SOP Number **Version 3**

SOP Title **Post Exposure Prophylaxis while on LCC trips**

	NAME	TITLE	SIGNATURE	DATE
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Review Date:	

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1. PURPOSE

To define our policy and practices for post exposure prophylaxis (PEP) for faculty and students while participating in LCC programs

2. INTRODUCTION

Blood-borne pathogens are an occupational hazard for faculty and students when participating in activities that might expose them to blood and body fluids. While clinical facilities in the USA have clear protocols and procedures for handling these exposures in the healthcare setting, students and faculty participating in LCC programs are in the field, often in low and middle income countries where procedures for handling occupational exposures are not always in place. Thus, there is a need for LCC to have an approach to handling exposures that takes field conditions into account.

3. SCOPE

This SOP covers students and faculty who are participating in LCC programs, both domestic and international.

4. DEFINITIONS

Post exposure prophylaxis

5. RESPONSIBILITIES

Faculty and students:

- Faculty taking students into the field are to attend the LCC training on PEP SOPs held prior to the trips
- Take and utilize gloves, eye goggles, and masks provided by LCC to use during possible exposures.
- Follow all universal precautions while in the field, as well as respiratory and other hospital infection control measures.
- Exposed persons are to immediately notify faculty whenever there is a possible exposure
- Faculty are to immediately notify the Emory University Infectious Diseases (ID) physician on call for the Emory Needlestick Prevention Center (NPC). The number is for an operator who will page the physician on call. If you have any trouble reaching the on-call physician, immediately notify the Administrative Director of LCC who can assist.
- Faculty are to also immediately notify the Administrative Director of LCC of any exposures.

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- Faculty are to follow advice given by the ID physician in handling the exposure. Faculty will need to have the following information in hand before calling:
    - Description of exposure
    - Health and demographic information about the source patient, especially concerning any known blood-borne diseases
    - Whether or not the source patient can be tested for HIV and Hepatitis B on site and how long it will take for results to be returned to the faculty
- Faculty are to have the PEP kit provided by LCC on hand at all field activities
- Faculty will dispense prophylactic medications to students on the advice of the ID physician within 2 hours of exposure, if needed.
- Exposed faculty and /or student will be responsible for adhering to prophylactic treatment and for obtaining follow up with OIM upon their return.
- Faculty will ensure that any student (or faculty) that requires prophylaxis (medication) returns to Atlanta and is followed up by OIM within 72 of their exposure.
- Complete the Blood Borne Exposure Incident Report form

Lillian Carter Center:

- With assistance from NPC, LCC will provide the lead faculty on each trip with a PEP kit
- LCC will train all faculty on the PEP SOP during the pre-departure meeting
- LCC will facilitate communication between the faculty in the field and NPC, if needed
- LCC will facilitate logistics of getting the exposed faculty or students back to Atlanta and followed up by OIM

NPC:

- Will work with LCC to provide advice and medications for the PEP kits
- Will provide all advice for handling the exposure in the field to the faculty in charge
- Will follow up with exposed faculty or students upon their return

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6. SPECIFIC PROCEDURE

Preventive:

- Faculty will remind students of the need for universal precautions when exposures are possible and that gloves are available for use
- Remind students to use eye goggles and N95 masks, if needed
- Remind students that all possible exposures must be reported immediately due to the fact that if needed, PEP must be started with 2 hours of exposure

After Exposure:

- Students are to immediately notify faculty when possible exposures occur
- Faculty should assess the situation and gather all needed information, including
    - health and demographic information about the source patient, especially whether or not the patient is known to have any blood-borne infections
    - description of the event including
        - the type of exposure (splash, percutaneous)
        - the estimated volume of blood/fluid transferred
    - Whether or not the source patient can be tested for HIV and within what time frame. The source patient should also be tested for hepatitis C antibody and hepatitis B surface antigen, if possible.
- Faculty should then immediately call the emergency number for paging the ID physician on call for NPC, followed by a call to the Administrative Director, LCC
- In cases where the faculty cannot reach the ID physician, and the HIV status of the source patient is unknown, faculty should start the exposed person on PEP within 2 hours of the exposure, while still trying to reach NPC/LCC and awaiting test results of the source patient.
- Whenever possible, faculty should ensure that the source patient is tested through the local healthcare system as soon as possible after the exposure.
- Based on the advice of the ID physician, faculty will advise the student re the need to start PEP medications.
- Despite the results of the rapid HIV test, the ID physician on call should be contacted for consultation. Even with a negative rapid HIV result, the ID physician may still recommend taking PEP based upon the circumstances of the exposure and the source patient's history.
- If the student/faculty needs to start and remain on PEP medications at the advice of the ID physician, the faculty will arrange with LCC to transport the exposed student/faculty to Atlanta within 72 hours of the exposure.

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- The exposed student/faculty will then be evaluated and followed up at NPC upon their return to Atlanta.
- Faculty to complete the Blood Borne Exposure Incident Report

7. WHAT TO DO IN CASE OF DOG BITES

In reading the CDC website further, it would appear that both human rabies immune globulin and vaccine should be administered on the same day as the exposure. That being the case, the first line of defense should be thorough cleansing of the wound, then call ISOS to find the nearest medical facility that can handle this. Second call is to Kathy for LCC to start assisting you to evacuate the student in most cases, unless the vaccination schedule can be handled in country per ISOS recommendations. See Appendix B.

8. FORMS/TEMPLATES TO BE USED

Blood Borne Exposure Form: provides a description of the incident and the response

A PEP kit will be provided. The kit will contain the following:

- Detailed instructions to faculty as follows:

  This kit is provided for responding to a blood/body fluids exposure in the field that puts a student or faculty at risk for blood-borne diseases.

  The exposed person should notify faculty immediately upon exposure.

  Faculty should assess the situation and gather all needed information, including:

  - health and demographic information about the source patient, especially whether or not the patient is known to have any blood-borne infections
  - description of the event including
  - the type of exposure (splash, percutaneous)
  - the estimated volume of blood/fluid transferred
  - Whether or not the source patient can be tested for HIV and within what time frame. The source patient should also be tested for hepatitis C antibody and hepatitis B surface antigen, if possible.

  Faculty should then immediately call the paging operator for the physician on call for NPC *[404-727-4736]*

  Faculty should then call to the Administrative Director, LCC *[404-788-2717]*

  In cases where the faculty cannot reach the ID physician, and the HIV status of the source patient is unknown, faculty should start the exposed person on PEP within 2 hours of the exposure, while still trying to reach the NPC hotline/LCC and awaiting test results of the source patient.

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Whenever possible, faculty should ensure that the source patient is tested through the local healthcare system as soon as possible after the exposure.

Based on the advice of the ID physician, faculty will advise the student re the need to start PEP medications.

If the student/faculty needs to start and remain on PEP medications at the advice of the ID physician, the faculty will arrange with LCC to transport the exposed student/faculty to Atlanta within 72 hours of the exposure.

The exposed student/faculty will then be evaluated and followed up at NPC upon their return to Atlanta.

- Enough PEP medication (as prescribed by NPC) for 5 daily doses.

Please note that only 5 daily doses of PEP medication are provided in the kit! If PEP is to be continued based on advice of the ID physician, the exposed person must return to Atlanta within 72 hours for follow up by OIM.

9. INTERNAL AND EXTERNAL REFERENCES

9.1 Internal References

9.2 External References

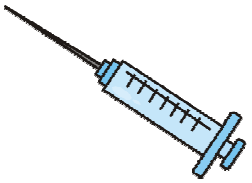
CDC Guidelines for PEP https://www.cdc.gov/hiv/risk/pep/index.html

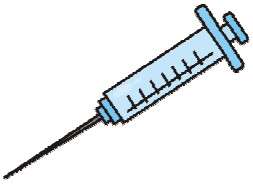
10. CHANGE HISTORY

SOP no.	Effective Date	Significant Changes	Previous SOP no.
PEP	**12/1/2017**	**Initial version**	**n/a**
	2/20/2018	**Removed recommendations to get TB tested. Our students are tested for TB on an annual basis.**	
	6/22/18	**Added What to do in case of Dog Bites**	**Version 2**

Appendix A: Incident Report

Post Exposure Prophylaxis Incident Report





This form is to be used to report occupational exposure to blood/body fluids sustained by NHWSN faculty and students while in the field/community setting. This form is to be used to document incidents. Please fill out this form on the ground and return a digital version to Kathy Kite, LCC Administrative Director.

- ❑ **Basic Information**
  - Name of person exposed/injured: _____
  - Date of exposure: ___/___/___
  - Time of exposure: ____:____
  - Did exposed person immediately notify lead faculty? Y N
    - If no, give reason: _____
- ❑ **Specifics of exposure/injury**
  - Location where exposure occurred: (e.g., Hospital, home visit):_____
  - Body part exposed (note whether intact skin, percutaneous, mucous membrane): _____
  - Estimated volume of blood/body fluid transferred: _____
  - Was person wearing protective gloves/mask/goggles (circle all that were worn)?
    - If not, give reason: _____
  - Was the PEP emergency kit available on site? Y N
    - If no, give reason: _____
  - Brief description of situation/procedures involved in exposure:

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_____
_____
_____
_____
_____
_____

- **Source Patient Specifics (if available)**
  - Demographics: _____
  - Health information: _____
  - Known to have blood borne infections (e.g., HIV, hepatitis): Y N
    - If yes, type of infections: _____
  - Were you able to test the source patient? Y N
    - If no, give reason: _____
    - If yes:
      - Date: ____/____/____
      - Time ___:_____
      - Who tested: _____
      - What tests were done (circle all that apply)? HIV Hepatitis B Hepatitis C
        - Other tests: _____
      - Results of tests: _____

- **PEP Medication started Y N**
  - Date: ____/____/____
  - Time: ____:_____
  - Was medication started within 2 hours of exposure? Y N
    - If no, give reason: _____
  - Brief description of advice given by Emory ID clinician or actions taken on the part of the lead faculty:

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_____
_____
_____
_____
_____

- ❑ **Needle Stick Injury Hotline Called (404-727-4736) Y N**
  - Date: ____/____/____
  - Time first called: ____:_____
  - Time ID clinician returned call: ____:_____
  - Name of ID clinician: _____
  - Any concerns about this process?
    _____
- ❑ **LCC called/notified Y N**
  - Date: ____/____/____
  - Time called: ____:_____
  - Were you able to reach LCC immediately? Y N
    - If no, give reason:
      _____
- ❑ **If exposed person needs prophylaxis and must return to Atlanta:**
  - Date of return: ____/____/____
  - Date of first clinic visit to Occupational Injury Management: ____/____/____
  - Confirmation of exposed person's OIM clinic visit via follow up call to clinic:
    - Y N

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APPENDIX B: Dog Bites Information

WHAT TO DO IN CASE OF DOG BITES

The rabies virus is transmitted through saliva or brain/nervous system tissue. You can only get rabies by coming in contact with these specific bodily excretions and tissues. It's important to remember that rabies is a medical urgency but not an emergency. Decisions should not be delayed.

- **Wash any wounds immediately. One of the most effective ways to decrease the chance for infection is to wash the wound thoroughly with soap and water.**

- **Call ISOS to find the nearest medical care for any trauma and for initiation of post exposure prophylaxis.** Decisions to start vaccination, known as postexposure prophylaxis (PEP), will be based on your type of exposure and the animal you were exposed to, as well as laboratory and surveillance information for the geographic area where the exposure occurred.

Rabies Postexposure Vaccinations

For people who have never been vaccinated against rabies previously, postexposure anti-rabies vaccination should always include administration of both passive antibody and vaccine. The combination of human rabies immune globulin (HRIG) and vaccine is recommended for both bite and nonbite exposures, regardless of the interval between exposure and initiation of treatment.

People who have been previously vaccinated or are receiving preexposure vaccination for rabies should receive only vaccine.

Adverse reactions to rabies vaccine and immune globulin are not common. Newer vaccines in use today cause fewer adverse reactions than previously available vaccines. Mild, local reactions to the rabies vaccine, such as pain, redness, swelling, or itching at the injection site, have been reported. Rarely, symptoms such as headache, nausea, abdominal pain, muscle aches, and dizziness have been reported. Local pain and low-grade fever may follow injection of rabies immune globulin.

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Rabies Postexposure prophylaxis (PEP) Schedule

Vaccination status	Intervention	Regimen*
Not previously vaccinated	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds.
	Human rabies immune globulin (HRIG)	Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.
	Vaccine	Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area"), 1 each on days 0,§ 3, 7 and 14.
Previously vaccinated**	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area"), 1 each on days 0§ and 3.

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