## Contents

Blood Borne Pathogen(s) Exposure (BBPE) - Post-Exposure Prophylaxis .................. 1  
STUDENT CHECKLIST ........................................................................................................ 3  
PROGRAM CHECKLIST ....................................................................................................... 4  
PROVIDER CHECKLIST ....................................................................................................... 5  
POST-EXPOSURE PROCEDURE ......................................................................................... 6  
EXPOSURE NOTIFICATION FORM .................................................................................. 10  
BLOOD BORNE PATHOGENS EXPOSURE MANAGEMENT FORM ............................ 11  
HIV EXPOSURE .................................................................................................................. 12  
INFORMED CONSENT FOR PROPHYLAXIS AFTER BLOOD BORNE PATHOGENS  
EXPOSURE ....................................................................................................................... 21
Blood Borne Pathogen(s) Exposure (BBPE) - Post-Exposure Prophylaxis

Purpose
The purpose of this document is to establish University of La Verne’s policy for the initiation of prophylaxis after an exposure to the human immunodeficiency virus (HIV) and hepatitis B virus (HBV) and early treatment of infection with the hepatitis C virus (at time of seroconversion) to prevent chronic infection. This policy has been developed from the most current medical literature, US Public Health Service Guidelines and CDC documents on prevention of Hepatitis B infection in Health-Care Personnel. This prophylaxis protocol and regimen will be continuously updated with the most recent medical information.

Audience
University of La Verne’s PA program students

Definitions
- Occupational exposures requiring the initiation of prophylaxis are defined as:
  - Percutaneous injury (e.g. needle stick, laceration with a sharp object)
  - Contact of mucous membranes or ocular membranes
  - Contact of non-intact skin (e.g. skin that is chapped, abraded) with
    Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

- Occupational exposures requiring monitoring include the three above requiring prophylaxis and:
  - Contact with intact skin that is prolonged or involves an extensive area with
    Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

Important Links
- CDC website for BBPE:
  https://www.cdc.gov/niosh/topics/bbp/

- OSHA website for IPPE:
  https://www.osha.gov/SLTC/personalprotectiveequipment/

- Clinical Consultation Center for Post-Exposure Prophylaxis (PEP):
  http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/

- PEP Quick Reference Guide:
  http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/
Occupational Exposure Monitoring

All La Verne’s students with a documented occupational exposure shall have the exposure evaluated and documented by a healthcare provider following the standard protocol.

- At the Student Health/nearest Emergency Room, the healthcare provider will recommend prophylaxis for percutaneous exposures, contact of mucous membranes or non-intact skin.
  - Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
- Healthcare providers in the Emergency Department or in outlying clinics will recommend initial prophylaxis and refer exposed persons to Student Health Services associated with University of La Verne on the next business day for follow up.

Prophylaxis

Prophylaxis shall be recommended to all La Verne’s students:

- HIV:
  - For percutaneous exposures, contact of mucous membranes or non-intact skin.
  - Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
  - Ideally within two hours after exposures, but may be initiated up to 72 hours after exposure.
  - With appropriate drug therapy.
  - Until the source-patient blood has been obtained and analyzed. If the source-patient HIV status is determined to be negative, prophylaxis will be discontinued.
- HBV-Prophylaxis for HBV prevention will be evaluated on an individual basis.
- HCV-Employees/students testing positive for Hepatitis C Qualitative RNA (PCR) at 6 weeks, 3 months or 6 months, will be referred immediately to a hematologist for early treatment to prevent chronic hepatitis C infection

Important Telephone Numbers

- University of La Verne Campus Safety: (909) 448-4950
- University of La Verne Risk Management: (909) 448-4516
- University of La Verne Student Health Center: (909) 448-4619
- PA Program Clinical Coordinator: Lindsey Hoffmann, (909) 448-1467
- PA Program: (909) 448-1475
- Emergency or Police: 9-1-1
STUDENT CHECKLIST

- Wash exposed area immediately.

- Notify supervisor/preceptor immediately to assist with obtaining source consent & refer both the source and student to a designated medical provider or nearest emergency room.

- Have supervisor/preceptor document in source’s medical record “source of occupational exposure” and that labs were drawn for HIV, HCV, and HBsAg (Hepatitis B surface antigen) with source’s consent.

- Seek post-exposure care:

  For students on campus during regular business hours report to
  Week Days (8am-4pm) – during traditional academic school year
  Student Health Center
  (909) 448-4619

- Report to Emergency Department, after hours, weekends, or holidays (Follow-up in Student Health Center on the next business day).

  For students who are less than 2 hours away from the PA program, he/she should report to Student Health or Emergency Department as soon as possible, but at least within 2 hours of exposure.

- Off-site Exposures - Follow clinic specific policy.
  Immediately report to assigned supervisor/preceptor and clinical coordinator

- Complete “Blood Borne Pathogen (BBP) Exposure Notification Form” located below.
  - Off-site – Students are to follow the clinical facility’s protocol for initial evaluation or go to the nearest emergency room.
  - On-campus – The appropriate form will be completed at the Student Health Center. After the medical evaluation/treatment, notify the PA Program’s Clinical Coordinator.
  - If seen in the Emergency Department, form should be completed there and faxed
  - Send form(s) to Student Health and Clinical Coordinator

<table>
<thead>
<tr>
<th>Student Health Center</th>
<th>Clinical Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax (909) 596-3770</td>
<td>Fax: (909) 448-1603</td>
</tr>
</tbody>
</table>

- Follow up with Student Health Center on the next business day
PROGRAM CHECKLIST

- Refer the student for post exposure care immediately.

For students on campus during regular business hours report to

Student Health Center - during traditional academic school year
Phone: (909) 448-4619

Students should report to Emergency Department for after hours, weekends, or holidays
(Follow-up with Student Health the next business day)

Students should report to Student Health or Emergency Department as soon as possible, but at least
within 2 hours of exposure.

- Assist the student with obtaining source consent and refer both the source and student to designated
medical facility or local emergency room.

- Document in source’s medical record “source of occupational exposure” and that labs were drawn
for HIV, HCV, and HBsAg with source’s consent.

- Remind the student to report exposure by completing “BBP Exposure Notification Form.”
  - Off-site – Complete form and fax to Student Health and Clinical Coordinator.
  - On-campus (less than 2 hours away) – Report to Student Health Center (form will be completed
there).
  - If seen in the Emergency Department, form should be completed there and faxed to Student
Health Center and Clinical Coordinator.

For students with related questions about exposures, call Student Health Center at (909) 448-4619 or the PA
program Clinical Coordinator at (909) 448-1467

Additional Information, visit https://myportal.laverne.edu/web/ofbs/risk-management/
PROVIDER CHECKLIST

- Provide necessary medical care to treat the injury/exposure per site protocols
  - If needed, refer to the enclosed procedures as a guide for post-exposure care
  - Contact Clinical Consultation Center for Post-Exposure Prophylaxis (PEP) for additional recommendations: http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/
  - Refer to PEP Quick Reference Guide: http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/

- Complete the Exposure Notification Form [enclosed] and fax to Student Health and Clinical Coordinator
  - Clinical Coordinator- FAX # (909) 448-1603
  - Student Health Center – FAX # (909) 596-3770

- Provide patient education information per site protocol or use [Appendix A].

- Complete Informed Consent for Prophylaxis form [enclosed].

- Billing instructions for Students’ Off Campus Exposures
  - Student’s Insurance should be billed

**Student: Reimbursement will be for reasonable & customary charges for authorized or medically necessary tests as noted in enclosed information. Any additional charges will not be reimbursed by the PA program.**
POST-EXPOSURE PROCEDURE

I. MANAGE THE EXPOSURE
   A. Wash the area immediately with soap and water.
   B. For exposure to eyes, mouth, and/or nose flush area with water.

II. NOTIFY SUPERVISOR/PRECEPTOR/CLINICAL COORDINATOR IMMEDIATELY
   A. Supervisor/preceptor/Clinical Coordinator will assist in obtaining source consent and refer both the source and the student to designated medical facility- onsite site treatment, Student Health, or closest emergency room.
   B. Supervisor/Preceptor or Clinical Coordinator shall release the student from their duties immediately to seek post-exposure care.

III. PROCEDURE FOR SOURCE TESTING
   A. Obtain source consent & provide appropriate referrals to designated medical facility or emergency room
   B. General consent for comatose/general anesthesia patients will suffice but needs to be documented on either the enclosed Exposure Reporting or Exposure Management form.
   C. Refusals should be documented on the enclosed Exposure Reporting or Exposure Management form. Notify the PA program’s Clinical Coordinator as soon as possible. The Clinical Coordinator will make the decision on how the source blood will be obtained.
   D. Direct the student to the medical facility or emergency room for an evaluation/treatment
   E. The Clinical Coordinator will inform the Student Health Center and assist the student with scheduling follow-up appointments at the Student Health Center on the next business day.

IV. STUDENT POST EXPOSURE CARE
   A. For on-campus (less than 2 hours away) exposures: Monday through Friday, during traditional academic school year, Students are seen in Student Health Center 8AM to 4PM.
   B. Holidays, weekends, or after hours – Go to the Emergency Department immediately.
      1. Triage to ensure initiation of prophylaxis within 2 hours of exposure.
      2. A consent is needed for HIV and other bloodborne pathogen testing.
      3. Assure consent for testing is documented
      4. The following laboratory tests for the designated medical facility, if La Verne’s
BBPE protocol is requested – two serum separator tubes labeled appropriately.

a. Order labs for exposed. In addition, HBV surface antibody should be ordered for students who have a history of HBV immunization

b. Additional laboratory tests required if Student is starting prophylaxis for HIV exposure/possible exposure. Females must have a pregnancy test.

c. Provide the following La Verne’s BBPE protocol to the designated medical facility for prophylaxis treatment if requested (see subsequent paragraphs documenting post-exposure prophylaxis)

5. Post-exposure Prophylaxis for Tetanus/Diphtheria, Hepatitis B and Hepatitis C

a. Offer tetanus/diphtheria booster following percutaneous injury if none within last 10 years. Offer Tdap or Td vaccine for the booster.

b. For vaccinated students (who have written documentation of Tetanus/Diphtheria, Hepatitis B or Hepatitis C) testing the source patient for HBsAg is recommended, but not required.

A. Exposed Student has never received Hepatitis B vaccine

a. Offer HBV vaccine if source is known to be positive for hepatitis B or is high risk for hepatitis B or source is unknown and student has not been vaccinated against hepatitis B.

b. Offer Hepatitis B vaccine if source is known to be positive for hepatitis B, or is high risk for hepatitis B or source is unknown and student has not been vaccinated against hepatitis B.

B. Exposed Student has received 3 doses of Hepatitis B vaccine twice and titer of anti-HBs < 10 mIU/mL

a. For vaccinated Students (who have written documentation of Hepatitis B vaccination) the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HbsAg status, Student should receive 2 doses of HBig. The first dose should be administered as soon as possible after exposure and the second dose should be administered 1 month later. If the source patient is HBsAg-negative neither HBig nor Hepatitis B vaccine is necessary.

C. Exposed Student unvaccinated or incompletely vaccinated (including those who refused vaccination)

a. For unvaccinated or incompletely vaccinated Student (including those who refused vaccination because of personal beliefs or religious practices), the source patient should be tested for HBsAg as soon as possible after the exposure.

b. Students testing positive for Hepatitis C Qualitative RNA (PCR) at 6 weeks, 3 months or 6 months, will be referred immediately to a hematologist for treatment.

c. Recommend HIV prophylaxis following percutaneous injury or contamination of mucous
membranes or non-intact skin with blood, body fluids visibly contaminated with blood, unfixed tissue, semen, vaginal secretions, and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids (goal is to begin prophylaxis within 2 hours of exposure).

d. Prophylaxis medications – write “Occupational Post-Exposure-Prophylaxis” on prescription.

1. If Student is Pregnant prophylaxis should be reserved for those with HIGH RISK exposures.

V. OFF-CAMPUS EXPOSURE OF LA VERNE’S STUDENTS

A. Maternal-Child Health Clinics – refer to treating clinic specific policies for initial management.

B. Outpatient Clinic – refer to clinic specific policies for initial management or provide La Verne’s BBPE policy, if requested

   Student Health (8AM-4PM)
   (909) 448-4619

C. Students who are LESS than 2 hours from the PA program should:

1. Notify your Clinical Coordinator immediately
2. Between 8am-4pm (M-F), come directly to La Verne’s Student Health Center or to the nearest emergency room. Seek treatment within 2 hours.
3. After hours, weekends, or holidays go to the nearest emergency room for the initial evaluation and then follow up with Student Health the business next day. Seek treatment within 2 hours of the exposure. Follow up with Student Health Center the next business day. Student baseline laboratory tests to be drawn are HIV, HCV, total anti-HBc and anti-HBs.
4. Have the clinical facility order the source laboratory tests for HIV, HCV, and HBsAg. Follow the clinical facility’s protocol for source laboratory tests and find out the contact person at the facility for the source laboratory test results. Have the Clinical Coordinator assist in this process.

D. Students who are MORE than 2 hours away from the PA program:

1. Notify the Clinical Coordinator immediately
2. Follow the clinical facility’s protocol for initial evaluation or go to the nearest emergency room for an evaluation. Seek treatment within 2 hours of the exposure. Always follow up with Student Health Center. Student’s insurance should be billed for the evaluation/treatment.
3. If after hours, weekends, or holidays, follow the clinical facility’s protocol for initial evaluation or go to the nearest Emergency room. Seek treatment within 2 hours of the exposure. Follow up with Student Health the next business day. Student’s insurance should be billed if treatment is necessary. Student baseline laboratory tests to be drawn
are HIV, HCV, total anti-HBc and anti-HBs.

4. Have the clinical facility draw and run the source laboratory tests for HIV, HCV, and HBsAg. Follow the clinical facility’s protocol for source laboratory tests and find out the contact person at the facility for the source laboratory test results. Have your Clinical Coordinator assist in this process.

References:


EXPOSURE NOTIFICATION FORM

Person completing form __________________ Signature __________________ Date/Time ______

Name __________________________________________________________

Dept/School ____________________________ Supervisor/Faculty __________________________

Home # __________________ Work # _____________ Pager # _____________

Student SSN __________________________ Date of Exposure ______ / ______ / ______ Time ____ am __ pm __

Location where exposure occurred (Building, Floor, Rm) __________________________

Personal Protective Equipment Used: ☐Gloves ☐Goggles/Mask/Faceshield ☐Gown ☐Other

Was a safety device being used? ☐Yes ☐No If so, did it work? ☐Yes ☐No

Type & Brand of safety device __________________________

Body part exposed (circle one) hand, eye, mouth, other (please identify) __________________________

Describe how exposure occurred. __________________________________________________________

Type of body substance exposed to: ☐blood ☐body fluid contaminated by blood ☐semen, ☐vaginal

secretions and ☐cerebrospinal, ☐synovial, ☐pleural, ☐peritoneal, ☐pericardial and ☐amniotic fluids and ☐unfixed human tissue Type

of exposure: ☐needlestick.....Depth of injury ____

(check all that apply) ☐cut......Depth of injury __________________

Fluid injected ☐Yes ☐No – Estimated volume: ______

☐Mucous membranes

☐Non-intact skin (e.g., chapped, abraded, or otherwise non-intact)

Did this exposure occur during the student’s normal work activities? ☐Yes ☐No

Is patient source known? ☐Yes ☐No Was source consent obtained? ☐Yes ☐No

Source lab testing done? ☐Yes ☐No Source on antiretroviral therapy? ☐Yes ☐No

List Drugs __________________________

Was source blood sent to lab? ☐Yes ☐No

Source name __________________________ MR#_____________ Location ________________

Exposed student lab testing done? ☐Yes ☐No

(For Females)- Pregnancy test result __________________________

Was prophylaxis initiated? ☐Yes ☐No Date/Time of 1st dose ______ / ______ / ______ Time____ am __ pm __

Have you had training on Standard Precautions within the last 12 months? ☐Yes ☐No

Fax this form to the University of La Verne’s Student Health Center at (909) 596-3770

For questions call the Student Health Center at (909) 448-4619 or the PA Program’s Clinical

Coordinator at (909) 448-1467
Blood Borne Pathogens Exposure Management Form
For Student Use

Name ___________________________ (Last) (First) (MI)

Phone: ___________________________ (Home) ___________________________ (Pager) ___________________________ (Work)

Date of Exposure ___________________________ Time of Exposure ___________________________ am/pm

Initial Care of Injury/Exposure Site __________________________________________________________

Date of Evaluation (Initial) ___________________________ Time of Evaluation (Initial) ___________________________ am/pm

☐ Completed BBP Notification Form attached.

Source Information at Time of Incident
☐ Known Source  ☐ Unknown Source

Name ___________________________ Student ID# ___________________________

Source MR # ___________________________ Location ___________________________

Source Lab Results

<table>
<thead>
<tr>
<th></th>
<th>Date Drawn</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBsAg (Hep B surface antigen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hepatitis and Tetanus

Hepatitis B Vaccine [0] [1] [2] [3]

Date Last Dose: ___________________________

Antibody Response: ☐ anti-HBs ≥10 mIU/mL  ☐ anti-HBs <10 mIU/mL  ☐ Unknown

Hepatitis B Vaccine Given: ☐ Yes ☐ No Date ___________________________

Immunoprophylaxis: HBIG ☐ Yes ☐ No Date ___________________________

Tetanus/Diphtheria Booster (Tdap†): Date of Last Dose: ___________________________

Booster Given: ☐ Yes ☐ No Date ___________________________

† If patient refuses Tdap, offer Td.
<table>
<thead>
<tr>
<th>PROPHYLAXIS BASELINE LABS:</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td></td>
</tr>
<tr>
<td>Total bilirubin, ALT, AST, GGT</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test (serum)</td>
<td></td>
</tr>
<tr>
<td>Creatinine, BUN</td>
<td></td>
</tr>
<tr>
<td>Blood glucose</td>
<td></td>
</tr>
<tr>
<td>CPK</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV1/HIV2</strong></td>
</tr>
<tr>
<td><strong>anti-HBs</strong></td>
</tr>
<tr>
<td><strong>(Hep B surface antibody)</strong></td>
</tr>
<tr>
<td><strong>Total anti-HBc</strong></td>
</tr>
<tr>
<td><strong>HCV antibody</strong></td>
</tr>
</tbody>
</table>

*For students* who have never received vaccine or declined vaccinations (e.g. personal beliefs or religious practices) or who have had a history of HBV immunization prior to coming to University of La Verne, an HBsAg (Hepatitis B surface antigen) test should be done.

Results Reported by: ________________________________________ Via: ______________ Date: ____________

Fax this form to the University of La Verne’s Student Health Center at (909) 596-3770
For questions call the Student Health Center at (909) 448-4619 or the PA Program’s Clinical Coordinator at (909) 448-1467
CHECK FOLLOW-UP NEEDED:
- 2 Weeks (If on prophylaxis)
- 4 Weeks (If on prophylaxis)
- 6 Weeks (HIV+source. HCV+source)
- 3 Months (HIV+source. HCV+source. Unknown source)
- 6 Months (HIV+source. HCV+source. Unknown source)
- 12 Months (HIV+source)

FOLLOW-UP DIRECTIONS:
HIV+source = HIV drawn
HCV+source = HCV Qual-RNA (PCR) drawn
HIV/HCV (-) = HIV drawn
Unknown source = HIV and HCV drawn

<table>
<thead>
<tr>
<th>2 WEEK FOLLOW-UP</th>
<th>4 WEEK FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESULTS</td>
<td>RESULTS</td>
</tr>
</tbody>
</table>

If placed on prophylaxis:

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bilirubin, ALT, AST, GGT</td>
<td>Total bilirubin, ALT, AST, GGT</td>
</tr>
<tr>
<td>Pregnancy Test (urine or serum)</td>
<td>Creatinine, BUN</td>
</tr>
<tr>
<td>Creatinine, BUN</td>
<td>Blood glucose</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>CPK</td>
</tr>
</tbody>
</table>

Results
Reported / / Via____ By ________________

<table>
<thead>
<tr>
<th>6 WEEK FOLLOW-UP</th>
<th>RESULTS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIV, CBC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bilirubin, ALT, AST, GGT</td>
<td></td>
</tr>
<tr>
<td>Creatinine, BUN, blood glucose</td>
<td></td>
</tr>
<tr>
<td>HCV Qual RNA (PCR) (only if source blood Hep C+)</td>
<td></td>
</tr>
<tr>
<td>CPK</td>
<td></td>
</tr>
</tbody>
</table>

Results
Reported / / Via____ By ________________
### 3 MONTH FOLLOW-UP / / RESULTS

<table>
<thead>
<tr>
<th>HIV</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Qual RNA (PCR) (only if source blood Hep C+)</td>
<td>HCV Qual RNA (PCR) (only if source blood Hep C+)</td>
</tr>
<tr>
<td></td>
<td>HBsAg Total anti-HBc</td>
</tr>
</tbody>
</table>

Results Reported / / Via By

### 6 MONTH FOLLOW-UP / / RESULTS

<table>
<thead>
<tr>
<th>HIV</th>
<th>HIV</th>
</tr>
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<td></td>
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</table>

Results Reported / / Via By

### 12 MONTH FOLLOW UP / / RESULTS

<table>
<thead>
<tr>
<th>HIV</th>
</tr>
</thead>
</table>

Results: Reported / / Via By

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**ASSESSMENT/RECOMMENDATIONS:**

Warnings discussed to avoid pregnancy and/or breast feeding during treatment (females)

- Yes
- No

Assistance in Counseling

- Referral Made
- Declined

Post-Exposure Treatment:

- Recommended
- Not Recommended

Informed Consent:

- Obtained
- Refused

Post-Exposure Prophylaxis:

- Declined
- Provided

Date/Time of 1st dose / / - AM/PM

Printed Materials Provided:

- Yes
- No

Comments: ____________________________________________

Nurse: __________________________ Date: _______________________

Healthcare Provider: __________________________ Date: _______________________

Provider Information: Name: __________________________

Clinic: __________________________

Address: __________________________

Phone: __________________________

After follow-up is completed, Provider is to forward to: Student Health Center Cindy Denne 2147 “E” Street La Verne, CA 91750 FAX # (909) 596-3770
Provision of PEP should not be delayed while awaiting expert consultation.

Situations for which Infectious Diseases Consultation for Human Immunodeficiency Virus (HIV) post exposure prophylaxis (PEP) is recommended.

- Delayed (ie, later than 72 hours) exposure report. Interval after which benefits from PEP are undefined.
- Breastfeeding in the exposed person
- If source person’s virus is known or suspected to be resistant to one or more of the drugs considered for PEP, selection of drugs to which the source person’s virus is unlikely to be resistant is recommended.
- Toxicity of the initial PEP regimen
  - Symptoms (eg, gastrointestinal symptoms and others) are often manageable without changing the PEP regimen by prescribing antimotility or antiemetic agents.
- Serious medical illness in the exposed person who is already taking multiple medications may increase the risk of drug toxicity and drug-drug interactions.
INFORMED CONSENT FOR PROPHYLAXIS AFTER BLOOD BORNE PATHOGENS EXPOSURE

As a patient, you have the right to be informed about your risk after a blood borne pathogens (BBP) exposure and the recommended prophylaxis. This disclosure is not meant to alarm you; however, there are certain side effects which are associated with prophylaxis. I have read and understand the patient information entitled “Occupational Exposures to Blood Borne Pathogens- Patient Information,” which explains risks of infection, prophylaxis, medication schedule, pregnancy precautions, follow-up and special precautions.

☐ I hereby voluntarily consent to prophylaxis for exposure to blood and body fluids infected or possibly infected with human immunodeficiency virus-1(HIV-1). The medications include:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

☐ I hereby decline prophylaxis following my exposure to blood borne pathogens. The healthcare provider has informed me of the possible risks associated with refusing this medication. The nature and purpose of the proposed prophylaxis & the risks and hazards if the treatment is withheld, have been explained to me by a healthcare provider. I have had an opportunity to discuss these matters with a healthcare provider and to ask questions about my exposure, alternatives, and the proposed treatment.

STUDENT SIGNATURE   Date   Time

HEALTHCARE PROVIDER   Date   Time

WITNESS   Date   Time

***** Please forward to Student Health Services ****
The following laminated attachment is provided to all PA students to accompany their student ID badge as BBPE reporting reminders.

WIN — WASH exposed area, IDENTIFY source, NOTIFY supervisor

PACT — Protect, Act, Clean, Tell

Important Telephone Numbers:
- Emergency: 9-1-1
- Pomona Valley Hospital: (909) 865-9500
- Program Clinical Coordinator: (909) 448-1467
- PA Program: (909) 448-1475
- Student Health Center: (909) 448-4619
- Campus Safety: (909) 448-4950

Laverne.edu