	Document Code:	DPOTMH-L-100-P08
	Effective Date:	08-01-2022
	Document Type:	Policy
	Page Number:	1 of 3
	Department/Section:	Laboratory Unit
	Document Title:	POST EXPOSURE PROPHYLAXIS

PURPOSE:

To define the policies and procedures to be followed in the Laboratory when an exposure to a potentially infectious material occurs.

LEVEL:


All Laboratory Personnel

DEFINITION OF TERM:

PEP (post-exposure prophylaxis)- means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

POLICY:


1. At all times, the guidelines for good laboratory practices shall be strictly followed to ensure safety and to keep laboratory accidents to a minimum.
2. Personal Protective Equipment shall be worn at all times to prevent bodily and personal clothing contamination.
3. After every procedure, gloves shall be removed and hand washed immediately at the designated sites.
4. Testing of serum or plasma specimens and body fluids shall be performed with utmost care and precaution so as to minimize any occupational risk.
5. Contact of skin or mucous membranes with HIV- infected products shall be dealt with carefully duly observing the healthcare standard.

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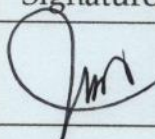
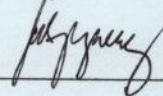


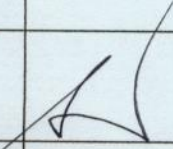
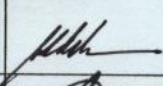
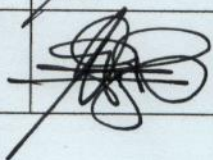
6. Surfaces contaminated with HIV-infected products shall be immediately disinfected.
7. All contaminated waste shall be safely disposed of.
8. An Incident Report shall be submitted to the Infection Prevention and Control Unit within 24 hours from occurrence.
9. The following shall be the risk definitions:
 - 9.1. Low risk
 - a) Exposure to a small volume of blood or fluid contaminated with blood from asymptomatic HIV-positive patients with low viral load.
 - b) Percutaneous exposure with a solid needle
 - c) Any superficial injury or mucocutaneous exposure
 - 9.2. High risk
 - a) Exposure to a large volume of blood or potentially infectious fluids
 - b) Exposure to blood or blood contaminated fluids from an HIV-infected patient with a high viral load
 - c) Injury with a hollow needle
 - d) Deep and extensive injuries


REFERENCE:

PEP | HIV Basics | HIV/AIDS | CDC. (n.d.). CDC. Retrieved July 15, 2022, from <https://www.cdc.gov/hiv/basics/pep.html>

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	Document Code:	DPOTMH-L-100-P08-S01
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	Document Type:	Standard Operating Procedure
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	Document Title:	POST EXPOSURE PROPHYLAXIS

PURPOSE:

To define the procedures to be followed in the Laboratory when an exposure to a potentially infectious material occurs.

SCOPE:


Applies to all Laboratory Unit staff of Una Konsulta

PERSON RESPONSIBLE:


Laboratory personnel, Laboratory Supervisor, Infection Prevention and Control Nurse-in-charge

PROCEDURE:

1. After exposure to a potentially infectious material, the following immediate corrective measures should be properly undertaken by the Medical Technologist:
 - 1.1. Wash the exposed areas with soap and water.
 - 1.2. Flush the exposed mucous membranes with water. If saline solution is available, use it to flush eyes.
 - 1.3. Do not apply caustic agents, including antiseptics or disinfectants, to the exposed areas.
2. The Medical Technologist immediately informs the laboratory supervisor of the exposure and insist on completing the Incident Report. The following information should be provided:
 - 2.1. Date and time of exposure
 - 2.2. Exposure site(s)
 - 2.3. Where and how the exposure occurred
 - 2.4. If a sharp object was involved, type and brand
 - 2.5. Type and amount of fluid exposed to
 - 2.6. Severity of exposure (e.g. depth of sharp puncture, intact skin, eyes)

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- 2.7. Exposure source
- 2.8. Body Fluids (e.g blood products)
- 2.9. Patient: If HIV patient, check for HIV status and document, stage of disease.
3. The Laboratory Supervisor refers the exposed staff to the Infection Prevention and Control Unit Nurse-in-charge. The latter evaluates the laboratory staff for potential exposure to HIV based on:
 - 3.1. Type and amount of body fluid/tissue
 - 3.2. Type of exposure
 - 3.2.1. Percutaneous injury
 - 3.2.2. Mucous membrane exposure
 - 3.2.3. Non-intact skin exposure
 - 3.2.4. Bites resulting in blood exposure
 - 3.2.5. Infectious status of source
 - 3.2.5.1. Presence of HIV antibody
 - 3.2.5.2. Presence of HbsAG
 - 3.2.5.3. Presence of HCV antibody
 - 3.2.6. Status of the source of infectious material
 - 3.2.6.1. Presence of HIV antibody
 - 3.2.6.2. Presence of HbsAG
 - 3.2.6.3. Presence of HCV antibody
 - 3.2.6.4. Susceptibility of exposed person
 - 3.2.6.4.1. Hepatitis B vaccine and response status
 - 3.2.6.4.2. HIV, HBV, and HCV immune status
4. The exposed laboratory staff is offered pre-HIV test counselling after obtaining an informed consent, as well as ongoing counseling as desired. His identity is kept confidential at all times.
 - 4.1. If the HIV status of the source person is not known, he is informed of the incident and his consent is obtained to perform HIV testing as soon as possible, maintaining confidentiality of his identity at all times.

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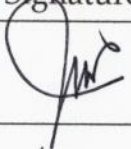
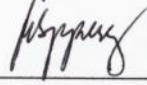




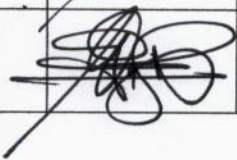
- 4.2. If the source person is negative for HIV, any baseline testing or further follow-up of the exposed staff is no longer necessary.
 - 4.3. If the source person refuses to be tested for HIV, the attending physician or the representative of the HACT team contacts the former and performs the testing according to guidelines. The authorization of the HACT team is also sought when the source person is confused or in a coma, or in the case of a minor if a parent or guardian is not available.
 - 4.4. If the source person is not known, the exposure is evaluated according to the likelihood of a high risk for infection: where and under what circumstances the exposure occurred.
5. If the risk of exposure has been ascertained, PEP against HIV is started immediately, within 1-2 hours from exposure if possible; however if a delay occurs, perform a PEP just the same regardless of the interval. PEP must be started within 72 hours after an exposure. This is continued for 28 days, and HIV testing is repeated after 2 weeks, then thereafter at 6 weeks, 3 months, 6 months, and 1 year.


REFERENCE:

PEP | HIV Basics | HIV/AIDS | CDC. (n.d.). CDC. Retrieved July 15, 2022, from <https://www.cdc.gov/hiv/basics/pep.html>


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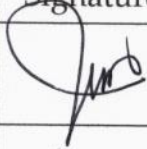
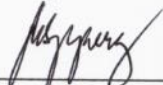


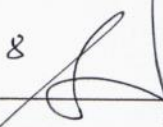
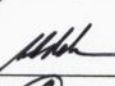
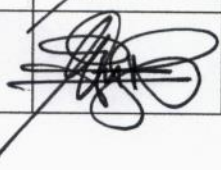
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KEY TASKS	PERSON RESPONSIBLE
1. Washes the exposed areas with soap and water	Exposed laboratory personnel
2. Flushes the exposed mucous membranes with water or saline solution	
3. Informs the laboratory supervisor of the exposure	
4. Completes the incident report	
5. Refers the exposed staff to the Infection Prevention and Control Unit Nurse-in-charge	Laboratory Supervisor
6. Evaluates the laboratory staff for potential exposure to HIV	Infection Prevention and Control Nurse-in-charge
7. Starts PEP as soon as possible after determining the risk of exposure	

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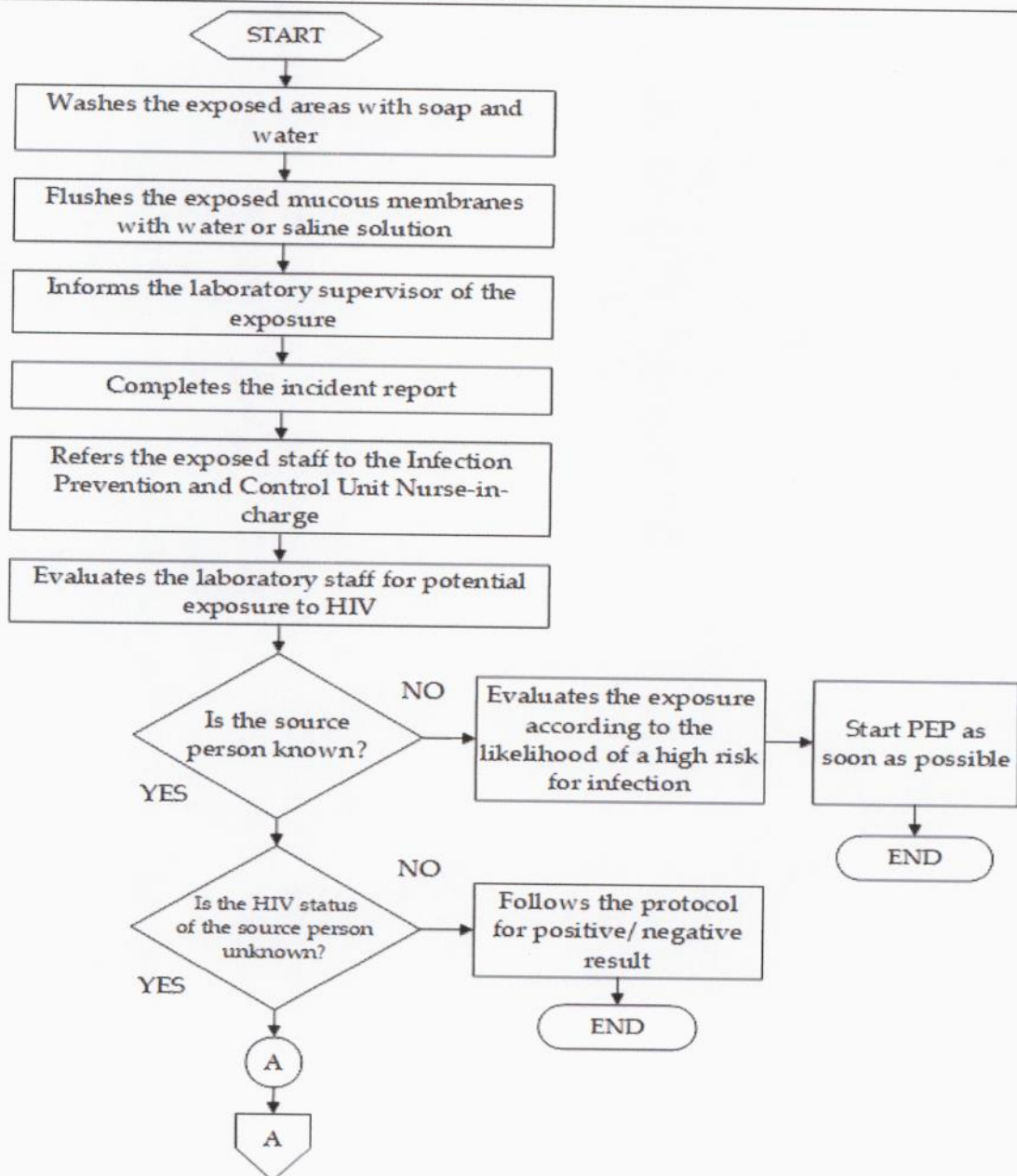
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	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		09/06/22
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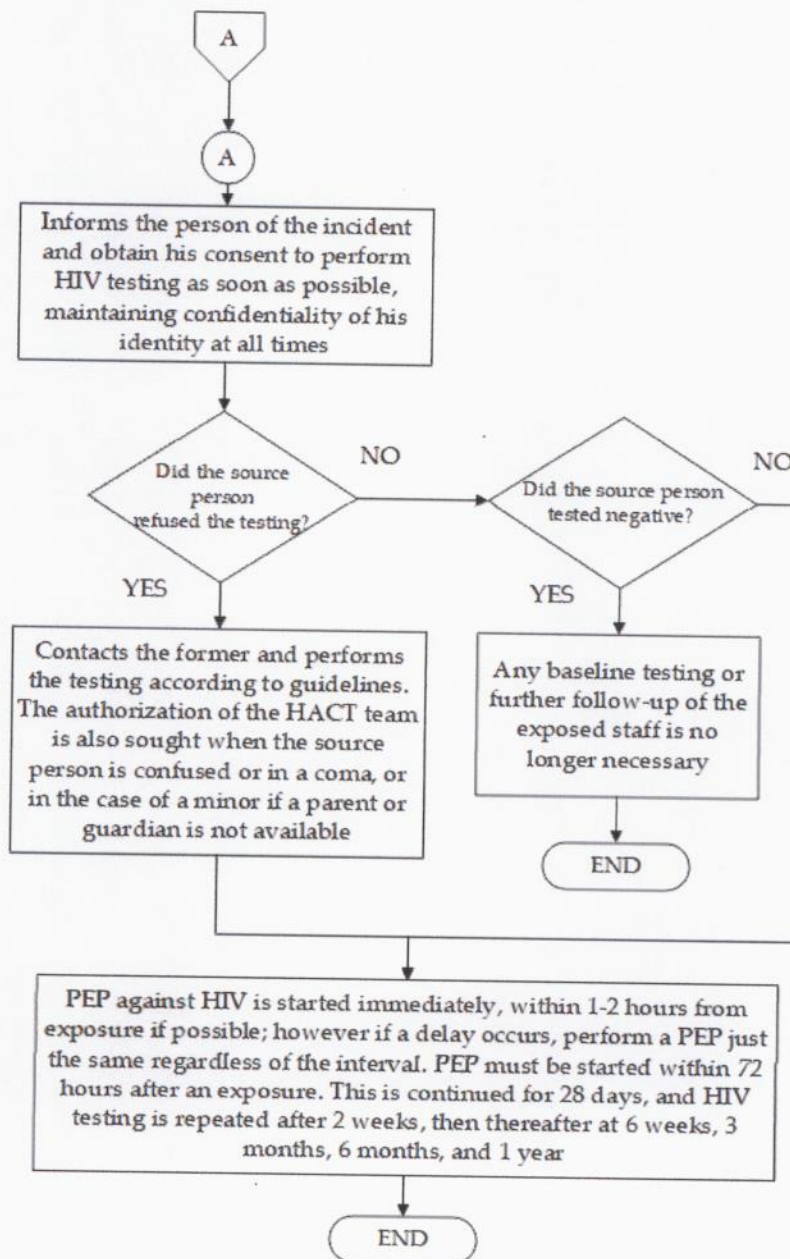



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FLOWCHART

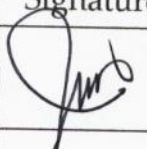
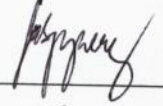



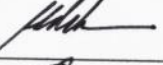



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