mouth, nose).
- Non-intact skin exposure to blood, bodily fluid, or other infectious material.