



<p>Team Name: Acute Care Team</p> <p>Team Lead: Regional Director Acute Care</p> <p>Approved by: Executive Director - Acute &amp; Chief Nursing Officer</p>	<p>Reference Number: CLI.4110.PL.017</p> <p>Program Area: Across Care Areas</p> <p>Policy Section: General</p>
<p>Issue Date: June 4, 2019</p> <p>Review Date:</p> <p>Revision Date: September 30, 2020</p>	<p>Subject: Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV)</p>

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Providers' Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**

Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV)

**PURPOSE:**

To provide expeditious and integrated responses to manage situations that involve exposures to blood and body fluids.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-01) Global Executive Restraint and Risk Management  
 Executive Limitation (EL-02) Treatment of Clients  
 Executive Limitation (EL-03) Treatment of Staff

**POLICY:**

Post-exposure prophylaxis (PEP) is preventive management to avoid infection subsequent to exposure to human blood and body fluids that may transmit human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV).

Defined processes within this policy apply to both occupational and non-occupational exposures to blood and body fluids.

**DEFINITIONS:**

**Exposed:** person in contact with another person's blood or other body fluids.

**Source:** person from whom blood or body fluids involved in the exposure originated from.

**Occupational Exposure:** an accidental exposure to another person's blood or other body fluids that occurred within **work contexts**.

- Occupational exposure can occur in the community and within Southern Health-Santé Sud (SH-SS) programs. Within SH-SS and Partner Organizations facilities and programs, it includes accidental exposure of employees, physicians, students or volunteers.

**Non-occupational (in community) exposure:** occurs in the community, usually in relation to sexual exposure or injection drug use.

**Responder:** person with protective concentration of anti-HB antibodies on previous testing greater than or equal to 10 units/L.

**Percutaneous Injury:** puncture or laceration of the skin that penetrates into or below the dermis.

### **IMPORTANT POINTS TO CONSIDER:**

Comprehensive assessment and treatment **if required** of all persons **exposed** to blood and body fluids occurs in the emergency department (ED) where the **exposed** person presents.

- Infection Control Practitioners (ICP) provide follow-up care for SH-SS and partner organizations exposures.
- Public Health, Healthy Living, Communicable Diseases (CD)/Immunization Coordinator coordinates follow-up care for persons exposed in the community (including occupational exposures outside of SH-SS and partner organizations) with the exposed primary care provider.
  - ICP and CD/Immunization Coordinator access laboratory results in eChart.

Sexual assault:

- HIV seroconversion may occur in persons whose only known risk factor was sexual assault or sexual abuse, but the frequency of this occurrence likely is low.
- Although sexually assaulted persons are sometimes at risk for HIV transmission, they often decline non-occupational post-exposure prophylaxis (nPEP), and many who do take it do not complete the 28-day course. This has implications for pre-discharge education and follow-up.
- Health care providers (HCPs) who undertake **initial assessment** for nPEP should distinguish between consensual and non-consensual exposures and should provide or refer to sexual assault services accordingly.
- Screening for non-consensual sex is advised in order to ensure patients are offered access to sexual assault services where appropriate, and because sexual assault is a recognized risk factor for challenges with nPEP adherence that may warrant **additional** support.

### **PROCEDURE:**

- For a summary of the procedure, access *Post Exposure to Blood and Body Fluids Algorithm* (CLI.4110.PL.017.SD.01)
- For more in depth information, refer to Post-exposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Managing Exposures to Blood and Body Fluids in Manitoba. Manitoba Health, Seniors and Active Living - Public Health Branch (2018, October – revised May 2019), at [https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv\\_postexp.pdf](https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp.pdf)

**SECTION 1: OCCUPATIONAL EXPOSURE for SOUTHERN HEALTH-SANTÉ SUD and PARTNER ORGANIZATIONS** (e.g. Emergency Medical Services, Shared Health Diagnostics; affiliate organizations) **EMPLOYEE, PHYSICIAN, STUDENT OR VOLUNTEER:**

1. **The exposed person:**

- 1.1. Irrespective of whether the source person is known to pose a risk, immediately cleanses the affected site by:
  - Thoroughly rinsing site of a percutaneous (skin) injury with running water, and gently cleansing any wound with soap and water.
  - Flushing mucous membranes of eyes, nose and/or mouth with running water if contaminated with blood, body fluids, secretions or excretions.
  - Thoroughly rinsing non-intact skin with running water if contaminated with blood, body fluids, secretions or excretions.
    - Injections into the wound are **not** recommended.
- 1.2. Reports exposure **immediately** to the manager, supervisor, or designate.
- 1.3. Meets with manager, supervisor, or designate to complete a risk assessment, as defined and captured in the *Post Exposure to Blood and Body Fluids Risk Assessment and Management* (CLI.4110.PL.017.FORM.01).
  - **If not able to meet** with manager, supervisor, or designate proceeds to **closest ED**.
- 1.4. Completes an *Occurrence Report* (ORG.1810.PL.001.FORM.01).

**Since the Exposed is either a SH-SS or partner organization employee, physician, student or volunteer, the exposed does NOT counsel their own source nor becomes involved in obtaining consent from the source.**

2. **Manager, supervisor, or delegate:**

- 2.1. If able, meets with **exposed**.
  - If unable to meet with exposed, directs the **exposed** to proceed to the closest ED.
- 2.2. When meeting with **exposed**:
  - Completes **sections A, B, C and D** of *Post Exposure to Blood and Body Fluids Risk Assessment and Management*.
- 2.3. If “No” is selected for **ALL** items listed in **Section C**, under risk to **exposed** from (a) Body Fluids involved and (b) Exposure type, further risk assessment and interventions are **not** required.
  - Reassures the **exposed** that the body fluid involved and/or the type of exposure experienced are not ones associated with transmission of either HIV, HBV, or HCV.
- 2.4. If “YES” is selected for ANY items in **Section C** (1) type of body fluids **and** (2) type of exposure, or if in doubt if the type of body fluids and type of exposure meets the criteria:
  - DO NOT delay **exposed** access to post exposure prophylaxis (PEP) for HIV while assessing risk from source; directs **exposed** to the closest ED and then **assesses risk from source**.
  - As per program specific information transfer policy (e.g. Information Transfer at Care Transition - Primary Health Care CLI.6110.PL.001; Information Transfer at Care Transition - Home Care CLI.5415.PL.001; Information Transfer at Care Transition - Mental Health CLI.5610.PL.003),
    - Informs ED to expect **exposed**.

**Assessing risk from sources: If manager or supervisor is not able to complete this section, delegates this process to a health care professional (other than the exposed) with access to client, patient or resident.**

2.5. Assessing risk from source:

- Since the **source** is a SH-SS or Partner Organization client, patient or resident:
  - Informs client/patient/resident or alternate decision maker immediately of accidental exposure.
  - Requests consent from **source**/alternate decision maker to proceed with testing and completes *Post Exposure to Blood and Body Fluids Source Consent* (CLI.4110.PL.017.FORM.02).
    - If the **source** is a patient undergoing a procedure under anesthesia and the *Consent to Procedure, Treatment or Investigation – Bilingual* (CLI.4110.PL.001.FORM.01) was signed by the patient/designate, under section F of the consent, it reads:  
“In the event that a health care provider experiences a significant exposure to my body fluids, I consent to a sample of my blood being drawn and tested for transmissible infections (Hepatitis B, Hepatitis C, Human Immunodeficiency Virus), with the understanding that the results will be made known both to myself and to the exposed individual.”
    - This is a valid consent to initiate the *Post Exposure to Blood and Body Fluids Laboratory Testing of Source* (CLI.4110.PL.017.FORM.03).
    - Review the need for testing with the **source** when no longer under the influence of anesthetic agents and obtain/complete the *Post Exposure to Blood and Body Fluids Source Consent*.
  - Provides copy of consent to **source** or alternate decision maker.
  - Completes or delegates the completion of *Post Exposure to Blood and Body Fluids Risk Assessment and Management Section E*.
  - Faxes to the ED the partially completed *Post Exposure to Blood and Body Fluids Risk Assessment and Management* and fully completed *Post Exposure to Blood and Body Fluids Source Consent*.

2.6. After consent from source is obtained and when **source** is an **in-facility** patient or resident, communicates with facility care providers and:

- Facilitates obtaining prescriber orders for testing of the source as per *Post Exposure to Blood and Body Fluids Laboratory Testing of Source* from the attending physician/alternate, and the completion of laboratory requisitions and testing.
  - Clearly label the requisition with **STAT**
- Directs staff to notify attending physician/alternate and the **ED** accessed by **exposed** of laboratory results as soon as these become available.
  - If initial HIV testing results are negative but the source person is strongly suspected of having acute HIV infection **and** only after consultation with physician on-call at Cadham Lab, order HIV RNA NAAT.
    - Complete a second *Post Exposure to Blood and Body Fluids Laboratory Testing of Source* form.

- 2.7. After consent from source is obtained and when **source** is a client in **community**:
- Completes *Post Exposure to Blood and Body Fluids Source Consent* and informs ED to expect **source** as per SH-SS program specific information transfer policy.
  - Directs **source** to access the closest ED. All laboratory testing and initial follow-up arrangements for **source** occur in the ED.
  - Faxes to the ED the partially completed *Post Exposure to Blood and Body Fluids Risk Assessment and Management* and fully completed *Post Exposure to Blood and Body Fluids Source Consent*.
- 2.8. Infection Control Practitioner (ICP):
- Maintains the link between the SH-SS or Partner Organizations exposed employee, physician, student or volunteer and the source, and provides follow-up care.

**SECTION 2: IMMEDIATE ACTIONS for the person exposed to blood or body fluids:**

Irrespective of whether the source person is known to pose a risk and irrespective of where care is accessed (e.g. SH-SS clinic or ED), direct **exposed** to immediately cleanse the affected site by:

1. Thoroughly rinsing site of a percutaneous (skin) injury with running water, and gently clean any wound with soap and water.
2. Flushing mucous membranes of eyes, nose and/or mouth with running water if contaminated with blood, body fluids, secretions or excretions.
3. Thoroughly rinsing non-intact skin with running water if contaminated with blood, body fluids, secretions or excretions.
  - Injections into the wound are **not** recommended.
4. **Exception:** for **sexual assaults**, all prophylactic actions need to occur in an **ED**.
  - Follow sexual assault processes.

**SECTION 3. ASSESSMENT OF EXPOSED PERSON in the ED:**

1. Register and triage as per the *Triage and Waiting Room Monitoring (CLI.5110.PL.005)* policy.
  - Since time to PEP for HIV is time sensitive, triage as **CTAS level 2**.
2. Complete *Post Exposure to Blood and Body Fluids Risk Assessment and Management* and determine risk to the exposed based on body fluids and type of exposure.
  - Whenever possible for SH-SS and partner organizations occupational exposures, the manager/supervisor/designate completes *Post Exposure to Blood and Body Fluids Risk Assessment and Management* form, sections A, B, C, D, and E and faxes the form to the ED.

**Only assess source status if “yes” is selected for any of the items in Section C, related to (b) type of exposure, or if in doubt if the type of body fluids and type of exposure meets the criteria.**

3. If “YES” is selected for any item in type of exposure in Section C (b):
  - 3.1 Complete with **exposed** the *Post Exposure to Blood and Body Fluids Instructions Record – Exposed (CLI.4110.PL.017.FORM.04)*.
    - Provide copy of either “What you Should Know if You Have Come into Contact with Blood or Body Fluids” (CLI.4110.PL.017.SD.02) or “Ce que vous devez savoir si vous êtes entré en contact avec DU SANG OU DES FLUIDES CORPORELS” (CLI.4110.PL.017.SD.02F).

3.2 Proceed with ordering STAT laboratory testing as per either *Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Adult* (CLI.4110.PL.017.FORM.05) or *Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Pediatric* (CLI.4110.PL.017.FORM.06).

➤ Clearly label the requisition with **STAT**

**DO NOT delay providing HIV – PEP (see section 5) waiting for laboratory testing of exposed, or assessment of the source status and laboratory testing.**

3.3 For **virology** laboratory tests, use Cadham Provincial Laboratory (CPL) requisition.

- Clearly label the requisition with STAT.
- Include on the requisition the name of the primary care provider(s) in community. (ICP and CD/Immunizations Coordinator access laboratory results in eChart and do not need to be included on the requisition).
- Although the samples are labelled as STAT, when PEP medications are initiated or strongly recommended but refused:
  - Monday through Friday: an ED clinician calls CPL to request STAT processing of the samples for the post exposure panels and informs the on-site laboratory technologist/technician (lab tech) of STAT blood work.
  - After 4:30 p.m., and on Weekends and Holidays (call back process for CPL):
    - CPL Director approval is required for after-hours/weekend testing.
    - An ED clinician calls Health Sciences Centre (HSC) paging at 204-787-2071 and ask for the CPL Director.
    - If CPL Director approves STAT processing of the samples, inform the on-site lab tech of approved STAT blood work.
      - The Lab tech arranges for immediate transportation of all samples when PEP medications are initiated (or strongly recommended but refused), and STAT processing is required.

3.4 If **source** is known, assess source status.

- For SH-SS and Partner Organization employee, physician, student or volunteer, see Section 1.
- For all others, proceed to Section 4.

#### **SECTION 4. ASSESSMENT of SOURCE STATUS in the EDs:**

1. If source is unknown or known and unwilling to be tested, base risk assessment of **exposed on type of exposure**.
2. If **source** is known and presents to the ED:
  - 2.1. Register and triage as per the *Triage and Waiting Room Monitoring* policy.
  - 2.2. Requests consent from **source** to proceed with testing.
    - Complete *Post Exposure to Blood and Body Fluids Source Consent*.
  - 2.3. Complete section **D** and **E** *Post Exposure to Blood and Body Fluids Risk Assessment and Management*.
    - Risk from **source** person is dependent upon the criteria listed in Section E.
    - If applicable, refer to **Hepatitis B Endemic List** (this can be accessed from the Alberta Immunization Policy at:  
<https://open.alberta.ca/dataset/aip/resource/121de497-de68-42f1-a1b9-868696932615/download/AIP-BP-Hepatitis-B-Endemic.pdf>

- 2.4. Order laboratory testing of the **source** as per *Post Exposure to Blood and Body Fluids Laboratory Testing of Source*.
  - Clearly label the requisition with **STAT**
3. If **source** is not aware and not proceeding to the ED, contact source only if the body fluids involved and the exposure type place the exposed at risk (based on *Post Exposure to Blood and Body Fluids Risk Assessment and Management Section C*).
4. If **source** is known and testing of source is required but source refuses to be tested, inform the **exposed** person of their right to obtain a court order and provide assistance as required.
  - Court order request for source person testing:
    - Manitoba's *Testing of Bodily Fluids and Disclosure Act* came into effect on September 15, 2009. This *Act* enables a person exposed to bodily fluid of another person to apply for a court order requiring the other person to provide a blood sample to be tested to determine if that person (source) is infected with HIV HBV, or HCV. An individual can apply for a testing order if they are exposed to the bodily fluids of another person as a result of:
      - Being the victim of a crime;
      - Providing emergency medical assistance as a good Samaritan; or
      - Performing duties as a firefighter, emergency medical responder, paramedic, peace officer or nurse (registered nurse, registered psychiatric nurse, licensed practical nurse, health care aide); or
      - Performing duties as a SH-SS or Partner Organization employee, physician, student or volunteer.
    - To apply, complete *Application to Obtain an Expedited Testing Order*, accessed from [https://www.gov.mb.ca/health/publichealth/cdc/docs/app\\_eto.pdf](https://www.gov.mb.ca/health/publichealth/cdc/docs/app_eto.pdf)
    - Until source is tested, treat **exposed** as "source unknown".
5. If **source** is known, is in the community, and does not present to the ED, forward the source information with the referral to either IPC (for SH-SS and partner organizations occupational exposures) or CD/Immunization Coordinator (all other exposures).

## **SECTION 5. DISEASE-SPECIFIC TREATMENT of the Exposed:**

Management of exposures is disease-specific – see *Post Exposure to Blood and Body Fluids Risk Assessment and Management Sections G, H, and I*.

- PEP for HIV involves antiretroviral (ARV) therapy.
- PEP for HBV may involve both passive and active immunization against HBV.
- For HCV, it may include testing and follow up only. There is no approved PEP regimen for HCV.

For recommended treatment for HIV, HBV, and HCV, follow:

- Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Adult **or**
- Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Pediatric

1. **HIV - PEP initiation:** assess if PEP for HIV is indicated from information in *Post Exposure to Blood and Body Fluids Risk Assessment and Management - Section G*.

**DO NOT delay providing HIV – PEP waiting for laboratory testing of exposed, or assessment of the source status and laboratory testing.** That is: if type of exposure is placing the **exposed** at risk for HIV, provide 1<sup>st</sup> dose of HIV antiretroviral medications from HIV - PEP kit. Reassess continued need for HIV - PEP prophylaxis as more information becomes available.

- 1.1. Initiate **HIV - PEP** as soon as possible, preferably within **2 to 4** hours post exposure (**maximum of 72 hours**).
  - **No** laboratory evaluation is required prior to initiating HIV - PEP.
- 1.2. If **source** is known and their laboratory results are available, risk of transmission is based on both risk from exposure type and likelihood that source has transmissible HIV.
- 1.3. If source is unknown, recommendation for HIV - PEP is based on exposure type associated with high and moderate risks of transmission.
- 1.4. If HIV – PEP is indicated, provide to the **exposed** a copy of *Medications to Reduce the Risk of HIV Infection* (CLI.4110.PL.017.SD.03) or *Les Medicaments Pour Reduire le Risque D'Infection par le HIV* (CLI.4110.PL.017.SD.03F). These are located in the PEP kits. These handouts provide information on antiretroviral drug therapy for the **exposed**.
  - For more detailed information about ARV medication side effects for health care providers, refer to *Antiretroviral Medication Side Effects* (CLI.4110.PL.017.SD.06)
- 1.5. Provide HIV - PEP kits (available in EDs) to initiate treatment quickly and allow time for test results to come in.
  - Pediatric kits are only available at Bethesda Regional health Centre, Boundary Trails Health Centre, and Portage District General Hospital.
- 1.6. Provide a second kit (six days treatment) to patients if there is an anticipated barrier to timely follow up.
- 1.7. If **HIV - PEP** was initiated:
  - Discontinue HIV - PEP if:
    - **Exposed** person has HIV infection already;
    - **Source** person is confirmed HIV negative. **Exceptions:**
      - If Source person is strongly suspected to have acute HIV infection based on signs and symptoms of: fever, weight loss, anorexia, fatigue, gastrointestinal upset or diarrhea, rash, headache, lymphadenopathy, pharyngitis, myalgia or arthralgia, aseptic meningitis, oral ulcers, leukopenia:
        - Consult with physician on call at Cadham Provincial Laboratory to determine if HIV ribonucleic acid (RNA) nucleic acid amplification test (NAAT) testing is required.
          - Complete a second *Post Exposure to Blood and Body Fluids Laboratory Testing of Source* form.
        - If required, await HIV RNA NAAT results prior to discontinuing HIV – PEP.
      - Increased risk that source person is in the window of period of infection (seroconversion phase).
        - E.g.: persons with sexual or injection-related exposures result in concurrent acquisition of HCV and HIV infection, which might have delayed HIV seroconversion.
        - **Continuation of PEP may be considered despite negative testing results in source person.**
  - To discontinue HIV – PEP, a prescriber contacts the **exposed**.
    - **NO** return visit to the ED is required.
  - If HIV – PEP is to be continued, provide the person who was exposed with an outpatient prescription if a full month treatment course is required. If prescription is indicated, use:



- *Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) - Adult (CLI.4110.PL.017.FORM.07)* or
  - *Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) - Pediatric (CLI.4110.PL.017.FORM.08)*
2. **HBV - PEP:**
- 2.1. Laboratory testing is required **prior to HBV - PEP.**
  - 2.2. Assess if HBV – PEP is indicated from information in *Post Exposure to Blood and Body Fluids Risk Assessment and Management - Section H.*
    - If **source** is known, risk of transmission is based on both vaccination status of exposed and likelihood that source has transmissible HBV.
    - If **source** is unknown, recommendations for HBV - PEP is based only on vaccination status of exposed.
      - If results of exposed and source are **not available within 48 hours**, management of **exposed** person should assume possible exposure.
3. There is **no PEP for HCV.** Recommendations are for close follow-up, post-exposure testing, and if HCV infection occurs, early treatment with direct-acting antiviral combination therapy, which is to be provided by primary care provider in community.

## **SECTION 6. RECOMMENDED POST EXPOSURE FOLLOW-UP LABORATORY TESTING:**

1. **Exposure to HIV Follow-up:**
  - 1.1. **HIV** serology at week 4 to 6 post-exposure, and at week 12.
  - 1.2. Consider repeating HIV serology at 24 week post-exposure if HCV infection was acquired from the exposure.
  - 1.3. Ongoing laboratory monitoring at week 4 to 6 post-exposure of complete blood count, alanine aminotransaminase and aspartate aminotransferase are recommended for **exposed** with baseline abnormalities or who develop signs and symptoms of organ dysfunction or medication-related adverse effects during therapy. Serum creatinine should be included if treated with tenofovir + emtricitabine.
2. **Exposure to HBV Follow-up** serology: see *Post Exposure to Blood and Body Fluids Risk Assessment and Management - Section H*
3. **Follow-up serology for exposure to HVC:**
  - 3.1. Repeat HCV antibody testing of **exposed** at week 12 and week 24 post-exposure if baseline testing of **exposed** person is negative and of **source** is positive; or **source** person's baseline testing is negative or unknown but source person has risk factors for having transmissible HCV (assess as if source person is positive).
  - 3.2. Repeat HCV antibody testing at week 24 post-exposure only if baseline testing of **exposed** person was negative and of the **source** person was unknown, with source person having no known risk factor for having transmissible HCV.
  - 3.3. Test for HCV RNA at 4-6 weeks post exposure if baseline testing of **exposed** person was negative and of **source** was positive; or if **source** person's baseline testing was negative or unknown but source person has risk factors for having transmissible HCV (assess as if source person is positive).
4. Additional tests if type of exposure was sexual: repeat screening for gonorrhea, chlamydia, and syphilis serology at week 12 post-exposure.
5. Complete Post Exposure Follow-up section in *Post Exposure to Blood and Body Fluids Instruction Record – Exposed.*

## **SECTION 7. POST EXPOSURE FOLLOW-UP CARE:**

1. Inform the exposed to follow-up with primary care provider in community.
  - Provide the exposed with a copy of *Post Exposure to Blood and Body Fluids Instructions Record - Exposed – Bilingual AND Post Exposure to Blood and Body Fluids Risk Assessment and Management*
    - Define follow-up requirements within these documents.
  - Instruct exposed to provide these documents to their primary care provider in community.
2. Refer any **exposed** and **source** person diagnosed with HIV as a result of testing for appropriate counseling and treatment to:
  - Manitoba HIV Program (204-940-6089 or 1-866-449-0165)*
3. For SH-SS and Partner Organization's occupational exposures: if *Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Adult* are initiated in the ED, refer the **exposed** and **source** to ICP.
  - 3.1. Complete and fax *Post Exposure to Blood and Body Fluids Referrals* (CLI.4110.PL.017.FORM.09) form to ICP (see information on referral form).
    - Staff member exposed may prefer follow-up with their community primary care provider. However, only ICP maintains the link between the **exposed** and the **source**.
      - Normal results of lab work involving occupational exposures for SH-SS and partner organizations employee, physician, student or volunteer may be shared with the **source** and **exposed** by ICP providing follow up.
      - Abnormal lab results for ALL exposures are communicated to **exposed** and **source** by the emergency department physician/alternate.
4. If exposed is from community (occupational and non-occupational) and **source** is known, complete and fax *Post Exposure to Blood and Body Fluids Referrals* form to Public Health-Healthy Living Central Intake (CD/Immunization Coordinator).
  - 4.1. CD/Immunization Coordinator follows-up with **Source** to ensure testing is completed, connects with their primary care provider, prepares requisition(s) if required, and shares results with **Exposed** health care team.
    - Normal results of lab work of **exposed** and **source** involved in an exposure that occurred in community (for both occupational and non-occupational) are communicated by their respective primary care providers.
    - Abnormal lab results for ALL exposures are communicated to **exposed** and **source** by the emergency department physician/alternate.
5. **For Community exposures** (occupational and non-occupational) when the **source** is unknown, refer to **Primary Care Provider** in community and instruct **exposed** to arrange follow-up with their primary care provider.
  - Primary care providers automatically receive a copy of the ED visit record or discharge summary.
  - Exposed provides the primary care provider with the completed copies of the *Post Exposure to Blood and Body Fluids Instructions Record - Exposed – Bilingual* and *Post Exposure to Blood and Body Fluids Risk Assessment and Management*.
  - 5.1. If patient does not have a community primary care provider, direct **exposed** to:
    - Attend a regional primary health care setting or a local walk in/same day clinic.

- Provide the primary care provider with the completed copies of the *Post Exposure to Blood and Body Fluids Instructions Record - Exposed – Bilingual* and *Post Exposure to Blood and Body Fluids Risk Assessment and Management*.

**EQUIPMENT/SUPPLIES:**

HIV - PEP kits

**SUPPORTING DOCUMENTS:**

<a href="#">CLI.4110.PL.017.FORM.01</a>	Post Exposure to Blood and Body Fluids Risk Assessment and Management
<a href="#">CLI.4110.PL.017.FORM.02</a>	Post Exposure to Blood and Body Fluids Source Consent - Bilingual
<a href="#">CLI.4110.PL.017.FORM.03</a>	Post Exposure to Blood and Body Fluids Laboratory Testing of Source
<a href="#">CLI.4110.PL.017.FORM.04</a>	Post Exposure to Blood and Body Fluids Instructions Record - Exposed - Bilingual
<a href="#">CLI.4110.PL.017.FORM.05</a>	Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Adult
<a href="#">CLI.4110.PL.017.FORM.06</a>	Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Pediatric
<a href="#">CLI.4110.PL.017.FORM.07</a>	Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) - Adult
<a href="#">CLI.4110.PL.017.FORM.08</a>	Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) - Pediatric
<a href="#">CLI.4110.PL.017.FORM.09</a>	Post Exposure to Blood and Body Fluids Referrals
<a href="#">CLI.4110.PL.017.SD.01</a>	Post Exposure to Blood and Body Fluids Algorithm
<a href="#">CLI.4110.PL.017.SD.02</a>	Manitoba Health: What You Should Know
<a href="#">CLI.4110.PL.017.SD.02.F</a>	Manitoba Health: Ce que vous devez savoir si vous êtes entré en contact
<a href="#">CLI.4110.PL.017.SD.03</a>	Medications to Reduce the Risk of HIV Infection
<a href="#">CLI.4110.PL.017.SD.03.F</a>	Les Médicaments Pour Reduire le Risque D'Infection par le HIV
<a href="#">CLI.4110.PL.017.SD.04</a>	Antiretroviral Medication Side Effects

**REFERENCES:**

<a href="#">CLI.4110.PL.001.FORM.01</a>	Consent to Procedure, Treatment or Investigation – Bilingual
<a href="#">CLI.6110.PL.001</a>	Information Transfer at Care Transition - Primary Health Care
<a href="#">CLI.5415.PL.001</a>	Information Transfer at Care Transition - Home Care
<a href="#">CLI.5610.PL.003</a>	Information Transfer at Care Transition - Mental Health
<a href="#">ORG.1810.PL.001.FORM.01</a>	Occurrence Report
<a href="#">CLI.5110.PL.005</a>	Triage and Waiting Room Monitoring

Manitoba Health, Seniors and Active Living. (2018, October; Revised May 2019). *Post-exposure prophylaxis for HIV, HBV and HCV: Integrated protocol for managing exposures to blood and body fluids in Manitoba*. Winnipeg, MB: Author.

Government of Manitoba - *The Testing of Bodily Fluids and Disclosure Act S. M. 2008, c. 19*

Manitoba Health - *Application to Obtain an Expedited Testing Order*, accessed from [https://www.gov.mb.ca/health/publichealth/cdc/docs/app\\_eto.pdf](https://www.gov.mb.ca/health/publichealth/cdc/docs/app_eto.pdf)