Infection Control in Home Care, Volume Two

Table of Contents

Section 1- **Human Immunodeficiency Virus (HIV)**

Section 2- **Influenza**

Section 3- **Hepatitis**

Section 4- **Health Care Worker Restrictions**

Section 5- **Rabies**

Section 6- **Nosocomial Infections**

Section 7- **Latex Allergies**

Section 8- **Infectious Disease Updates For Educational Seminars**

Section 9- **Federal Register- Bloodborne Pathogens**

Section 10- **Glossary**

Subject: Determining the Need for HIV Postexposure (PEP) after an Occupational Exposure

Policy: Occupational exposure PEP treatment will be based on the 3 steps, as recommended by the Centers for Disease Control (New York State protocols will be followed by those agencies in New York or those agencies in other states who wish to follow New York State protocols).
See: New York State protocols.

Practice/Procedure/Implementation:

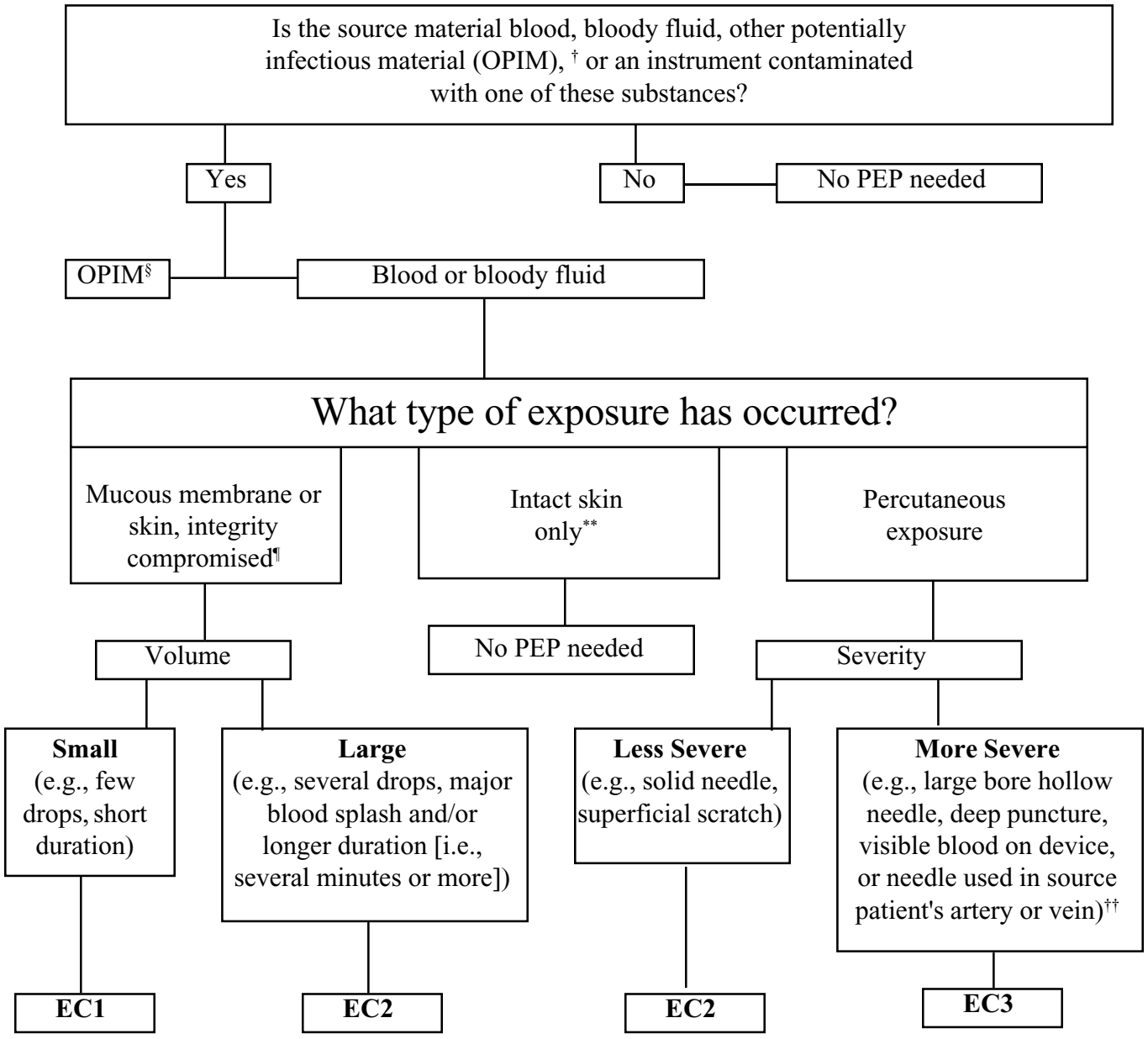
1. The agency will determine the exposure code (EC). See flow chart following this policy.

2. The agency will determine the HIV status code (HIV SC). See flow chart following this policy.

3. Agency will recommend the PEP as indicated by the results of both the exposure code and the HIV status code. See recommendation chart following this policy.

Determining the need for HIV postexposure prophylaxis (PEP) after an occupational exposure*

STEP 1: Determine the Exposure Code (EC)



* This algorithm is intended to guide initial decisions about PEP and should be used in conjunction with other guidance provided in this report.

† Semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids; or tissue.

§ Exposures to OPIM must be evaluated on a case-by-case basis. In general, these body substances are considered a low risk for transmission in health-care settings. Any unprotected contact to concentrated HIV in a research laboratory, or production facility is considered an occupational exposure that requires clinical evaluation to determine the need for PEP.

¶ Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion, or open wound.

** Contact with intact skin is not normally considered a risk for HIV transmission. However, if the exposure was to blood, and the circumstance suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIV transmission should be considered.

†† The combination of these severity factors (e.g., large-bore hollow needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIV-positive.