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Print this form to support decision making in the Emergency Department around the use of Post Exposure Prophylaxis (PEP)

EMERGENCY DEPARTMENT OCCUPATIONAL EXPOSURE INCIDENT GUIDANCE TO SUPPORT DECISION MAKING WHERE STAFF OR STUDENTS HAVE EXPERIENCED AN EXPOSURE INCIDENT OR INJURY

This document accompanies the occupational exposure risk assessment guidance for injured staff and their line managers. The risk assessment should be completed at a local level prior to contact with Emergency Departments (ED).

Once completed, the risk assessment will direct the injured staff member to the appropriate care provider. A copy of the assessment should accompany the injured person so that the clinician who sees them is provided with the information they need to determine appropriate follow up.

An injured staff member should only be referred to the Emergency Department for HIV post-exposure prophylaxis if ***all*** the following three criteria are met:

- **High risk injury**
- **High risk body fluid/material involved**
- **Known infected source with detectable viral load or untested high-risk source**

HIV PEP is most likely to be effective when initiated as soon as possible (within hours) and continued for 28 days. Therefore, PEP should be commenced as soon as possible after exposure if indicated using this guidance. Initiation of HIV PEP is generally not recommended beyond 72 hours post-exposure.

Hepatitis B PEP will be discussed with the injured member of staff by Occupational Health. Hepatitis B Immunoglobulin (HBIG) is used after exposure to give rapid protection until hepatitis B vaccine, which should be given at the same time, becomes effective. As vaccine alone is highly effective, the use of HBIG in addition to vaccine is only recommended in high-risk situations or in a known non-responder to vaccine. OH will refer the injured staff member to ED if HBIG is required.

Section 1 Injured staff member details

Name _____

Date of birth _____

CHI (if known) _____

Department/ward (usual workplace) _____

Position and grade _____

Contact phone number (mobile/home) _____

Date of injury _____

Time of injury (24 hour clock) _____

Location of injury (i.e. ward) _____

Last menstrual period (if applicable) _____

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Hepatitis B vaccination status **(should be detailed in the completed risk assessment)**

[ ] None or only 1 Hepatitis B vaccine dose previously received
[ ] 2 or more Hepatitis B vaccine doses previously received (Hepatitis B surface antibody level unknown)
[ ] Known Hepatitis B vaccine responder (Hepatitis B surface antibody antibody level >10)
[ ] Known Hepatitis B vaccine non-responder (Hepatitis B surface antibody level <10 post vaccination)
[ ] Unknown Hepatitis B Vaccination Status

Section 2 Line manager or responsible clinical staff member details

Name (of Line Manager) _____

Position _____

Department/ward _____

Bleep/ext number _____

Date and time reported _____

Section 3 Emergency Department staff dealing with incident

Name (of ED staff member) _____

Position _____

Department/ward _____

Bleep/ext number _____

Date and time seen _____

Section 4 Assessment of Injury (to be completed by ED clinician)

Injury*	**Source* patient**	**HIV PEP**	**Outcome**	**Hepatitis B PEP**
High risk	High risk	HIV PEP recommended	Give first dose PEP ASAP	Advise patient to discuss Hepatitis B PEP with OH as soon as possible or provide HBIG if appropriate
Only when there is an indication for HIV PEP should an individual be referred to the Emergency Department. If you do not feel the injury and the source patient warrant the use of HIV PEP the appropriate actions are outlined below.				
High risk	Low risk	HIV PEP not recommended	Appropriate first aid	Advise patient to discuss Hepatitis B PEP with OH as soon as possible
Low risk	High risk	HIV PEP not recommended	Appropriate first aid	Patient to discuss with OH when reporting injury
Low risk	Low risk	HIV PEP not recommended	Appropriate first aid	Patient to discuss OH when reporting injury

*Refer to section 2 and 4 of completed risk assessment

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Guidance on Hepatitis B Vaccination is available from the UK Department of Health "Immunisation against Infectious Diseases" Greenbook:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628602/Greenbook_chapter__18.pdf

Is there any relevant history that may change decision making?

- Past medical history
- Medications
- Drug allergies
- Pregnancy risk (Do pregnancy test if indicated)

Section 5 Contra-indications to HIV post exposure prophylaxis

Absolute: [ ] Injured person already living with HIV

Relative: [ ] Pregnancy [ ] Known eGFR <50ml/min

Where there is a relative contraindication to PEP, the benefits of PEP may still outweigh the risks. The first dose of PEP should be taken and the 30 day pack issued. Patients with renal impairment may need dose reduction based on creatinine clearance. Follow up should be ensured as soon as possible, but within 72 hours if creatinine clearance is <50ml/min or in pregnancy. Pregnancy is not a contraindication to PEP. Indeed, seroconversion during pregnancy will lead to a higher-than-normal risk of intrauterine infection. However, in pregnancy medicines used for PEP may have to be changed from the standard pack. Follow up with Infectious Diseases should happen as soon as possible. Please mark the referral form in appendix 2 as urgent or contact the infectious disease team listed in section 10 to discuss these issues.

Section 6 Decision to prescribe HIV post-exposure prophylaxis

Baseline bloods: All individuals started on HIV PEP should have baseline blood tests: BBV testing for HIV, Hepatitis B (unless vaccinated and immune) and Hepatitis C, U+E, LFT, and a serum sample for storage (gold top tube to microbiology). A urinalysis should be documented and a pregnancy test completed for female patients.

Prescription: This is available in Ninewells and PRI Emergency Departments as a 30 day pack.

Emtricitabine 200mg/Tenofovir Disoproxil 245mg ONE tablet immediately then ONE tablet every 24 hours

Raltegravir 600mg TWO tablets immediately then TWO tablets every 24 hours

[ ] Follow prescribers guidance sheet (See Appendix 2)

[ ] Provide patient information leaflet (See Appendix 3) (copy also included in 30 day pack)

[ ] Patient should be advised to use condoms until definitive bloods at 3 months. There are no significant drug interactions with contraceptives

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[ ] Email Infectious Diseases (tay.id@nhs.scot) attaching the referral in appendix 1

[ ] Email OH (tay.occhealth@nhs.scot)

[ ] Advise the injured staff member the Infectious Diseases team will be in touch within 7 days

[ ] Photocopy this proforma for your records. Give original to injured staff member to take to OH

Signature of ED clinician _____

Date/Time _____

Section 7 Decision not to give HIV post-exposure prophylaxis

Rationale _____

Signature of ED clinician _____

Date and time _____

Advise staff member to attend occupational health at earliest opportunity.

Section 8 For further expert advice

Should you have concerns regarding the prescription of HIV PEP, please contact the Infectious Disease Team on tay.id@nhs.scot or bleep 5075

Appendix 1

Referral to Infectious Diseases or Sexual and Reproductive Health Service for Patients Commenced on PEP(SE)

Injured Person Details

Name	
Date of Birth	
Phone Number	
Best Time to Call	

Detail of Injury

Date and Time of injury/sexual contact	
Exact nature of high-risk exposure if occupational	Injury: Body fluid/material:
Type of sexual contact (vaginal, anal, oral penetration if applicable)	
Date and Time Started on PEP	
Hepatitis B Status including requirement for HBIG	
If not vaccinated, was first dose Hep B vaccination given?	YES / NO
Date and Time of Baseline Blood Tests	
Other Relevant Info i.e. PMH of note	
Renal impairment with creatinine clearance <50ml/min?	YES / NO
Is the injured person pregnant?	YES / NO

Details of Source Patient

Source Patient CHI & Contact Details	
Does Patient Consent to Testing?	YES / NO
Patient Tested?	YES / NO
Patient Known BBV? If so which	
If no source patient details provided, please state why	

Details of Referring Doctor

Name	
Grade	
Contact Details	

To arrange follow up with Infectious Diseases please email this completed form to: tay.id@nhs.scot

To arrange follow up with Sexual Health Services please email this completed form to: tay.tsrh@nhs.scot

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Appendix 2

HIV POST EXPOSURE PROPHYLAXIS (PEP) and POST EXPOSURE PROPHYLAXIS following SEXUAL EXPOSURE (PEPSE)

Prescriber's Guidance

What you need to know

- No antiretrovirals are licensed for PEP so these drugs are prescribed 'off label' however their use is recommended by the British HIV association (BHIVA) and the British Association for Sexual Health and HIV (BASHH)
- Treatment should be started **as soon as possible** after exposure, ideally within 24 hours of the incident, but can be considered up to 72 hours. Initiation after 72 hours is not recommended.
- The pack contains a 30 day supply of 3 antiretroviral drugs:
  Emtricitabine 200mg/Tenofovir disoproxil 245mg x 30 tablets
  Raltegravir 600mg x 60 tablets
  Brief details of each drug are given in the appendix along with links to further information
- The list of side effects in the appendix is not exhaustive, consult current edition of the BNF (www.bnf.org) or Summary of Product Characteristics (www.medicines.org.uk), for further information
- These drugs have been chosen as they have less significant drug-drug interactions than previous nationally recommended regimes

What you need to do

- Check with the list of interactions on the next page and current edition of the BNF or SPC or HIV drug interactions website www.hiv-druginteractions.org
- Ensure the patient reads the information leaflet (copy also included in 7 day pack)
- Check the expiry date on the pack
- A qualified prescriber must write the patient's name and date of dispensing on the outside of each pack and on the 2 containers of tablets inside the pack where indicated and have it checked by another practitioner

What you need to tell the patient

- They are being supplied with a full course of HIV PEP and appropriate follow up will be arranged as per the assessment form. The team providing the follow up will discuss with the patient whether the full course needs to be completed.
- No antiretroviral drugs are licensed for this indication however the choice of antiretrovirals is based on UK national guidance
- Doses should not be missed, and dosage intervals should be followed strictly. This will ensure maximum benefit and reduce the emergence of resistant strains
- The most frequently occurring minor side effects include diarrhoea, nausea, vomiting, flatulence, dizziness, insomnia, sleep disturbances, fatigue and headache. These usually improve
- If a rash develops the patient should contact the department issuing the PEP pack
- If there is a history of pancreatitis, they should stop PEP immediately if they develop abdominal pain and contact specialist staff
- Ensure the patient has been given details of follow up and any contact numbers required:

  *If you are taking this pack following **sexual exposure**:*
  You will be referred to a Sexual Health Clinic.
  If you have not been contacted by the clinic within 5 days, please phone the triage line: **01382 425542 between 9:00am - 12:00pm**

  *If you are taking this pack following **occupational exposure**:*
  You will be referred to and contacted by an Infectious Diseases doctor within 3-5 days.
  You must also inform the Occupational Health Service of your injury on 01382 346030 or email tay.occhealth@nhs.scot

THIS INFORMATION IS INTENDED AS A QUICK REFERENCE GUIDE ONLY

1. EMTRICITABINE 200mg + TENOFOVIR DISOPROXIL 245mg tablets

MODE OF ACTION:	Nucleotide/nucleoside reverse transcriptase inhibitors
DOSE:	ONE tablet immediately then ONE tablet every 24 hours with food or a light snack to improve absorption (this is not critical and should not delay first dose).
CAUTIONS:	Pregnancy, breast feeding, hepatic disease, chronic hepatitis B or C, elderly, pancreatitis Renal impairment (eGFR <50ml/min). However, it is safe to give the first few doses and contact an ID specialist for advice within 72 hours.
SIDE EFFECTS: (Very common or common listed in SPC)	Nausea, vomiting, diarrhoea, abdominal pain, flatulence, renal impairment, neutropenia, hypophosphataemia, insomnia, abnormal dreams, headache, dizziness, raised LFTs, raised CK, rash, pruritis, urticaria, raised amylase, raised glucose, raised triglycerides, pain, asthenia
POTENTIAL INTERACTIONS:	Concomitant use of nephrotoxic agents – monitor renal function closely Potential for CYP450 mediated interactions is low.

2. RALTEGRAVIR 600mg tablets

MODE OF ACTION:	Integrase inhibitor
DOSE:	TWO tablets immediately then TWO tablets every 24 hours with or without food
CAUTIONS:	Severe hepatic impairment, risk factors for myopathy or rhabdomyolysis, chronic hepatitis B or C (increased risk of side effects), psychiatric illness (may exacerbate underlying illness including depression) , pregnancy. None of these cautions prevent initial prescription of PEP.
SIDE EFFECTS: (Very common or common listed in SPC)	Decreased appetite, abnormal dreams, insomnia, nightmares, abnormal behaviour, depression, vertigo, abdominal distension, abdominal pain, diarrhoea, flatulence, nausea, vomiting, dyspepsia, rash, asthenia, fatigue, pyrexia, alanine aminotransferase increased, atypical lymphocytes, aspartate aminotransferase increased, blood triglycerides increased, lipase increased, blood pancreatic amylase increased
POTENTIAL INTERACTIONS:	Antacids, multivitamins or calcium supplements **– STOP while taking PEP** Proton pump inhibitors and H_2 antagonists increase levels of raltegravir but no dose adjustment is required Rifampicin – decreases raltegravir levels Orlistat – may prevent absorption of raltegravir **This list is not exhaustive so check patient's medication on HIV drug interaction site:** www.hiv-druginteractions.org

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Appendix 3

HIV POST EXPOSURE PROPHYLAXIS (PEP)

INFORMATION FOR PATIENTS – 30 DAY PACK

READ THE INFORMATION IN THIS LEAFLET CAREFULLY BEFORE TAKING ANY MEDICATION IN THIS PACK. IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT ANYTHING PLEASE ASK THE PRESCRIBER.

You must tell the prescriber if you:

- Have diabetes
- Have a history of anaemia
- Have kidney disease
- Have liver disease
- Have any history of pancreatitis
- Are pregnant or breastfeeding
- Have any allergies to medication
- Are taking any other medication for example:

Prescribed medication from GP or hospital	Including inhalers and nasal sprays
Over the counter medication from pharmacy, supermarket or health food shops	E.g. vitamins, indigestion remedies and herbal supplements
Medication and supplements bought online	E.g. gym supplements
Recreational drugs	E.g. cannabis or cocaine

What is post exposure prophylaxis (PEP)?

PEP is a course of medicines taken to reduce the risk of a person becoming infected with HIV after they may have come into contact with the virus.

What is HIV?

HIV stands for Human Immunodeficiency Virus. It is a virus which attacks the body's immune system.

Is PEP effective?

- It is important to remember that in most circumstances the risk of becoming infected with HIV from either a single needle stick injury or sexual act is small.
- Taking the 30 day course of anti-HIV medication should make that risk even smaller.
- PEP should be started as soon as possible after risk of contact with the virus and always within 72 hours of contact.
- All the tablets should be taken as prescribed at regular intervals.

How will I know PEP has worked?

You will have follow up appointments during your treatment and HIV tests after treatment. These appointments are important as PEP does not reduce risk of transmission to zero. Please make sure you know where to attend for follow up.

How do I take the medication?

This pack contains a ***30***-day supply of two anti-HIV medications which need to be taken together as prescribed. It is important that you complete the course as prescribed and attend for follow up appointments. Please contact your follow up clinic if you have any issues taking this medication.

Tenofovir disoproxil 245mg/Emtricitabine 200mg Tablets x **30**

Raltegravir 600mg Tablets x **60**

Tenofovir disoproxil 245mg/Emtricitabine 200mg	Take ONE tablet immediately then ONCE daily at the same time each day	Take with food or light snack if possible	Most common side effects include diarrhoea, vomiting, nausea, dizziness, headache, rash, weakness, difficulty sleeping, abnormal dreams stomach discomfort, bloating and flatulence
Raltegravir 600mg Tablets	Take TWO tablets immediately then take TWO tablets ONCE daily at the same time each day	Swallow whole - do not crush or chew. Can be taken with or without food	Most common side effects include Decreased appetite, trouble sleeping, dizziness, headache, bloating, diarrhoea, nausea, vomiting, rash, weakness, fever and change in mood.

- If you have a rash or any sign of allergy, seek medical advice
- Further information on side effects can be found in the medication packaging but most side effects during PEP should be mild and improve as the course continues. However, if you feel you are experiencing severe side effects please contact your follow up clinic.

What do I do if I forget to take a tablet, or I am sick?

It is important to try not to miss any doses as taking these medications regularly will improve the chance of them working. If you do miss a dose, take it as soon as you remember then continue with normal dose times. If it is nearly time for the next dose when you remember then don't take the forgotten dose and continue as usual, do not take double doses to make up for a missed dose.

If it is more than 48 hours since you have last taken a dose, then please contact your follow up clinic to discuss. Depending on the reason for missing doses then PEP medicines may need to be changed or stopped.

If you vomit within 2 hours of taking your medication, then take the dose again.

Can I take other medicines?

The health professional reviewing you for PEP will check that there are no problems with other medicines or supplements you are taking and the medicines in this pack.

Calcium, iron, zinc, magnesium and aluminium which can be found in indigestion remedies, some medicines, vitamins and mineral tablets can stop you from absorbing raltegravir properly. Ideally these should not be taken while you are taking post exposure prophylaxis treatment. If they cannot be stopped, then please check with a pharmacist about timing of doses.

Always check with a doctor, pharmacist or nurse before starting any new medicines during the treatment.

What else do I need to know?

- Make sure you know how your follow up will be arranged for you
- Do not donate blood while you are being treated and until you have the results of your final HIV test
- Use condoms with all sexual partners while you are being treated and until you have the results of your final HIV test

Adapted from HIVPA/BHIVA/BASHH PEP leaflet
and NHS Board leaflets for NHS Scotland
Drafted by: Scottish HIV Pharmacists Group
Approved by: HIV and SH Lead Clinicians
Reviewed by Scottish HIV Pharmacist Group Date: 12/2024
Next Review Date: 12/2027

FOLLOW UP

Ensure that you are informed about follow up.

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