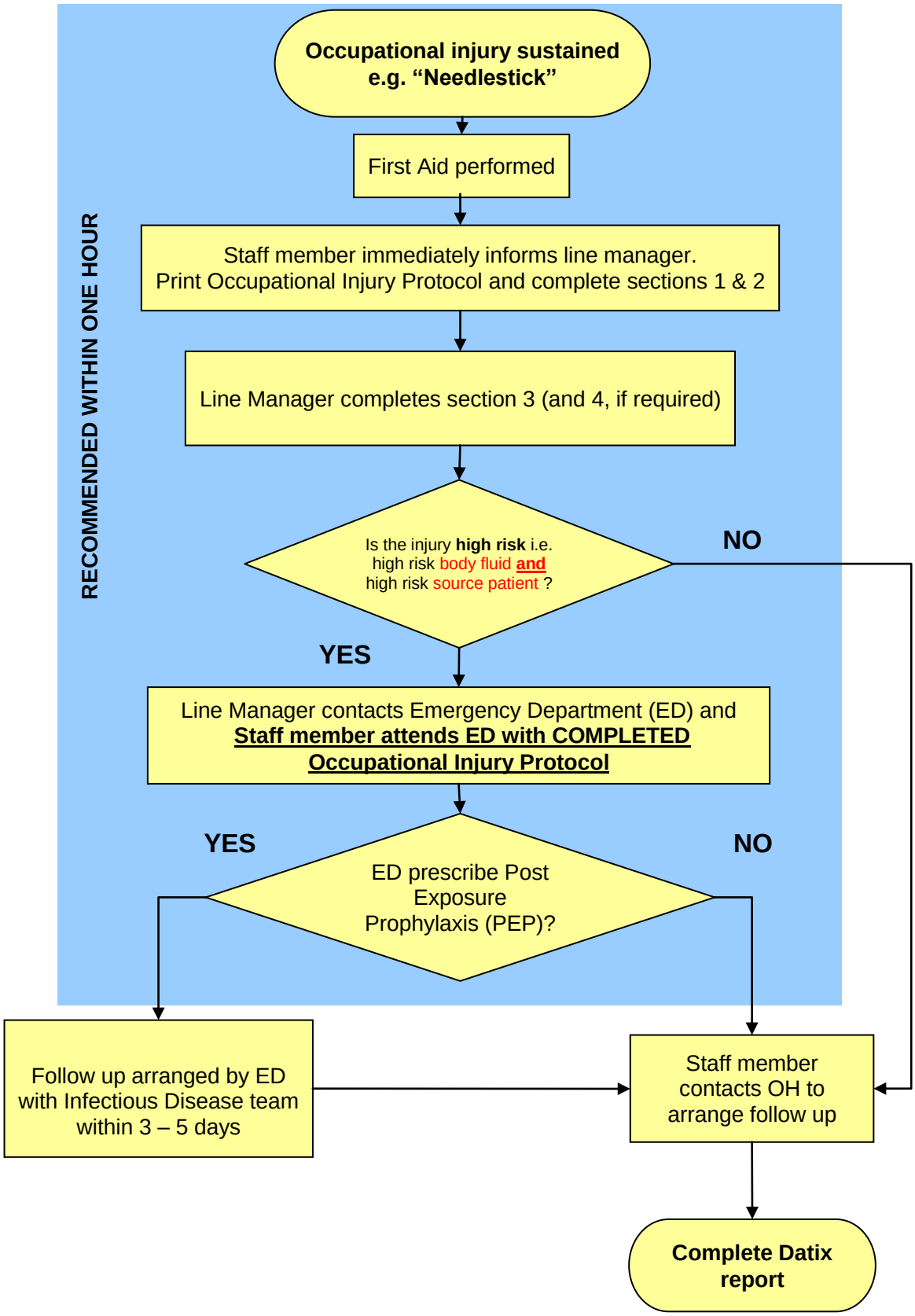
Flowchart for the assessment of occupational injuries where there is a risk of BBV transmission



Occupational exposure incident protocol for the immediate assessment and management of staff members who have experienced an exposure incident or injury

Instruction to Injured Staff member/Manager/Clinician

- Risk assessment must be undertaken at a local level. In the event a non-clinical member of staff sustains a contamination injury, they will be supported to complete the risk assessment by a clinical member of staff

- The purpose of the risk assessment is to identify whether the contamination injury presents the risk of transmission of a blood borne virus (BBV) such as HIV, hepatitis B and hepatitis C. The treatment and follow up required is dependent upon the nature of the injury **and** whether the source patient is known to have and/or is at a high risk of having a BBV

- The assessment should be fully completed at a local level using the step by step guidance provided in each section. **It is vital that the risk assessment is completed in full, including details of the source patient**

- Once completed it 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 care/follow up

Step 1: First aid after the injury

- Keep calm
- Gently encourage bleeding in the puncture site
- Wash the injured area with soap and water
- Do not scrub the site or use antiseptic agents
- Cover the wound with an impermeable dressing after cleansing
- In the case of mucosal exposure, wash the exposed area copiously with water or normal saline
- If contact lenses are worn, wash the eyes with water or normal saline both before and after removing the lenses

Step 2: Inform your line manager and complete sections 1 and 2 of this risk assessment

Step 3: Your line manager should complete section 3 and then section 4, if required
On completing section 1 to 4 you should know whether your injury carries a risk of transmitting blood borne viruses. If the injury carries a high risk you will be sent to the nearest Emergency Department (Perth Royal Infirmary or Ninewells Hospital, Dundee). After you have been seen, contact Occupational Health on 01382 346030 or e-mail tay.occhealth@nhs.scot as soon as possible.

Step 4: Contact with Occupational Health
If the injury **does not** require Emergency Department intervention contact Occupational Health by phone on 01382 346030 or email tay.occhealth@nhs.scot Occupational Health is open from 0830-1630 Monday to Friday, excluding Bank holidays.

Ensure that you take your completed risk assessment form with you if you need to attend an Emergency Department and/or Occupational Health.

Step 5: Following any injury you must complete an IR1 form on Datix
An IR1 can be found on Staffnet in Business Systems under Datix, the incident category for a needlestick injury is Accident and in subcategory there is a choice of Needlestick injuries.

OH will retain this completed form following your review. The form will remain confidential and only be used for clinical governance purposes.

Print this form now if you have had an injury and inform your line manager immediately

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) _____

Hepatitis B vaccination status **(check with OH if you do not know this, in hours on 01382 346030)**

[ ] 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 Risk assessment of injury

Please tick according to the exposure and injury you have received

High risk injury*		**Low risk injury**		**High risk body fluids/materials**		**Low risk body fluids/materials**	
Needle, surgical instrument or other sharp (bone spike, broken tooth) AND injury caused bleeding		Subcutaneous or solid needle not causing bleeding		Blood		Tears	
Fluid onto broken skin		Fluid onto intact skin		Saliva in association with dentistry		Urine	
Fluid on to mucous membrane (eye, nose or mouth)		Bite, no bleeding		Exudates/tissue fluid from burns or wounds		Saliva[1] (in absence of dentistry)	
Human bite, injury caused bleeding				Cerebrospinal fluid		Sputum/phlegm	
				Human breast milk		Faeces	
				Pericardial fluid		Vomit	
				Peritoneal fluid			
				Pleural fluid			
				Amniotic fluid			
				Semen			
				Synovial fluid			
				Unfixed human tissues/organs			
				Vaginal secretions			

*Please consider whether the injury is RIDDOR reportable. See appendix 1 for guidance.

Now, inform your line manager who will complete section 3 (and 4 if required).

[1] Spitting, even if in contact with mucosal surfaces is low risk and does not require PEP

Section 3 Line manager or responsible clinical staff member details

Name (of line manager) _____

Position _____

Department/ward _____

Bleep/ext number _____

Date and time reported _____

- If the injury or the body fluid/materials are of low risk you do not need to proceed to the next section
- If the staff member has sustained an injury where the source cannot be identified (discarded needle) you do not need to proceed to the next section
- Contact OH, in hours on 01382 346030 or via email at tay.occhealth@nhs.scot and ensure you have discussed post-exposure prophylaxis for Hepatitis B. Complete a DATIX report

If the injury AND the body fluid is high risk, please proceed immediately with Section 4

Section 4 Risk assessment of source patient (Not to be completed by injured staff member)

Information needs to be gathered about the source patient which will influence whether PEP is required. **Patient information is confidential and can only be used for this risk assessment with the patient's consent**. The patient must only be approached by a member of the clinical team (medical or nursing) who is currently looking after them. Out of hours it is likely that the nursing staff will be the only ward based clinical staff available to approach the patient. If a patient is unable to, or refuses to give their consent to the disclosure of information then they should be assessed as high risk unless there is a clear indication that this is not the case.

What to tell the source patient

1. An injury has occurred that has been assessed as having the potential of transmitting infections to the staff member who was injured
2. To allow a full risk assessment some information needs to be gathered from the patient and their notes including whether they have or are at risk of having infections such as HIV and viral hepatitis
3. Their information will be dealt with confidentially but consent will be sought to share results with the Occupational Health Service to allow the correct treatment of the healthcare worker. Please ensure you document consent below
4. Questions will be asked in a non-judgemental and sensitive way. The patient's record will be checked to see if they have been previously tested for these viruses
5. When a high risk injury has been sustained all source patients with unknown blood borne virus status will be approached for their consent for HIV, Hepatitis B and Hepatitis C testing

The source patient should be offered a patient information leaflet on BBV testing following occupational injury. This leaflet can be found below or by following this link.

Information Leaflet: Why should I have a test for blood borne viruses?

Who is this leaflet for?
This leaflet is for patients of NHS Tayside during whose care, blood or body fluids have been involved in an injury sustained by a member of staff.

What are the aims of this leaflet?
This leaflet will help patients understand why they are being asked to have a test for HIV, hepatitis B and hepatitis C.

What has happened?
NHS staff often handle all types of body fluids and materials as well as sharp instruments. Occasionally injuries can occur – for example after taking blood the needle can accidentally puncture the member of staff's skin. Or blood could splash in someone's eye during an operation. These injuries are not your fault and this process is not intended to cause you any distress.

What is the problem?
In very exceptional circumstances the member of staff could become infected by a virus that the patient may knowingly or unknowingly have. There is treatment that the member of staff could take to prevent some viruses however the medicine could also be harmful to them.

What happens next?
A staff member will speak to you to ask you some questions about whether you are likely to have an infection like hepatitis or HIV. Some of these questions are very personal but please don't be offended – everyone in this situation will be asked these. If any particular risk for infection is identified then the injured staff member will start to take medicines to prevent HIV.

So why should I have an HIV test?

- If you are found not to have the virus (the test is **negative**), the injured staff member can stop taking the medicines.
- If you **choose not to have the test** then the injured staff member will continue on this treatment for 28 days. This may result in significant side-effects or complications as well as sick-leave.
- If your test is **positive** then it is good to know about it as soon as possible. You will have access to support and to treatment. People with HIV, who are on treatment and have an undetectable viral load, cannot pass the virus on to others and can expect a normal life expectancy.

What will I be tested for?
Human Immunodeficiency Virus (HIV): HIV is a virus which can cause the immune system to fail. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.
Hepatitis B: Hepatitis B is a virus which can cause liver damage. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.
Hepatitis C: Hepatitis C is a virus which can cause liver damage. It is usually passed by sharing injecting equipment.

How will I get the results?
The results will be communicated to you by the team looking after your care. These are usually available within 48 hours.

Will my results be shared with anyone?
Your results are confidential which means they will not be communicated to anyone without your consent or knowledge. However, the purpose of taking your bloods is to help to identify the appropriate care pathway for the injured staff member, therefore NHS Tayside's Occupational Health (OH) Service will require to access and record your results, along with this form, both of which will be held securely by OH and will not be shared with any third party.

What if I still don't want to have a test?
You will not be tested for HIV or hepatitis against your will. We will support your choice and your care will not be affected by your decision. You are welcome to change your mind and have a test at any point. If you would like further information then please ask a member of staff.

Blank to allow for printing of patient information leaflet

Consent to share source patient information

Verbal consent gained for patient information/results to be accessed by Occupational Health?

Yes / No (delete as appropriate)

Consent gained by

Name _____

Position _____

Date _____

Signature _____

If consent provided, please complete source patient contact details below:

Source Name _____

Date of birth _____

CHI _____

Contact phone number _____

Testing the source patient

- This should be done sensitively and tactfully, and not by the injured staff member
- The clinical team that are looking after the source patient should undertake the testing **and** are responsible for notifying the source patient of the result.
- The situation should be explained and consent sought for a blood sample to be taken and tested for HIV, Hepatitis B and Hepatitis C
- The results of these tests will not be immediately available and will not affect what is done as part of this initial assessment

Does the patient consent to BBV testing?	
Yes	Obtain blood in gold-topped vacutainer. On ICE the 3 tests required are described as "HIV screening test" "Hepatitis B (HBsAg) infection screen" and "Hepatitis C antibody screen" indicate in clinical details **"Needle-stick injury. Source patient. Urgent HIV, Hepatitis B and Hepatitis C testing".** The request should give the name and contact details for the responsible staff member to whom the results should be communicated. Offer information leaflet.
No	Offer information leaflet
Incapacitated	Testing for Hepatitis B, Hepatitis C and HIV should only be carried out if it is in the patient's best interests for their current clinical care

Has the source been previously tested and if so can you access records to confirm the results?

Blood borne virus	**Unknown**	**Confirmed negative**	**Confirmed positive**[2]
Hepatitis B			
Hepatitis C *If HCV antibody positive, ensure a PCR test is requested to confirm active infection			
HIV *If HIV positive, does the source have an undetectable viral load			

[2] Where the source patient is confirmed positive, RIDDOR reporting is required. Click here for more details.

If the source has not been previously tested for these viruses, is there a factor that may increase the risk?

Risk factor	Yes (High Risk)	No (Low Risk)
Source patient from country of HIV prevalence (sub-Saharan Africa, Thailand, Caribbean)		
Injecting drug user (ever)		
Man who has sex with other men		
Clinical illness compatible with HIV/AIDS		
Sexual partner of known HIV-infected person with a detectable viral load		

If the source patient is not known to have HIV, or have risk factors, HIV post-exposure prophylaxis is not indicated. Contact OH as soon as possible, in hours on 01382 346030 or via email at tay.occhealth@nhs.scot and ensure you have discussed post-exposure prophylaxis for Hepatitis B. Complete an IR1 via DATIX.

Injured staff member should only be referred to the Emergency Department for HIV post-exposure prophylaxis if ***all*** of 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. HIV PEP is generally not recommended beyond 72 hours post-exposure.

Phone the Emergency Department to handover the above risk assessment:

Ninewells External **01382 633904** Internal **33904**

PRI External **01738 473841** Internal **13841**

If this assessment form is not completed the Emergency Department staff may ask you to complete it first before they can make their assessment.

ED staff member name given handover _____

Time of handover _____

Signature of line manager _____

Date and time _____

Section 5 Emergency Department staff dealing with incident

Name (of ED staff member) _____

Position _____

Department/ward _____

Bleep/ext number _____

Date and time seen _____

Section 6 Decision to prescribe post-exposure prophylaxis (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	Consider need for Hepatitis B immunoglobulin and/or Hepatitis B vaccination
Only patients where there is an indication for HIV PEP should 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 for risk assessment if required

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 7 Contra-indications to HIV post exposure prophylaxis

Absolute: [ ] Injured person already HIV-infected

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 7 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, it should be noted that the medicines used for PEP will be off license in this case and 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 8 Decision to prescribe HIV post-exposure prophylaxis

Baseline bloods: All individuals started on HIV PEP should have baseline blood tests: 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 Emergency Departments as a 7 day starter pack.

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

Raltegravir 400mg ONE tablet immediately then ONE tablet every 12 hours

[ ] Follow prescribers guidance sheet (See Appendix 3)

[ ] Provide patient information leaflet (See Appendix 4) (copy also included in 7 day pack)

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

[ ] Email Infectious Diseases (tay.id@nhs.scot) attaching the referral in appendix 2

[ ] 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

[ ] Sign prescription and send to Pharmacy department as detailed at the top of the form (See Appendix 5)

Signature of ED clinician _____

Date/Time _____

Section 9 Decision not to give HIV post-exposure prophylaxis

Rationale _____

Signature of ED clinician _____

Date and time _____

[ ] Send serum sample for storage (ensure that the person's ID has been confirmed and that information is included on the request)

[ ] Advise staff member to attend occupational health at earliest opportunity

Section 10 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

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

There is a legal requirement to report to the Health and Safety Executive (HSE), certain types of incidents. In the context of the Sharps Injuries the following could be recorded for reporting:

- an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a Dangerous Occurrence;
- the employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as an Occupational Disease following diagnosis;
- if the injury itself is so severe that it must be reported eg sharp injury into eye

In addition to the above requirements it is also important to recognise that the following must trigger a RIDDOR report:

- an absence of a period of 7 or more days
- inability to carry out normal duties for a period of 7 or more days eg. alteration to duties/taken off clinical work

Full guidance can be found at:

Reportable incidents - RIDDOR - HSE

Appendix 2

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

Appendix 3

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

Starter Pack 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 starter pack contains a 7 day supply of 3 antiretroviral drugs:
  Emtricitabine 200mg/Tenofovir disoproxil 245mg x 7 tablets
  Raltegravir 400mg x 14 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)
- Complete the prescription sheet in Appendix 5 and send it to the Pharmacy Department as indicated
- 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 7 day starter pack ONLY and appropriate follow up will be arranged as per the assessment form
- 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 (i.e. for twice daily every 10 - 12 hours) and doses should not be missed. 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 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

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 400mg tablets

MODE OF ACTION:	Integrase inhibitor
DOSE:	ONE tablet immediately then ONE tablet every 12 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 starter pack.
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

Appendix 4

HIV POST EXPOSURE PROPHYLAXIS (PEP)

INFORMATION FOR PATIENTS – 7 DAY PACK (OF A 28 DAY COURSE)

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 actually catching HIV from either a single needle stick injury or sexual act is small.
- Taking the 28 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 ***7*** day supply of two anti-HIV medications which need to be taken together as prescribed. *The full course of PEP is 28 days therefore you need to be assessed by a specialist before this 7 day pack is finished to decide if you need to be prescribed a full 28 day course.*

Tenofovir disoproxil 245mg/Emtricitabine 200mg Tablets x **7**

Raltegravir 400mg Tablets x **14**

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 400mg Tablets	Take ONE tablet immediately then take ONE tablet every 12 hours	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 and use condoms with all sexual partners while you are being treated and until you have your 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 (pending)
Date: 05/2021
Review Date: 05/2024

FOLLOW UP

Ensure that you are informed about follow up.

*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

Appendix 5

ANTIRETROVIRAL POST EXPOSURE PROPHYLAXIS STARTER PACK

PRESCRIPTION FORM

This form must be completed and signed by a prescriber.

The completed form should be returned to Antimicrobial Pharmacy Team, Pharmacy Department, Level 5, Ninewells Hospital, Dundee.

Tick as applicable: PEP for NHS Tayside staff ☐

PEP for Non NHS workers/Community injuries ☐

PEP following sexual exposure (PEPSE) ☐

NAME: ……

DATE OF BIRTH/CHI: ……

ADDRESS: ……..……..

……..

……..

If given to a member of NHS Tayside staff:

Hospital and Ward where incident occurred: ……..

Designation of Staff member injured:……

The following medication was supplied to the person named above:

Emtricitabine 200mg/Tenofovir disoproxil 245mg tablets x 7
Take ONE tablet immediately, then ONE every 24 hours

Raltegravir 400mg tablets x 14
Take ONE immediately, then ONE every 12 hours

PRESCRIBER'S SIGNATURE: ……..…… DATE: ……..……..

PRINT NAME:…….

Please specify which hospital department supplied medication:

NW A&E ☐ PRI A&E ☐