

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE**  
**Student Manual**

POST EXPOSURE PROPHYLAXIS (PEP) - NEEDLESTICK

Definitions of Exposure: Punctured with a used needle or a contaminated sharp; mucous membranes splashed with blood/body fluids; blood/body fluid contact with non-intact skin.

PEP = Post Exposure Prophylaxis

EH=Employee Health

UFWC=University of Florida Worker's Compensation Office

**POLICY:**

Subsequent to exposure to human blood or body fluid, the area supervisor will immediately complete an Employee Accident Report or a Quality Risk Report, as appropriate to the situation, and have the exposed person report to the Employee Health (EH) department on the 5th Floor of Tower I (Monday-Friday 7:00am-4:00pm) or the Emergency Department (ED) in the Clinical Center (after hours).

1. Incidents that occur when the EH department is closed:
  - a. All students, residents, fellows, and post-doctoral associates (hereafter called "Trainees") with an exposure should report IMMEDIATELY to the Emergency Department Triage Area. (If at another hospital, the same protocol is in effect.)  
*Note: Evaluation and Treatment MUST BE INITIATED within 1-2 hours.*
  - b. The Charge Nurse will be paged (498-0414); an EDTR will be made & evaluation will begin without delay.
  - c. The exposure site will be treated, if appropriate.
  - d. ED Physician will review the incident, risks of infection and PEP counseling (see below).
  - e. If source patient is HIV positive, Trainee is **recommended** to begin treatment with the **Expanded Regime PEP**, Combivir or Truvada **PLUS** Kaletra or Boosted Lexiva within 1-2 hours of the exposure if there are no contraindications.
  - f. If source patient's HIV status is unknown or source is unknown, Trainee is offered the **Basic Regime PEP**, Combivir **OR** Truvada
  - g. The first dose will be given in the Emergency Department:  
*Note: These medication(s) should be started within one to two hours post exposure; however, if this interval has elapsed, initiating therapy should still be considered.*
  - h. ED Tech takes the prescription for five (5) days supply to Central Pharmacy. Trainee will complete and give to ED Charge Nurse:
    - Required Accident Report (ED Charge Nurse faxes to EH and places in PEP packet).
    - Consent form for anti-retroviral antibiotics (ED Charge Nurse faxes to EH and places in PEP packet).
    - Consent form for HIV testing (ID used). (ED Charge Nurse faxes to EH and places in PEP packet).
    - ED will draw labs per PEP Protocol: HIV, Hepatitis B antibody, Hepatitis C antibodies with reflex confirmation, RPR. (CBC, Liver Profile if starts on PEP).
    - The Trainee must call EH immediately with name and unit number of source patient so that labs may be ordered at no cost to the patient (244-9576; leave a voice message; pager 306-3946).
    - Trainee will take the completed PEP packet, with consents and accident form, to EH the next business day.
  
2. When referred to EH department during open hours:
  - a. Required Accident Report
  - b. Consent form for anti-retroviral antibiotics & for HIV testing (ID used).
  - c. EH will draw labs per PEP Protocol: HIV, Hepatitis B antibody, Hepatitis C antibodies with reflex confirmation, RPR. (CBC, Liver Profile if starts on PEP).
  - d. Will call lab to ensure source pt has blood available
  - e. Diphtheria tetanus 0.5 ml, IM if not current (within 10 years).

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- f. Follow-up appointment with EH may be scheduled with the exposed person at this time.
  - g. The Trainee will be responsible to call UFWC the same day the exposure is reported (352-392-4940). EH will contact UFWC between the first and fifth day of every month to ensure all exposures have been captured to maintain compliance for the OSHA 300 Log and WC status. EH will ensure the 3<sup>rd</sup> party Administrator receives all paper work of the exposure.
3. Counseling - Importance of completing drug therapy and possible side effects:
- a. Drug-drug interactions;
  - b. Bone marrow depression; anemia; leukopenia;
  - c. Thrombocytopenia
  - d. Gastro-intestinal (N/V); renal toxicity
  - e. Advised to avoid blood or tissue donation, breast feeding or pregnancy
4. Follow-up Actions:
- a. Immediately after Trainee has been evaluated/treated, they MUST contact AmeriSys by calling 1-800-455-2079.
  - b. The Trainee MUST report to Employee Health with the PEP packet the next business day (5th floor M-F, 0830-1600) for follow-up care, prescription for the next 30 days, and outcome of the source labs.
  - c. The Trainee will be responsible to call UFWC the same day the exposure is reported (352-392-4940). EH will contact UFWC between the first and fifth day of every month to ensure all exposures have been captured to maintain compliance for the OSHA 300 Log and WC status. EH will ensure the 3<sup>rd</sup> party Administrator receives all paper work of the exposure.
  - d. Follow-up care options based on source patient and Trainee (labs available 2-3 days after ordered).
    1. Hepatitis B vaccine will be instituted, if appropriate.
    2. CBC and Liver Function checked every 2 weeks as long as PEP is **continued**.
    3. Physician referral for follow-up if signs of impaired liver function (hepatitis) or other adverse reactions.
    4. Follow-up testing could be performed @ 6 weeks, 12 weeks and 6 months. Extended HIV follow-up is recommended for HCP who becomes infected or exposed to a source co-infected with HIV and HCV.
    5. If the source patient is positive for:
      - Hepatitis B – see protocol for Hepatitis B exposure
      - Hepatitis C – protocol for Hepatitis C exposure per EH physician.
      - RPR protocol for syphilis per EH physician.
      - HIV – see reference guide.
      - Other – Consult with hospital Epidemiologist.

*Note: Cases of highest risk or increased risk, unresolved fear of anti-retroviral therapy, or valid contraindication to anti-retroviral therapy will be referred by the Hospital's Infectious Disease Physician or EH Medical Director for consultation. (Refer to [IC-01-005](#) revised March 2015).*