

**PRIMARY HEALTH CARE  
PROGRAM PRACTICE  
GUIDELINES**

**Practice Guideline:**

Prophylaxis Protocol for Adult Post-Exposures to Blood and Body Fluids

**Guideline Number:**

PCPG# 22

**Approved By:**

Primary Health Care Leadership; Nursing Advisory Counsel; WRHA Standards Committee

**Pages:**

1 of 3

**Approval Date:**

July 8, 2020

**Supercedes:**

New

**1. INTENT:**

- 1.1. To identify process for referral from Urgent Care and Emergency Departments to Primary Care for the follow up Post Exposure management in adult patients.
- 1.2. To establish internal processes to support the [Manitoba Health: Post-exposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Post-exposures to Blood and Body Fluids in Manitoba](#) and the [Hepatitis A Post-exposure Prophylaxis \(August 2017\) Communicable Disease Management Protocol – Hepatitis A \(2014\)](#).
- 1.3. To guide the documentation of the follow up assessments required following exposure to blood or body fluids

**NOTE:** The Primary Health Care program monitors and revises the clinical decision support tools every 3 years and as necessary based on evidence informed best practices. The information provided in the clinical decision support tools are considered current as of the date of publication. Clinical teams are responsible for ensuring they refer to the most current National and Provincial- Manitoba Health Seniors and Active Living protocols and clinical decision support tools. All clinical decision support tools are not intended to replace professional practice standards and professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care.

**1.4. DEFINITIONS:**

**Exposed:** The person who has been exposed to blood and/or body fluids of another person.

**Human Immunodeficiency Virus (HIV):** The case definition of human immunodeficiency virus (HIV) infection relies on the detection of HIV antibody, nucleic acid or antigen by laboratory methods or isolation of HIV in culture.<sup>2</sup>

**Hepatitis A Virus (HAV):** The case definition of Hepatitis A Virus is laboratory confirmation of infection with or without acute clinical illness by detection of immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) in the absence of recent vaccination. Or a positive HAV RNA on serum or stool specimen.<sup>3</sup>

**Hepatitis B Virus (HBV):** The case definition of Hepatitis B Virus is a confirmed case of acute infection, chronic infection or confirmed unspecified case through laboratory confirmation of infection.<sup>4</sup>

**Hepatitis C Virus (HCV):** The case definition of Hepatitis C is a confirmed case that does not distinguish acute from chronic infection by detection of anti-hepatitis C Virus (HCV) antibodies in blood (anti-HCV Ab) by an immunoassay that is confirmed by the HCV Core antigen test, or a qualitative nucleic acid amplification test (NAAT) for hepatitis C virus RNA (HCV RNA), or by immunoblot, or detection of HCV RNA in blood.<sup>5</sup>

**Informed Consent:** A process involving dialogue, understanding and trust between the individual or Substitute Decision-Maker and the Responsible Party or Authorized Designate. Informed Consent requires the patient/resident/client/ individual or Substitute Decision-Maker to have Decision-Making Capacity, requires disclosure of the information, and requires the consent to be given freely and voluntarily, with our undue promise of favorable outcome or threat of penalty for non-

**Public:** individuals who are not WRHA employees and / or partners via service agreement (excludes exposed who opt into the Sexual Assault Nurse Examiner (SANE) Program and SHARED HEALTH/ WRHA Staff).

**Post - exposure Prophylaxis (PEP):** – Medications that are given after an exposure has occurred which may reduce the risk of acquiring an infection from the exposure.

**Source:** The person whose blood or body fluids were inoculated or splashed onto the exposed person. The source may not always be identifiable.

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**2. GUIDELINE:**

- 2.1. Upon initial presentation, assessment, and treatment in the Urgent Care (UC) or Emergency Department (ED), follow up care will be offered at one of the five Primary Care locations: McGregor Walk-In Connected Care, Access Fort Garry, Access NorWest, Access Winnipeg West or Nine Circles Community Health Centre. Requirements for Primary Care clinics are outlined in the Primary Care PEP Preparedness Checklist (Appendix A).
- 2.1.1. UC or ED employees ask the exposed to choose which clinic they would prefer to attend and fax the relevant information to that location. Information to include:
- Initial Assessment of Blood and Body Fluid Worksheet
  - Urgent Care / Emergency Department ADULT Standing Orders
  - Follow-Up Instructions and Advice for Exposed (Emergency / Urgent Care: to be completed and given to the Exposed)
- 2.2. Upon receipt of this information, The Primary Care clinic will contact PEP Exposed and Source (if known) to make a follow-up appointment(s) within 48 hours of presentation to UC/ED.
- 3.2.1 Every effort to contact the exposed and the source using the contact information provided by the ED/UC will be made
- At a minimum, three phone call attempts to contact the Exposed individual to book follow up are to occur and be documented in the patients EMR
- 3.2.2 Exposed and Source to be registered as known or new patients according to protocol- see CSIS training document: Post Exposure Prophylactic Accuro EMR Workflow (Appendix B)
- To book the appointment at Walk in Connected Care select 'Type' as Acute or Chronic and 'Reason' Reproductive Health or Trauma
  - To book the appointment at other Primary Care Clinics select 'Type' as Short or Long and 'Reason' PEP
- 2.3. The Primary Care Provider will be responsible to provide treatment to the exposed or source in accordance with the [Manitoba Health: Post-exposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Post-exposures to Blood and Body Fluids in Manitoba](#) and the [Hepatitis A Post-exposure Prophylaxis \(August 2017\) Communicable Disease Management Protocol – Hepatitis A \(2014\)](#) through the completion of the associated Forms and Clinical Note Templates:
- 2.3.1. Follow-up Assessment of Exposure to Blood or Body Fluids Algorithm (Appendix C)
- 2.3.2. Documentation of informed verbal consent using the Source Consent Script (Appendix E) in the event the source is known to the exposed and attend the follow up appointment either in person or virtually via telephone
- 2.3.3. Book all follow-up appointments and document treatment plan using the Post-exposure Prophylaxis Community Follow-up Clinical Note Templates to document additional follow-up appointments (Appendix F)
- Desk Top assistance in completion found in the Introductions/Instructions: Follow-up Blood or Body Fluid Exposure (Post Exposure Prophylaxis (PEP) Protocol) (Appendix D)

**3. APPENDICES**

- Appendix A-** Primary Care PEP Preparedness Checklist  
**Appendix B-** Post Exposure Prophylactic Accuro EMR Workflow  
**Appendix C-** Follow-up Assessment of Blood or Body Fluid Exposure Algorithm  
**Appendix D-** Introduction/Instruction- Follow-up Blood or Body Fluid Exposure (Post Exposure Prophylaxis (PEP) Protocol)  
**Appendix E-** Source Consent Script  
**Appendix F-** Post Exposure Prophylaxis Community Follow-up Clinical Note Templates

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**SOURCE/REFERENCES:**

- [Manitoba Health: Post-exposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Post-exposures to Blood and Body Fluids in Manitoba](#)
- [Hepatitis A Post-Exposure Prophylaxis \(August 2017\) Communicable Disease Management Protocol – Hepatitis A \(2014\)](#)
- [CATIE Canada's source for HIV and hepatitis C information 27 November 2017- Canadian guidelines for PrEP and PEP to help prevent HIV infection](#)
- [CMAJ- Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis 27 November 2017](#)
- [Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis](#)

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