

CHARACTERISTICS OF PERSONS AT MODERATE/HIGH RISK FOR HIV INFECTION

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| <ol style="list-style-type: none"> 1. INJECTION DRUG USER 2. HOMOSEXUAL/BISEXUAL MEN 3. MULTIPLE BLOOD TRANSFUSIONS 1978-85 4. Hx OF EXCHANGING SEX FOR MONEY/DRUGS 5. SEXUAL PARTNER WITH ANY OF THE ABOVE | <p style="text-align: right;">SUGGESTED CRITERIA FOR ZIDOVUDINE/3TC/ PROTEASE INHIBITOR USE (IDEALLY GIVEN WITHIN 4-6 HOURS OF EXPOSURE, OR AS SOON AS POSSIBLE)</p> |
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| <u>DEFINITION OF EXPOSURE</u> | <u>HIV+/HIGH RISK</u> | <u>HIV7/LOW RISK</u> |
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| <u>MASSIVE</u> | | |
| • TRANSFUSION OF BLOOD | RECOMMEND | OFFER |
| • LARGE VOLUME INJECTED BLOOD (> 1ml) | | |
| • PARENTERAL EXPOSURE TO LAB MATERIAL w/HIGH VIRUS TITRE | | |
| <u>DEFINITE PARENTERAL</u> | | |
| • INTRAMUSCULAR INJURY W/ BLOOD/INFECTIOUS BODY FLUID | RECOMMEND | NO |
| • LACERATION W/CONTAMINATED NEEDLE/SHARP INSTRUMENT | | |
| <u>POSSIBLE PARENTERAL</u> | | |
| • SUBCUTANEOUS/SUPERFICIAL INJURY W/BLOOD/INFECTIOUS BODY FLUID W/CONTAMINATED SHARP WITHOUT VISIBLE BLEEDING | OFFER | NO |
| • PRIOR WOUND OR SKIN LESION CONTAMINATED W/ BLOOD/INFECTIOUS BODY FLUID | | |
| • MUCOUS MEMBRANE INOCULATION W/BLOOD/INFECTIOUS BODY FLUID | | |
| <u>DOUBTFUL PARENTERAL</u> | | |
| • INJURIES OCCURRING AS DESCRIBED IN "POSSIBLE PARENTERAL" EXPOSURE THAT DO <u>NOT</u> INVOLVE BLOOD OR OTHER INFECTIOUS BODY FLUIDS | NO | NO |
| <u>NON-PARENTERAL</u> | | |
| • INTACT SKIN VISIBLY CONTAMINATED WITH BLOOD/BODY FLUID | NO | NO |

BODY FLUIDS DEEMED POTENTIALLY INFECTIOUS FOR HIV:
BLOOD PRODUCTS, BLOODY FLUIDS, SEMEN, CSF, AMNIOTIC FLUID, MENSTRUAL DISCHARGE, VAGINAL SECRETIONS, PLEURAL, PERITONEAL, OR PERICARDIAL FLUID, INFLAMMATORY EXUDATE, AND OTHER BODY FLUID/TISSUE CONTAMINATED W/BLOOD.

PROCEDURE FOLLOWING OCCUPATIONAL EXPOSURE TO BLOOD/BODY FLUIDS

If exposed to blood/body fluids, **IMMEDIATELY**:

1. Remove soiled clothing and wash the exposed area with soap and water.
 2. Notify attending physician, resident, or site coordinator.
 3. Note the severity and type of exposure and likelihood that patient is at risk for HIV infection (see other side).
 4. If you have questions about your exposure or believe you are a candidate for the antiretroviral postexposure prophylaxis protocol, call each of the following until you are able to speak with someone:
 - A. If away from Seattle, call **MEDCON (1-800-326-5300)** and ask to be connected to UWMC Campus Health Services or Emergency Department (numbers below)
 - B. In Seattle, call **UWMC Campus Health Services, (206) 598-4848 (7:30 a.m. – 4:00 p.m., M-F)** ; Or MEDCON (1-800) 326-5300; Or UWMC Emergency Department (206) 598-4000 (24 hours/day)
- Identify yourself as a UW medical student with a possible HIV exposure and ask for the attending physician or charge nurse.*
5. Request venous blood from the source patient to be sent for HIV/HBV antibody testing. Follow rules/regulations of the hospital, clinic, or particular state for HIV counseling/testing. Have a venous blood sample drawn from yourself and store; no specific storage procedures are necessary. If test result from source patient is positive for HIV, have your blood tested.
 - C. If questions/concerns are not fully answered by the above sources, call **DOUG PAAUW, M. D.**, at (206)-598-6190 (pager)

NOTE: More information is available at http://www.hopkins-aids.edu/guidelines/pep/gl_pep.html

6-02

CONTACTS FOLLOWING OCCUPATIONAL EXPOSURE TO BLOOD/BODY FLUIDS UW-6/02

MEDCON: (1-800) 326-5300 (if away from Seattle)
 UWMC Campus Health Services: (206) 598-4848
 (7:30 am to 4 pm, M-F)
 UWMC Emergency Department: (206) 598-4000
 Dr. Doug Paauw: (206) 598-6190 (pager)

http://www.hopkins-aids.edu/guidelines/pep/gl_pep.html

If testing, prophylaxis, or counseling is deemed necessary and the training site outside the Seattle area cannot absorb these costs, bills for initial testing and preventive drugs may be forwarded to:

Kathryn Waddell, Director of Budget and Administration
 Health Sciences Administration
 Box 356355
 Seattle, WA 98185-6355
 (206) 543-7918 FAX: (206) 543-3473