



HIV & AIDS PROGRAMME

University of the Western Cape

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<http://hivaids.uwc.ac.za>

Precautions and procedures after potential exposure to HIV including needle stick injury, severe HIV exposure, penetrating assault or rape

A. General

Precautions and procedures will apply in the following cases:

- Health care and laboratory workers exposed to body fluid of patients or HIV infected materials
- Injuries that occurs resulting in bleeding and blood staining of clothes, tools and objects
- Resuscitation and first aid measures
- Labour/delivery that starts on campus
- Sports injuries, especially in contact sports
- Rape or sexual penetrating assault
- Assault with sharp instruments (lacerating or penetrating)

B. Needlestick injury, HIV exposure or contact with contaminated material

Reporting

Any of the following incidents must be reported immediately to the relevant campus authority, i.e. the Safety, Health and Environment Officer, Chief Fire Officer, Campus Health Services, lecturer or residence co-ordinator, supervisor or foreman:

- Parenteral (needlestick or cut) or mucous membrane exposure to blood or body fluids
- Prolonged direct contact with blood
- Rape and sexual assault (see rape protocol)

A written report/letter or notification must be sent to the Safety, Health and Environment Officer or, depending on availability, to the Chief Fire Officer within 24 hours of the incident.

Referral

Both the source individual and the other person(s) should be referred directly to the following people depending on their availability:

- The appointed Infection Control Officer



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- Campus Health Services or
- An appropriate medical practitioner, clinic, casualty/trauma unit of hospital

Management and assessment

Primary treatment (needlestick or exposure)

The areas exposed to the needlestick or fluid should be soaked in povidone iodine 10% (Betadine septadine) or alcohol

The potentially infected superficial wound(s) should be encouraged to bleed freely initially.

Testing of source, and exposed person after needlestick injury or exposure

At the relevant facilities mentioned above, blood samples for HIV testing must be taken from both the source individual and the staff member or student, after informed consent has been obtained from both parties. If the incident occurs in a laboratory situation, the source sample, as well as the blood from the employee or student, should be tested for HIV.

The blood sample(s) for HIV testing must be marked 'urgent' and sent for immediate testing to Campus Health Services.

Tests for other infections agents (hepatitis B, Syphilis) should also be done and appropriate treatment/prophylaxis offered.

C. Rape or penetrating assault

Reporting and referral

1. Rape

See Rape protocol for relevant procedures

2. Penetrating assault

HIV exposure may arise when the survivor is exposed to a source of blood (due to blood-contaminated weapons or wound bleeding) other than his/her own.

Such incidents must be reported directly to the local police station or Campus Protection Services

To be considered for prophylaxis the survivor should be referred to a district surgeon, medical practitioner or doctor at a public health facility who can ascertain the risk of HIV body fluid exposure and determine if prophylaxis is necessary. It is essential that this occurs as soon as possible to ensure that prophylaxis is administered within the shortest possible time.

Management and assessment



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The exposed student/employee

In all cases, baseline blood samples for HIV should be taken from the survivor with the necessary informed consent. Tests for other infectious agents such as Hepatitis B and Syphilis should also be done.

The source person/s

The University will encourage HIV testing of those source individuals whose blood/body fluids contaminated the survivor. This will be performed with the requisite voluntary informed consent and counselling and with the aid of appropriate medical personnel, district surgeon, medical practitioner, or doctor at a public health facility, as permitted by law.

C. HIV prophylaxis treatment

Depending on clinical indications and the informed consent of the exposed student/employee **appropriate** anti-retroviral prophylaxis therapy should be administered as a precautionary measure within 4-8 hours of exposure, but ideally within 1-2 hours of exposure/injury. The employee or student must be fully informed of the advantages, disadvantages and possible side effects of the treatment.

D. Access to and issuing of HIV prophylaxis treatment

Prescription required

Legally under the current Dispensing and Medicines Control Council Regulations, the required treatment must be prescribed and/or issued by and authorised health professional such as a medical practitioner, dentist, pharmacist, clinical nurse practitioner or occupational nurse. Emergency starter packs of anti-retrovirals may only be issued on the orders of the above-mentioned personnel

HIV prophylaxis should not be issued to those who are already HIV positive.

Emergency starter packs of Anti-retroviral medication will be available at the following sites:

- Campus Health Centre
- Dentistry Faculty and its satellites
- The Chief Fire Officer and Health and Safety Officer for after hours access
- Even if the student/employer is seen at an outside health facility, the above-mentioned prophylaxis should still be made available to them if they do not receive the necessary prophylaxis

Such prophylaxis will only be issued by the university in the following cases:



- Exposure is due to injury or exposure to body fluids (via percutaneous or muco-cutaneous route)
- The case is documented in a formal report made by the relevant supervisory person or campus control (if after hours) and/or in a motivating letter from a doctor
- The relevant prophylaxis is not supplied by an outside health facility

Needle stick injury

A formal report must be made by the relevant supervisory person to the Health & Safety Officer

Laboratory material exposure

A formal report must be made by the relevant supervisory person or safety representative or laboratory assistant to the Health & Safety Officer

Penetrating assault, or assault with body fluids

A formal charge must be laid with the SAPS and case number obtained. A motivating letter for the use of A R V's from the district surgeon or doctor must be obtained. If there is a possibility of a delay greater than 2 hours after the incident, reporting officially to Campus Protection Services will suffice.

Where initial testing shows the exposed person to be HIV negative and the source person is HIV positive or his / her status cannot be determined , follow-up prophylaxis will be available from the following sites – and ideally the original site of issue:

- Campus Health Services
- Dental Faculty and its satellites
- Infection control officer of an independently operating UWC facility

E. Follow-up

Testing

Sero-negative employees and students should be re-tested for HIV infection 6 weeks and 3 months after exposure to determine whether transmission has occurred at the original site of management.

Appropriate medical monitoring should be done by the original site of management.

Infected persons



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Where infection has occurred as a result of the exposure, this must be formally reported to the Health, Safety and Environment Officer as this is a compensatable illness in terms of the Compensation for Occupational Injuries and Disease (COID) Act No. 130 of 1993.

The infected person may be referred to Campus Health Services for follow-up medical care and to the Institute for Student Counselling for further counselling.



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