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|  | | **GUIDELINES FOR THE EMERGENCY MANAGEMENT OF INJURIES (EMI) AND POST-EXPOSURE PROPHYLAXIS (PEP)**  **BLOODBORNE VIRUS (BBV) EXPOSURE PATIENT MANAGEMENT FORM** | | | | | | | | |  |
| **Reporting date:** Click or tap to enter a date. **FORM COMPLETED BY:** Click or tap here to enter text.  **Reporting time:** Click or tap here to enter text. **SIGNATURE:** | | | | | | | | | | | |
| **SECTION 1: RECIPIENT DETAILS** | | | | | | | | | | | |
| **Name:** Click or tap here to enter text.  **Date of birth:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Email address:** Click or tap here to enter text.  **Phone number:** Click or tap here to enter text.  **Sex assigned at birth:**  Male  Female  Unknown  Other Click or tap here to enter text.  **Gender identity**:  Male  Female Non-binary  Unknown  Other Click or tap here to enter text. | | | Recipient registered with GP  **GP Name:** Click or tap here to enter text.  **GP Address:** Click or tap here to enter text.  **GP Telephone number:** Click or tap here to enter text.  Recipient not registered with GP  **Past medical history** (*incl. immunosuppression*)  Click or tap here to enter text.  **Medications *(Please list):*** Click or tap here to enter text.  **Allergies *(Please list):*** Click or tap here to enter text. | | | | **RECIPIENT CHECKLIST**  Recipient is living with HIV  Recipient has known HBV infection  Recipient has known HBV vaccination  Recipient has known HCV infection  Treated or self-cleared  Active  Pregnant  Breastfeeding  **For sexual exposures only**  Recipient has a history of previous treated syphilis  Please provide details of past syphilis treatment  Click or tap here to enter text. | | | | |
| **RELEVANT VACCINATIONS RECEIVED** | | | | | | | | | | | |
| **HEPATITIS B**  Dose 1  Dose 2  Dose 3  Dose 4 (if applicable)  Antibody titre (if known): Click or tap here to enter text. | | | | | | **TETANUS**  Date of last vaccination: Click or tap to enter a date. | | | | | |
| **SECTION 2: DETAILS OF EXPOSURE** | | | | | | | | | | | |
| **Date of exposure**: Click or tap to enter a date.  **Time of exposure**: Click or tap here to enter text.  **Hours since exposure:** Click or tap here to enter text. | | | | | | **EXPOSURE TYPE**  Needlestick / Sharps  Human bite  Mucous membrane  or non-intact skin | | | Sexual exposure  Other Click or tap here to enter text. | | |
| **NEEDLESTICK EXPOSURE DETAILS** | | | | | | | | | | | |
| **NEEDLE DETAILS**  Solid needle ☐ Hollow needle  Unknown needle type  Other Click or tap here to enter text. | | | | | | **BLOOD PRESENT ON NEEDLE**  Visible blood  No visible blood  Unknown | | | | | |
| **HUMAN BITE** | | | | | | | | | | | |
| **WOUND DETAILS**  Superficial  Deep  Other Click or tap here to enter text. | | | | | | **BLOOD PRESENT ON SOURCE**  Visible blood  No visible blood  Unknown | | | | | |
| **EXPOSURE OF MUCOUS MEMBRANE OR NON-INTACT SKIN** | | | | | | | | | | | |
| **FLUID**  Saliva, Tears, Sweat, Urine, Faeces  Blood, CSF, Synovial, Pleural, Peritoneal, Pericardial, Amniotic fluid, Semen, Vaginal secretion | | | | | | **RECIPIENT EXPOSURE TYPE**  Intact skin  Non-intact skin  Mucous membrane  Unknown | | | | | |
| **SEXUAL EXPOSURE** | | | | | | | | | | | |
| **TYPE (Select all that apply)**  Receptive anal  Insertive anal  Receptive oral  Insertive oral  Receptive vaginal  Insertive vaginal | | | | | | Sexual assault  **OTHER DETAILS**  Condom used  Condom intact  Ejaculation | | | | | |
| **SECTION 3: SIGNIFICANCE OF EXPOSURE** | | | | | | | | | | | |
| **Was the exposure significant?**  Yes  No  *Please select ‘yes’ if details in Section 2 meet criteria for a significant exposure, outlined in Chapter 3 of the* [*EMI PEP guidelines.*](https://www.hpsc.ie/a-z/emi/EMIGuidelinesPeP.pdf)  **IF NO: Discharge patient and reassure.** Provide information leaflet ‘[No Risk of Exposure.’](https://www.hpsc.ie/a-z/emi/additionalmaterials/EMILeaflet1.pdf) #  **IF YES: Proceed to Section 4.** | | | | | | | | | | | |
| **SECTION 4: DETAILS OF SOURCE** | | | | | | | | | | | |
| Source identity known  Source identity unknown  **SOURCE STATUS (If known)**  Source is a person living with HIV  On ART >6 months with suppressed viral load  On ART <6 months or not on (effective) ART  HIV status unknown  Source diagnosed with HBV  Source diagnosed with HCV  Source immunocompromised | | | | | | Source is part of a group considered to have a higher prevalence of BBVs than the general population  Born in a high prevalence country (*See* [*EMI PEP Guidelines*](https://www.hpsc.ie/a-z/emi/EMIGuidelinesPeP.pdf) *Appendix 1*)  Source identifies as gay, bisexual or other man who has sex with men (gbMSM)  Person who injects drugs (PWID)  Prisoner  Sex worker  Sexual partner(s) with BBV  Recipient of blood / blood products *(pre August 1973 HBV, pre oct 1985 HIV, pre oct 1991 HCV)*  Other *(please specify):* Click or tap here to enter text. | | | | | |
| **SOURCE TESTING**  Source consent received for testing  Implications of testing discussed  Consent sought to disclose test results to recipient | | | | | | **REASON FOR NOT TESTING SOURCE**  Source identity not known  Source did not consent  Source unable to give consent  Source deceased  Other (*please specify*) Click or tap here to enter text. | | | | | |
| **SOURCE TESTING RECORD** | | | | | | | | | | | |
| **SOURCE HIV** | | | | **SOURCE HBV** | | | | **SOURCE HCV** | | | |
| **Date of last test**  Click or tap to enter a date. | | | | **Date of last test**  Click or tap to enter a date. | | | | **Date of last test**  Click or tap to enter a date. | | | |
| **HIV Ab/Ag**  Positive  Negative | **IF POSITIVE:**  **Viral load:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of viral load testing**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **On ART**:  Y  N  If yes, details of drug:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NAME OF TREATING SPECIALIST:** Click or tap here to enter text. | | | **HBsAg**  Positive  Negative | **IF POSITIVE:**  HBeAg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Anti-HBe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Viral load** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of viral load testing:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NAME OF TREATING SPECIALIST:** Click or tap here to enter text. | | | **Anti-HCV**  Positive  Negative | | **IF POSITIVE:**  RNA positive  Yes  No  **Viral load** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of viral load testing:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DAA (if applicable)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME OF TREATING SPECIALIST:** Click or tap here to enter text. | |

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| **SECTION 5: MANAGEMENT OF RECIPIENT FOLLOWING SIGNIFCANT EXPOSURE** |
| **IMMEDIATE MANAGEMENT** |
| First aid given  Recipient bloods taken  Testing  For storage only  Appropriately labelled ‘*Possible BBV exposure – recipient’*  Recipient verbal informed consent received for testing  Advised condom use for window period  Inform that no work restrictions required during interval testing period, unless seroconversion illness or positive blood result |

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| **RECIPIENT BASELINE TESTING: See EMI PEP Guidelines** [**Table 5**](https://www.hpsc.ie/a-z/emi/tables/EMITable5.pdf) | | | |
| **TEST CARRIED OUT** | **DATE** | | **RESULTS** |
| HBsAg | Click or tap to enter a date. | | Click or tap here to enter text. |
| HBsAb\* | Click or tap to enter a date. | | Click or tap here to enter text. |
| ☐ HBcAb | Click or tap to enter a date. | | Click or tap here to enter text. |
| HCV Ab | Click or tap to enter a date. | | Click or tap here to enter text. |
| HIV 1&2 Ag/Ab | Click or tap to enter a date. | | Click or tap here to enter text. |
| STI testing (sexual exposure) | Click or tap to enter a date. | | Click or tap here to enter text. |
| Syphilis (sexual exposure) | Click or tap to enter a date. | | Click or tap to enter a date. |
| Pregnancy test | Click or tap to enter a date. | | Click or tap here to enter text. |
| ALT (if HIV PEP prescribed) | Click or tap to enter a date. | | Click or tap here to enter text. |
| Creatinine and eGFR (if PEP HIV prescribed) | Click or tap to enter a date. | | Click or tap here to enter text. |
| *\* Unless previous evidence of Anti-HBs > 10 mIU/ml after completing a full course of hepatitis B vaccination* | | | |
| **SECTION 6: FOLLOW-UP AND/OR ONWARD REFERRAL** | | | |
| **Onward referral for follow-up** should be made in a timely manner as per EMI PEP guidelines and locally agreed protocols.  **Occupational exposure-related follow up at Healthcare Worker (HCW) Recipient’s Occupational Health department:**   * The HSE Occupational Health Services do not complete the **immediate management** of blood and bodily fluid exposures including the prescribing of HIV or Hepatitis B Post Exposure Prophylaxis. * HCWs who sustain BBFEs at work should be referred to the HSE Occupational Health Service (OHS), using the recommended **Referral Letter** to HSE Occupational Health Services after the **Immediate Management** has been completed. * The **Immediate Management** includes the following and should be completed within 72 hours of the exposure:   + The **emergency management** of injuries.   + The completion of the **source risk assessment** and **source serology sampling**, as per the EMI guidance.   + **Post-exposure prophylaxis** for Hepatitis B and HIV if clinically indicated. * The HSE Occupational Health service upon receipt of a **Completed Referral Letter** will provide the following:   + Recipient **interval testing** if indicated – For Hepatitis B, C and HIV.   + Recipient **Fitness for Duty** assessment.   + Completion of Hepatitis B vaccination course for **the recipient** if applicable. * The Referral Form is available at the link [here.](https://www.hpsc.ie/a-z/emi/additionalmaterials/EMILeaflet2.pdf) | | | |
| **HIV PEP INDICATED** (urgent, in 3-5 days — appointment to be arranged as per local pathway)  Y  N  **If yes, reason**: Click or tap here to enter text.  **Details of drug:** Click or tap here to enter text. | | | |
| HBV vaccination  HBIG  Antibiotics  Counselling  Tetanus vaccination  Emergency contraception (if indicated) | | Referred to Sexual Assault Treatment Unit (SATU)  Social worker contacted  Further testing *(See EMI PEP guidelines* [*Table 5*](https://www.hpsc.ie/a-z/emi/tables/EMITable5.pdf)*)*  Referral to Occupational Health (where recipient interval testing, Fitness for Duty assessment, Completion of HBV vaccination course may be necessary - form available at the link [here.](https://www.hpsc.ie/a-z/emi/additionalmaterials/EMILeaflet2.pdf))  Referral to General Practitioner (form available at the link [here.](https://www.hpsc.ie/a-z/emi/additionalmaterials/EMILeaflet2.pdf)) | |
| **SECTION 7: OTHER DETAILS** | | | |
| **POINTS FOR DISCUSSION WITH RECIPIENT (IF HIV PEP INDICATED)** | | | |

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| 1. The need for baseline bloods (including HIV test) 2. Antiretrovirals and efficacy as PEP 3. Importance of adherence to optimise efficacy 4. Start PEP as soon as possible to maximise efficacy 5. Advised too late if commenced after 72 hours (post-exposure) 6. Length of PEP is 28 days 7. Drug side effects discussed 8. Drug interactions discussed (including multivitamins, iron, antacids) 9. Advised to seek urgent attention if symptoms of seroconversion 10. PEP leaflet provided |
| **ADDITIONAL DETAILS AS REQUIRED BY ASSESSING HEALTHCARE PROFESSIONAL** |
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