UMassMemorial
Employee Health Services
210 Lincoln Street
Worcester, MA 01605

Body Fluid Exposure Procedure

Step 1: Treat Exposure Site

- As soon as possible after exposure, use soap and water to wash areas exposed to potentially infectious fluids
- Flush exposed mucous membranes with water
- Flush exposed eyes with 500 ml of water or saline, at least 3-5 minutes
- Do not apply caustic agents, disinfectants or antibiotics in the wound

Step 2: Gather Information and Document

- Employees need to complete a "First Report of Injury" form, state or clinical, as appropriate. Students need to complete an occurrence form.
- Using the UMMHC PEEP sheet as a guide, document
    - The circumstances of the occupational exposure
    - Evaluation of the employee
        - Evaluation of exposure site
        - Evaluation of Hepatitis B, C and HIV status
            - Hepatitis B antibody (HBA)
            - Hepatitis B antigen (HSA)
            - Hepatitis C antibody (HCV)
            - HIV antibody
        - Baseline lab**.** At the initial visit, we do not necessarily know the disease status of the source patient. Therefore, the baseline labs take into account only the decision to take or decline PEP.
            - No Post-Exposure Prophylaxis (PEP) [2 gold top tubes]
                - Alt
                - HSA
                - HBA
                - HCV
                - HIV
            - Taking Post-Exposure Prophylaxis 2 gold top and 1 purple top tubes
                - All of the above, PLUS
                - AST
                - Amylase
                - Creatinine
                - Glucose
                - CBC/diff
                - UCG as appropriate
    - Evaluation of the source patient
        - When the source of the exposure is known
            - Source chart needs to be reviewed and source consented for HIV, Hepatitis B antigen and antibody, and Hepatitis C.

- On the University campus, notify Pat Pehl, the HIV counselor. If the source is on the Hahneman or Memorial Campus, notify either the attending or the resident to obtain consent. They should ask the patient to whom they would like the results reported.
- For patients who cannot be tested, consider risk factors, medical diagnosis and past history.

▪ When the source patient is unknown
- Consider the volume of fluid and the severity of the exposure and consider basic PEP regimen as needed.
  i.e: a large amount of blood with even a superficial scratch would be an indication for the basic PEP regimen.

Note: If the floors are sending blood and consent form, it must be sent directly to Micro, TUBE 53

Step 3: Determine the Need for Post Exposure Prophylaxis (PEP)

- **HIV Exposures**
  - Using Algorithms (pgs 5,6), Step 1, Exposure Code, and Step 2, HIV Status Code, determine the severity of the exposure and the need for PEP.
  - Prophylaxis for HIV exposures should be started immediately, preferably within the 1st 2 hours following the exposure.
  - If the delay lasts more than 24-36 hours, consult Infectious Disease, either Dr Ellison or the ID fellow on call.
  - If the source is a known HIV positive patient:
    - Contact the source's attending or covering resident to
      - Determine past and current medications
      - Determine most recent viral load
      - Date of most recent genotype and medication resistance
      - Contact information for the provider with whom you spoke
  - If the employee is being referred elsewhere, (ie, Clinic 7 or the ED), call the ID provider to whom the EE is being referred and provide any necessary information.

  - **PEP**
    - Basic regimen: Combivir (Zidovudine & Lamivudine/ AZT & 3 TC), 1 tablet po BID or Truvada (Tanofovir & Emtricitabine) 1 tablet po daily (Tanofovir is better tolerated than AZT. If known renal disease, the choice should be Combivir)
      - Lower risk exposures, small volume of blood or body fluid for a short duration on mucous membrane or compromised skin integrity.

    - Expanded regimen: Basic regimen, Combivir or Truvada as above, **plus** Kaletra, 200/50, 2 tablets twice a day
      - Higher risk exposures, large volume of blood or body fluid, high risk source

(Nevirapine should never be used for routine PEP. Occasionally, a researcher who has had an exposure may have already taken a one-time dose, given to them in their lab, pre-determined by the PI and their lab protocol)

- **Time Frames:**

- **If initial vist with an NP**:
  - Visit 1: Usual protocol, focused baseline exam, vital signs, labs, education, follow-up calendar, meds x 1 week
  - Week 2: Phone check. Evaluation for toxicity: if patient is doing well on meds, and no need for visit, prescribe meds for an additional 7 days. If experiencing difficulties, have a visit with NP as needed.
  - Visit 2: @ day 14, f/u labs, evaluation for toxicity, education, prescribe meds for 7-14 days
  - Visit 3: @ day 28, f/u labs, education

- **If initial visit with RN:**
  - Visit 1: Usual protocol, labs, vital signs, education, follow-up calendar, call NP for script for 2-4 days (until visit with NP)
  - Visit 2: @ 2-4 days (with NP), focused baseline exam, education, prescribe meds for 7-14 days
  - Visit 3:@ day 14, f/u labs, education, evaluation for toxicity, prescribe meds for 14 days
  - Visit 4: @ day 28, f/u labs, education

- **If originally seen in ED:**
  - Visit 1: on next business day, follow-up in employee health on appropriate campus.
  - Visit 2: @ 2-4 days (with NP), focused baseline exam, education, prescribe meds for 7-14 days
  - Visit 3: @ day 14, f/u labs, education, evaluation for toxicity, prescribe meds for 14 days.
  - Visit 4: @ day 28, f/u labs, education.

NOTE: Patient may begin prophylaxis at the time of the initial evaluation. Following their appointment with the NP, they may continue f/u at the satellite clinic where they were originally seen.

- HBV Exposures
  - If the employee has completed a hepatitis B series and/or is HBA (+), no prophylaxis is needed.
  - HBIG is given **only** if the source patient is hepatitis B positive and the employee has a negative hepatitis B titer

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  - **If the employee is HBA (-),** HBV exposure prophylaxis and treatment should be started immediately, but within 24 hours.
    - Hepatitis B Immune Globulin (HBIG)
      (Wt in kg (wt /2.2) x 0.06 = cc's of HBIG; administer IM, maximum of 3 cc per site, best given in anterolateral aspect of upper thigh and deltoid muscle. Dorsogluteal site may be indicated for higher doses. There is no maximum dose.
    - Begin hepatitis B series if EE has not done so
    - Hep B booster, if employee has had less than 6 Hep B vaccines in his/her lifetime.
    - If employee is a known non- responder after having completed 2nd Hep B vaccine series, or refuses a hepatitis B booster, a second dose of hepatitis B immune globulin should be given 1 month after the 1st dose.

- HCV Exposures
    - HCV PEP is not recommended for exposures. Immune globulin is not effective.
        - If the employee's ALT rises to 2 times the baseline, refer to hepatology, describing specifically why the referral is needed.

Step 4: Special Situations

- Employee was initially seen in the ER.
    - EHS notified by nursing supervisor
    - EHS notifies EE that they need to be seen in EHS, ASAP or next business day for evaluation
    - Follow Step 2 thru Step 3 above
    - Determine if source has been tested, often not.
    - University Campus: If source is an in-patient or has been discharged notify Pat Pehl. She will obtain consent for chart review, hepatitis B, hepatitis C and HIV testing.
- Employee was injured off site. i.e: a resident doing a rotation at a different facility.
    - Initial lab work will be done at participating facility, f/u to be done in EHS.
    - EE will need to bring documentation of what has been done or will need to sign a release of information so that EHS may contact the facility.
- Students UMass medical students.
    - Initial evaluation done in EHS. EHS will provide f/u plan and calendar and will refer student to Student Health, Dr Phillip Fournier.
    - Student will need to complete Occurrence Report, <u>not</u> a First Report of Injury.
    - Outside Students: Complete an Occurrence Report,1st visit seen in EHS, F/U with Linda O'Reilly or PCP.
- Contracted Employee
    - Initial visit at EHS, f/u with PCP or Linda O'Reilly

Situations for the HIV + Source, Requiring Special Considerations

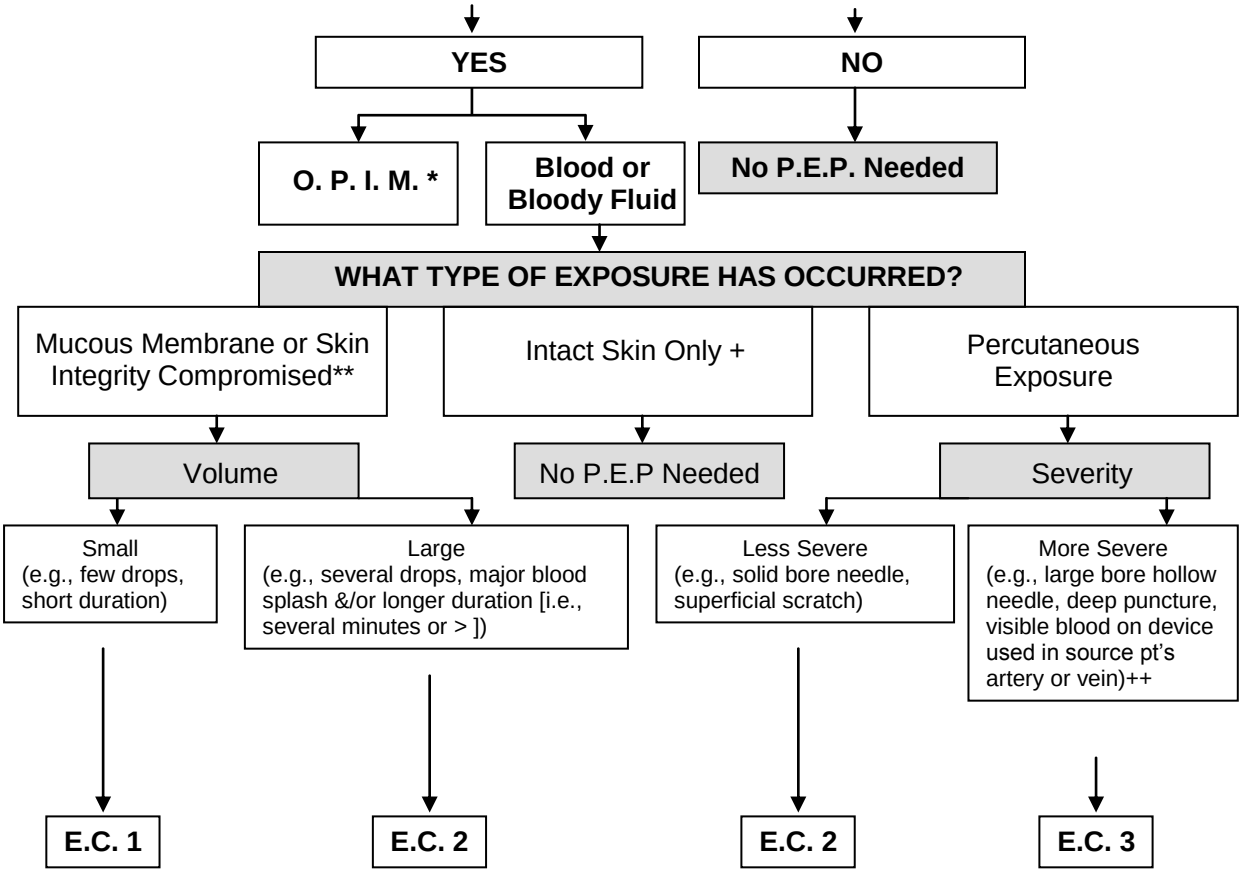
- Consultation with the source patient's physician, to determine the stage of infectivity, CD4 and T-cell counts, viral loads, current and previous antiviral therapy and viral resistance.
- Consultation with either Dr Richard Ellison, the hospital epidemiologist, or his designate.
    - Resistance of the source virus to certain antiviral agents
    - Influence of drug resistance on transmission is unknown
    - If the source patient's virus is known or suspected to be resistant to one or more of the drugs considered for the standard PEP regimen, select alternate drugs (in consultation with Dr Ellison).
    - Resistance testing of the source patient's virus at the time of the exposure is not recommended
    - Delayed exposure report (later than 24-36 hours, the interval after which benefit from PEP is undefined)
    - Known or expected pregnancy of the HCW

- Pregnancy does not preclude the use of optimal PEP regimens
- Do not deny PEP solely on the basis of pregnancy
- While many drugs used in HIV therapy have not been found to be a problem in pregnancy, new information is released regularly.

DETERMINING THE NEED FOR HIV POST EXPOSURE PROPHYLAXIS (P.E.P.) AFTER AN OCCUPATIONAL EXPOSURE

STEP 1: DETERMINE THE EXPOSURE CODE (E.C.)

Is the source material blood, bloody fluid, other potentially infectious material (O.P.I.M: semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial or amniotic fluids or tissue), or an instrument contaminated with one of these substances?



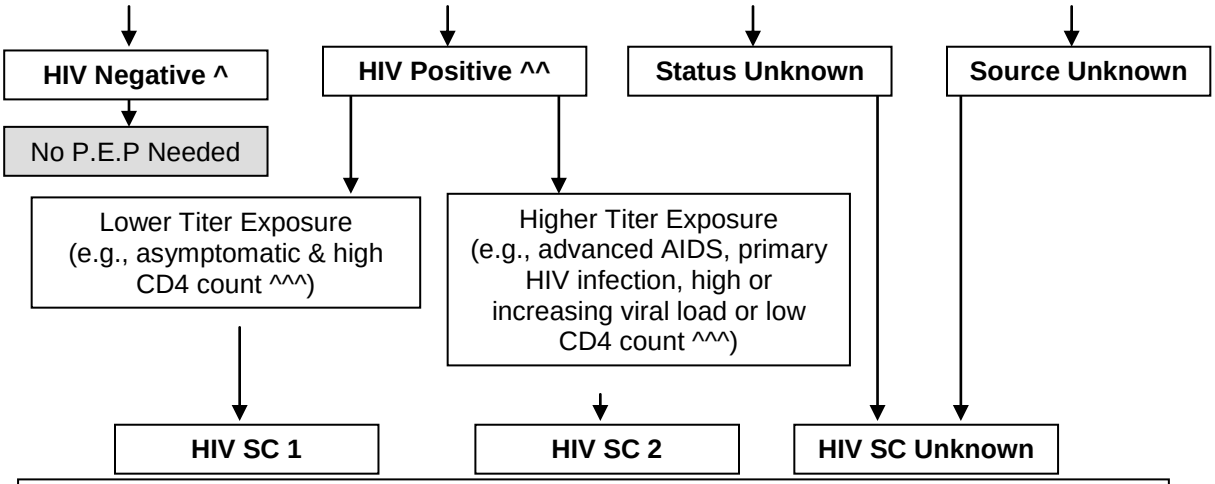
*Exposure to OPIM must be evaluated on a case by case basis. In general, these body substances are considered low risk for transmission in health care settings. Any unprotected contact to HIV in a research laboratory or production facility is considered an occupational exposure that requires clinical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

STEP 2: DETERMINE THE HIV STATUS CODE (HIV S.C.)
What is the HIV status of the exposure source?



^ A source is considered negative for HIV infection if there is laboratory documentation of a negative HIV antibody, HIV polymerase chain reaction reaction (PCR), or HIV p24 antigen test result from a specimen collected at or near the time of the exposure and there is no clinical evidence of recent retroviral-like illness.
^^ A source is considered infected with HIV (HIV positive) if there has been a positive laboratory result for HIV antibody, HIV PCR, or HIV p24 antigen or physician-diagnosed AIDS.
^^^ Examples are used as surrogates to estimate the HIV titer in an exposure source for the purposes of considering PEP regimens & do not reflect all clinical situations that may be observed. Although a high HIV titer (HIV SC2) in an exposure from a source with a low HIV titer also must be considered.

STEP 3: DETERMINE P.E.P. RECOMMENDATION

EC	HIV SC	P.E.P. RECOMMMENDATION:
1	1	**P.E.P. may not be warranted.** Exposure type does not pose a known risk for HIV transmission. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed employee & the treating clinician.
1	2	**Consider basic regimen ###.** Exposure type poses a negligible risk for HIV transmission. A high HIV titer in the source may justify consideration of PEP. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed employee & the treating clinician.
2	1	**Recommend basic regimen ###.** Most HIV exposures are in this category; no increased risk for HIV transmission has been observed but use of PEP is appropriate.
2	2	**Recommend expanded regimen $$$.** Exposure type represents an increased HIV transmission risk.
3	1 or 2	**Recommend expanded regimen $$$.** Exposure type represents an increased HIV transmission risk.
Unknown		**If the source or, in the case of an unknown source the setting where the exposure occurred, suggests a possible risk for HIV exposure and the E.C. is 2 or 3, consider P.E.P. basic regimen.**

Basic Regimen: 4 weeks of **Combivir** (Zidovudine [AZT & 3 TC], 300 mg 1 tablet BID or Truvada (Tenofovir & Emtricitabine) 1 tablet po daily.
$$$ Expanded Regimen: Basic regimen PLUS, **Kaletra 200/50 (**Lopinavir 200 mg and Ritinavir 50 mg) 2 tablets po BID

Step 5: Post Exposure Follow-Up Lab Testing

	PEP	Employee F/U Labs
HIV(-) HCV +	**No**	**2wk: Alt** **4 wk: Alt** **6 wk: Alt** **12 wk: ALT, HCV** **6 mo: Alt, HCV**
HIV (+) HCV (+) or **Unknown source result**	**Yes**	**2 wk: Alt, AST, Creat, Amy, Glu, CBC/diff** **4wk: Alt, AST, Creat, Amy, Glu, CBC/diff** **6 wk: ALT, HIV** **12 wk: Alt, HCV, HIV** **6 mo: Alt, HCV, HIV** **12 mo: HIV**
	No	**2 wk: Alt** **4 wk: Alt** **6 wk: Alt, HIV** **12 wk: Alt HIV, HCV** **6 mo: Alt, HIV, HCV** **12 mo: HIV**
HIV (+) HCV (-)	**Yes**	**2 wk: Alt, AST, Creat, Amy, Glu, CBC/diff** **4 wk: Alt, AST, Creat, Amy, Glu, CBC/diff** **6 wk: HIV** **12 wks: HIV** **6 mo: HIV** **12 mo: HIV**
	No	**6 wk: HIV** **12 wk: HIV** **6 mo: HIV** **12 mo: HIV**
HSA (+)		**EE HBA (+), no further action** **HBA (-)** **At time of incident or within 7 days** **Hepatitis B Immune Globulin (HBIG)** [wt in kg, (wt / 2.2) x 0.06 = cc's of HBIG]. **No maximum dose.** **Begin Hepatitis B series if no previous vaccine, or did not complete series.** **Hep B booster, if EE has had hx of < 6 hep B vac** **6 wks: HBA. If (+), no further action** **If HBA (-), 2nd Hep B if < lifetime hx of 6 Hep B vaccines** **6 mo: 3rd Hep B if < lifetime hx of 6 Hep B vaccines** **8 mo: HBA** **If (+), no further action** **If neg, patient is considered a non-converter and should have no further Hepatitis B vaccines** **If patient is a known non-responder after having completed 2 hepatitis B series, a 2nd dose of hepatitis B immune globulin should be given 1 month after the 1st dose.**

Step 6: Notify Employee Regarding Follow-Up Labs

- Send letter and f/u schedule to employee
    - Employees will f/u in EHS
    - Students will f/u with Student Health
    - Contractors will f/u in the HIV clinic
- If the ALT rises 2 x the baseline, refer to GI, describing specifically why the referral is needed.

Step 7: Enter exposure into DPH log

Contact Numbers

NAME	Position/Info	Phone	Beeper
Richard Ellison, MD	Hospital Epidemiologist; Infectious Disease	856 1720	1188
Patricia Pehl	HIV Counselor	856 2437	1947
Jean Swartz Lab	Routine HIV and hepatitis results	334 7954 Fax 334 7116	
Micro Lab	STAT HIV (suds) Brenda Torres	334-3660 334-3429	1346
Linda O'Reilly, NP	NP, Out Patient HIV Clinic, Memorial Campus	Clinic # 334 5214	1480
Aries Grey	Hospital Worker's Comp. secretary	334 1355	
Deborah George, RN Jennifer Laramie, secretary	State Worker's Comp	856 3580 856 3984	
Student Health	Appointments Phillip O. Fournier MD, Director Faye DeSaulnier, secretary studenthealth@ummhc.org	856 2818 856 2627	
Out-Patient Pharmacy University Campus		421 1900	
Pharmacy Memorial Campus		334 6356	
	GI Clinic (hepatology)	856 2846	

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( ) Closure note

UEI #_____
NAME: _____DATE OF BIRTH: ___/___/___ M_____F____
SS#: _____ MR# **OR** EMP #: _____
Dept: _____ DOI: _____ Location:_____Time of injury:_____ Time reported:_____ DOV: _____
Job Title: _____ Contact # _____
Employee (circle one) UMass Medical School / UMass Memorial / Temp / Contractor / Volunteer / Student / Resident / UCommons

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BLOOD BORNE PATHOGEN EXPOSURE EVALUATION TOOL

Type of Exposure:

☐ Needle puncture ☐ Puncture from other sharp ☐ Eye/Mucous membrane splash
☐ Cut/Laceration ☐ Non-intact skin ☐ Type of body fluid:_____

Item code: _____ Device involved _____ Pre packaged kit Y___N___ Safety device: Y___ N ___ U _____
Manufacturer: _____ Brand: _____ Model: _____
Purpose for which sharp was intended: _____
Affected body part: _____
Description of how injury occurred: _____

Who was holding the device at the time of injury? _____

Corrective action: _____ Was EE trained on use of specific device? ___yes ___no

Physical assessment of injury: _____

Tissue layer being sutured: _____

Employee Evaluation:

Hep B Vaccine: ☐ No ☐ Yes Number of Doses: _____
HBA ☐ Negative ☐ Positive ☐ Unknown
Allergies: _____Current medications: _____ LMP: _____

Vital Signs: BP_____/_____ T_____ P_____ R_____ PMH_____

Focused P/E_____

First Aide: _____

Plan:

☐ Hep B vaccine #_____ ☐ ALT, HBA, HSA, HCV (2 gold top tubes)
☐ HBIG _____ml ☐ Other testing Glu, CRE, AMY, AST, CBC2, [2 gold, 1 purple top] UCG (as app)
☐ Td/Tdap (last one) _____ ☐ HIV baseline _____ ☐Consent ☐Declined
☐ Prophylaxis: _____ Infectious Disease consult
_____ ☐ Education CDC Booklet _____ Medication Information _____
☐ Discussed ☐ Declined

Notice of injury Report: ☐ Employee ☐ State/School ☐ Other _____ Report faxed _____
Fax #: UMMHC 36410 State/School 62058
Results of Employee Baseline Evaluation: ALT _____HSA _____ HBA _____ HCV _____ HIV _____Other_____
Comments: _____

Source Identification: MRN#: _____Hosp _____Unit_____ Rm. #_____
Source Evaluation:
HSA…… ☐ Neg ☐ Pos ☐ Unknown
Multiple blood transfusions…….. ☐ Neg ☐ Pos ☐ Unknown
HCV.....…… ☐ Neg ☐ Pos ☐ Unknown
HIV antibody…….. . ☐ Neg ☐ Pos ☐ Unknown
Patient denies other risk factors……... ☐ Neg ☐ Pos ☐ Unknown
Consent obtained by _____ ☐ Date _____
Employee signature:_____ Date _____
Employee consent for meds: _____ Date _____
Health care provider: _____ Date _____
Employee informed of evaluation and results of source testing: Via: _____ Date _____

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Worcester, MA 01605

Last Name: _____ **Male** ☐ **Female** ☐
First Name: _____ **MR or Emp. #:** _____
Date of Birth: _____ **Department:** _____
Last four digits of Social Security Number: _____

Employee Type (circle one):

Med School Resident Student UMass Memorial Temp
Contractor Volunteer Dept of Corrections U Commons Other: _____

CONSENT/DECLINATION FORM FOR DETECTION OF HIV ANTIBODY

DATE OF EXPOSURE: _____ **DATE:** ___/___/___

All testing will be performed in a certified HIV antibody testing facility. In accordance with the laws and regulations passed by the Commonwealth of Massachusetts, you must be informed of the following:

HIV antibody is a test to detect the presence of antibodies to the AIDS virus. This test is helpful in diagnosing AIDS.

1. This test is voluntary on the part of the patient.
2. This test is being performed to indicate whether or not a person has come in contact with the HIV virus.
3. A positive result means that antibodies to HIV are present. A positive result usually means the individual has been exposed and infected with the HIV virus.
4. A negative result means that antibodies to HIV are not detected. A negative result does not exclude the possibility of exposure or current infection with HIV.
5. Confirmatory testing is performed by the appropriate outside facility.

Patient's Signature

I, _____, have read and understand the above guidelines and **DO** voluntarily submit to testing.

I, _____, have read and understand the above guidelines and **DO NOT** submit to testing.

Counselor's Signature

I, _____. have spoken with the above named patient and have explained to them the importance and consequences of this testing.

Test results: _____ Date: ___/___/___.

ABAG
SELF

Campus :_____

UMassMemorial
Employee Health Services
210 Lincoln Street
Worcester, MA 01605

LABORATORY TEST ADD ON REQUEST FORM

FAX TO: (508) 334-4210

****Today's Date: _____**

****Patient Name: _____ Location: _____**

****MRN: _____ **D.O.B.: _____**

****Original Specimen Date: _____**

****Test to be added: _____ **ICD-9 Code: _____**

****Test to be added: _____ **ICD-9 Code: _____**

****Test to be added: _____ **ICD-9 Code: _____**

****Provider Signature: _____**

**** Indicates required information**

PLEASE NOTE: Add-on tests will not be processed if the appropriate ICD-9 Code is not provided.

ADD-ON TESTS WILL NOT BE PROCESSED AS STAT TESTS

Date: ___/___/___

EMPLOYEE HEALTH SERVICES

NAME: _____ Title_____ PHONE/BEEPER: _____

MESSAGES OK: ____ Y____N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

PEP- **NO** DATE OF EXPOSURE: _____/_____/_____ **SOURCE RESULTS: HIV (+) HCV (-)**

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		HSA HBA HCV HIV ALT		
2 WEEKS				
3 WEEKS				
4 WEEKS				
6 WEEKS		HIV		
9 WEEKS				
12 WEEKS (3 MONTHS)		HIV		
6 MONTHS		HIV		
12 MONTHS		HIV		

Please Call Employee Health Services to schedule an appointment for follow-up blood work or for any questions or concerns:

210 Lincoln Street (508) 793-6400 Memorial Campus (508) 334-6238 University Campus (774) 441-6263

EMPLOYEE HEALTH SERVICES

NAME: _____TITLE_____ PHONE/BEEPER: _____

MESSAGES OK: _____ Y _____ N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

PEP- **NO** DATE OF EXPOSURE: _____/_____/_____ **SOURCE RESULTS: HIV+ HCV+ / Unknown source result**

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV		
2 WEEKS		ALT		
4 WEEKS		ALT		
6 WEEKS		ALT HIV		
9 WEEKS				
12 WEEKS (3 MONTHS)		ALT HCV HIV		
6 MONTHS		ALT HCV HIV		
12 MONTHS		HIV		

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EMPLOYEE HEALTH SERVICES

NAME: _____ Title_____

PHONE/BEEPER: _____

MESSAGES OK: ____ Y____N

ADDRESS: _____

D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

PEP- **NO** DATE OF EXPOSURE: _____/_____/_____ **SOURCE RESULTS: HIV- HCV+**

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV		
2 WEEKS		ALT		
4 WEEKS		ALT		
6 WEEKS		ALT		
12 WEEKS (3 MONTHS)		ALT HCV		
6 MONTHS		ALT HCV		
12 MONTHS				

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EMPLOYEE HEALTH SERVICES

NAME: _____ TITLE_____ PHONE/BEEPER: _____

MESSAGES OK: _____ Y _____ N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

PEP- **YES** DATE OF EXPOSURE: _____/_____/_____ **SOURCE RESULTS: HIV+ HCV- / Unknown source result_**

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV AST AMYLASE CREATININE GLUCOSE CBC with diff. UCG(IF INDICATED)		
2 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
4 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
6 WEEKS		HIV		
12 WEEKS (3 MONTHS)		HIV		
6 MONTHS		HIV		
12 MONTHS		HIV		

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EMPLOYEE HEALTH SERVICES

NAME: _____ Title_____ PHONE/BEEPER_____

MESSAGES OK: ____ Y____N

ADDRESS: _____ D.O.B.: _____

DEPARTMENT: _____

POST EXPOSURE FOLLOW UP

TYPE OF EXPOSURE: _____

PEP- **YES** DATE OF EXPOSURE: _____/_____/_____ **SOURCE RESULTS: HIV+ HCV+ / Unknown source result**

PROTOCOL	DATE	LABS	RESULT IF ABNORMAL	NOTIFIED OF RESULTS YES/NO
BASELINE		ALT HSA HBA HCV HIV AST AMYLASE CREATININE GLUCOSE CBC with diff. UCG(IF INDICATED)		
2 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
4 WEEKS		ALT AST AMYLASE CREATININE GLUCOSE CBC with diff.		
6 WEEKS		ALT HIV		
12 WEEKS (3 MONTHS)		ALT HCV HIV		
6 MONTHS		ALT HCV HIV		
12 MONTHS		HIV		

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UMassMemorial

Employee Health Services
210 Lincoln Street
Worcester, MA 01605

Last Name: _____ First Name: _____

M _____ F _____ Date of Birth: _____/_____/_____ Employee Number/MR #: _____

Last 4 digits SS#: _____ Department: _____ Position: _____

Today's Date _____

Date _____ of blood borne pathogen exposure.

Dear _____,

Lab / Blood Work _____ Normal _____ Abnormal _____

- ☐ Your Hepatitis B titer is positive you have immunity to Hepatitis B.
- ☐ Your Hepatitis B titer is negative you need to report to EHS for discussion relative to vaccine or declination.
- ☐ Your Hepatitis C titer is negative.
- ☐ Your HIV titer is negative.
- ☐ Comments: _____
  _____

- ☐ Per CDC (Center for Disease Control) guidelines, no further monitoring is required at this time.
- ☐ Please report to Employee Health Services as discussed for your follow-up visit and lab surveillance.
- ☐ Comments: _____
  _____

If you have any questions or concerns, please feel free to contact your Employee Health Services

210 Lincoln Street	(508) 793-6400	(M-F) 7:00am – 5:00pm
University Campus	(774) 441-6263	(M-F) 7:00am – 4:00pm
Memorial Campus	(508) 334-6238	(M-F) 7:00am – 4:00pm

Be Safe,

Signature: _____

ADDITONAL RESOURCES

PEP STEPS: http://www.ucsf.edu/hivcntr/Clinical_Resources/Resources/PDFs/pep_steps.pdf
Phone: 1 888 448 4911 (24 hours/day, 7 days/per week)

PEP LINE: http://www.**uscf.edu/hivcntr**

HEP NET: **http://www.hepnet.com/**

Medication Information: Micromedex, which can be found under OurNet, Resources