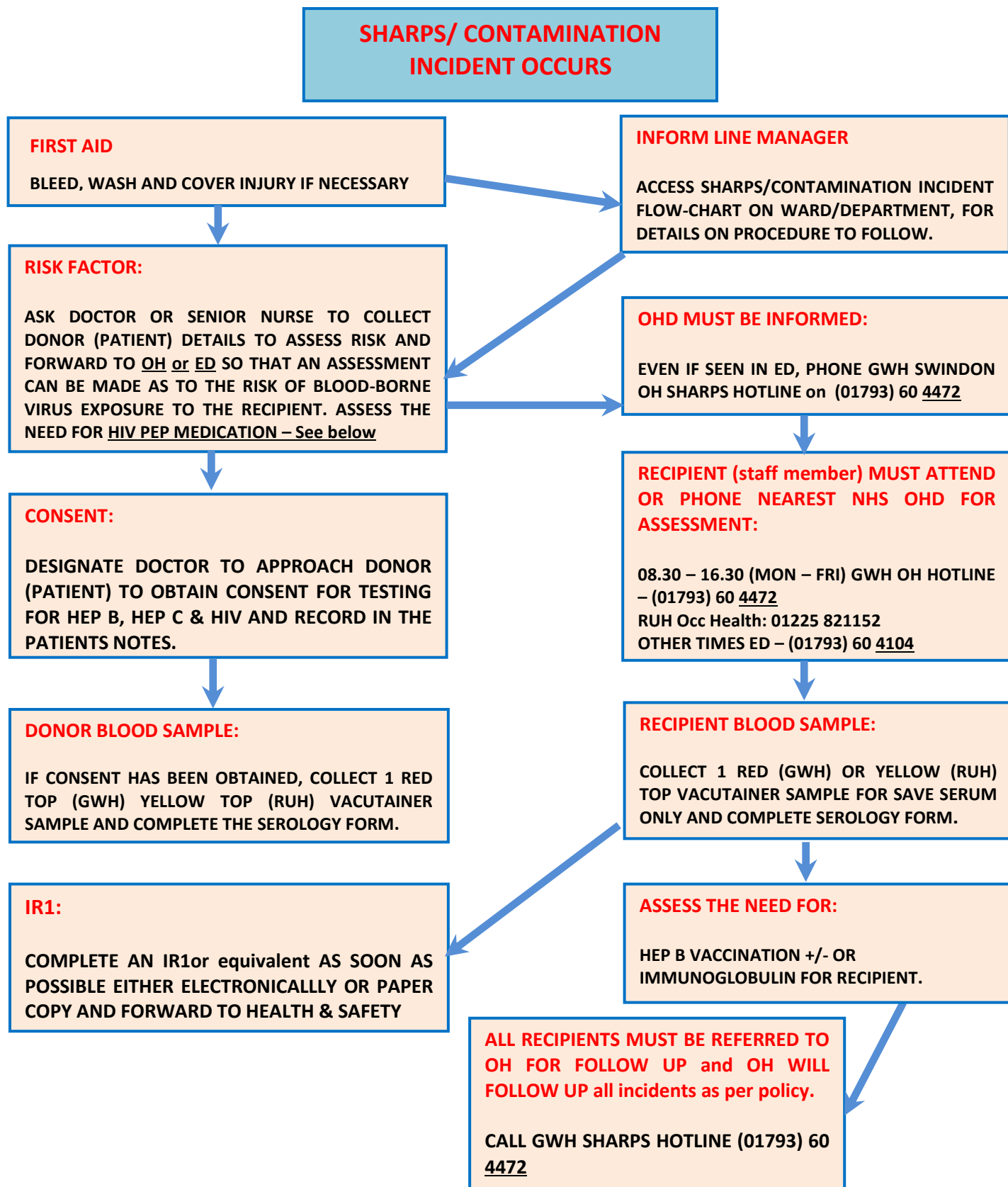


Sharps/Contamination Incident - ED Summary Guidance



Risk Assessment of Incident

Type of Body Fluid Involved	
High Risk	Low Risk
Blood Amniotic Fluid Cerebrospinal Fluid Human Breast Milk Pericardial Fluid Peritoneal Fluid Pleural Fluid Saliva in assoc. with dentistry Synovial Fluid Unfixed Human Tissue and Organs Any other body fluid if visibly blood stained Exudate or other tissue fluid from burns or skin lesions Semen Vaginal Secretions	Saliva unrelated to dentistry Urine Faeces Vomit - All of above if not visibly blood stained

Route of Exposure
Significant
Percutaneous eg sharps injuries with needles, instruments, bone fragments, human bites where the skin is broken Exposure of broken skin such as abrasions, cuts or eczema to blood or body fluids Exposure of mucous membranes such as eye, nostrils or mouth to blood or body fluids

Hepatitis B Post-Exposure Management

HBV status of person exposed		High risk incident			Low risk incident	
	Baseline	HbsAg positive source	Unknown Source	HbsAg negative source	Continued Risk	No Further Risk
1 dose of HB vaccine pre-exposure		Accelerated course of HB vaccine* HBIG x 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis. Reassure
2 doses of vaccine pre-exposure (surface antibody level not known)		One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis. Reassure
Known responder to HB vaccine (surface antibody level >10 mIU/ml)	Save serum blood sample if known responder to HB course of vaccines.	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure
Known non-responder to HB vaccine (surface antibody level < 10 mIU/ml 2-4 months post-immunisation)		HBIG x 1 Consider booster dose of HB vaccine	HBIG x 1 Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure

- HepB Vaccine should be administered, if not previously vaccinated, as soon as possible post exposure and preferably within 24hrs of exposure
- An accelerated course of HepB Vaccine consists of doses spaced at 0, 1 and 2 months. A booster dose at 12 months is given to those with continuing risk of exposure to HBV.

HIV Post-Exposure Management

Patient presents to ED

Non-sexual, Non-occupational exposure

Human Bites

- PEP not indicated
- Only consider if **donor HIV positive** and **visible blood** and **skin broken**

Community Needle Stick

- Discarded Needles – PEP not indicated. Consider HepB/HepC
- **Recently used**
 - Source Known HIV +ve – **PEP Indicated**
 - Source Unknown Status – Assess Risk

Source HIV Risk Assessment

Man who has sex with men	Y/N/Unknown
Prev/Current IVDU or	Y/N/Unknown
IVFU partner from London or Outside UK	
Originates or partner from	Y/N/Unknown
Country of high HIV prevalence	
Prev. or current HIV +ve partner	Y/N/Unknown
Blood transfusion, medical	Y/N/Unknown
Treatments in country with high HIV prevalence	

If YES to any – Consider PEP
If No to all – PEP Not Indicated
If all unknown – Consider starting

Sexual Exposure

Partner

- Male, Female, Regular, Casual, Contactable

?Sexual Assault

Type of Sex

		Condom Yes/No	Condom Break?	Internal ejaculation
Anal	Receptive			
	Insertive			
Vaginal	Receptive			
	Insertive			
Oral	Receptive			
	Insertive			

Has person requesting PEP ever had HIV Test?

Source HIV Negative – PEP Not Indicated

Source HIV Positive or Unknown

- **Assess Risk as below**

Higher Risk Source Community	HIV prevalence
Homosexual man	
UK	6 %
London	13 %
Brighton	14 %
Heterosexuals	
Black African	6 %
Caribbean	2 %
Central /S. America	2 %
Injecting Drug Users	
London & Outside UK	1 %

Lower risk Source Community	HIV prevalence
Heterosexuals	
UK	0.3%
Rest of Europe	0.9%
North America	0.6%
East and South Asia (Except Thai sex workers)	0.5%
South Asia	0.3%
Australasia	0.3%
North Africa and Middle East	0.4%
Injecting Drug Users	
UK (Swindon & outside London)	0.3%

$\geq 1\%$ = High Risk
 $< 1\%$ = Low Risk

<i>Type of exposure</i>	HIV Status Known		HIV Status unknown	
	HIV Positive viral load detectable	HIV Positive viral load undetectable <200	From a higher risk group >1%	From a lower risk group <1%
Receptive Anal Sex	Recommend	Not Recommended	Recommend	Not Recommended
Insertive Anal Sex	Recommend	Not Recommended	Consider	Not Recommended
Receptive Vaginal Sex	Recommend	Not Recommended	Consider	Not Recommended
Insertive Vaginal Sex	Consider	Not Recommended	Consider	Not Recommended
Fellatio with ejaculation	Not recommended	Not Recommended	Not Recommended	Not Recommended
Fellatio no ejaculation	Not recommended	Not Recommended	Not Recommended	Not Recommended
Splash of semen in eye	Not recommended	Not Recommended	Not Recommended	Not Recommended
Cunnilingus	Not recommended	Not Recommended	Not Recommended	Not Recommended
Sharing injecting equipm't	Recommended	Not Recommended	Consider	Not Recommended

Has it been less than 72 hrs since time of exposure?

Exposed person is HIV negative?

Source contact is HIV positive or high risk of being positive?

Type of exposure has placed them at risk of HIV?

- **If answer to all 4 questions is “Yes” then give PEP as soon as possible**
- **Pregnancy test should be carried out if chance of pregnancy**
- **If pregnant or breast feeding then need to discuss with HIV/Sexual Health Team**

More details regarding giving and prescribing PEP can be found on the HIV PEP Consultation Record Sheet.