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DEPARTMENT OF HEALTH
KWAZULU-NATAL
PRIVATE BAG X9051
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3200

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TO HEADS OF ALL INSTITUTIONS /REGIONAL DIRECTORS
DEPARTMENT OF HEALTH

**POLICY AND PROCEDURAL PROTOCOL TO BE FOLLOWED FOLLOWING
ACCIDENTAL EXPOSURE TO HIV AND HEPATITIS B**

This circular serves to advise all staff on the updated Policy and Procedural Protocol to be followed following Accidental exposure to HIV and Hepatitis B.

The following policy shall apply to all Health Care Workers following accidental exposure to HIV and Hepatitis B:-

1. PROCEDURAL PROTOCOL TO BE FOLLOWED

- 1.1 Encourage bleeding if skin has been broken and wash the wound well with soap and water as soon as possible.
- 1.2 In case of splash of blood or body fluids, wash contaminated area well with soap and water as soon as possible. Irrigate eyes with saline.
- 1.3 Immediately take a Stat Dose of 2 x 100mg AZT capsule and 1 x 150mg 3 TC Tablets. (These should be available on a 24-hour basis in all Health Institutions, Clinics and Mobiles).
- 1.4 Source Patient
 - 1.4.1 Counsel the patient - obtain consent for HIV testing.
 - 1.4.2 Send blood to Laboratory for Hepatitis B and HIV Testing. Request a rapid test to be done.
 - 1.4.3 If the HIV test is negative, the specimen must be sent to Central Virology Laboratory for antigen (P24) testing.
 - 1.4.4 Health Care Worker to stay on AZT 200mg TDS and 3 TC - 150mg BD until source of patient's HIV status is confirmed.

- 1.4.5 If the source patient is HIV negative, AZT and 3 TC is offered to the Health Care Worker until a formal HIV antibody Elisa Test, HIV P24 Antigen is available, and confirmed to be negative.
- 1.4.6 If the source patient is HIV positive the Health Care Worker must be advised to continue with AZT 200mg TDS and 3 TC 150mg BD. Prescription for a month's supply should be issued.
- 1.4.7 HBS Ag Screening of the source patient to be determined if positive, check antibody status of the Health Care Worker to establish if he/she received HBV Vaccine.
- 1.5 Health Care Worker
 - 1.5.1 Needs to be counselled.
 - 1.5.2 Take blood for HIV, HEP B stat.
 - 1.5.3 If Health Care Worker is HIV negative and source patient is HIV positive, Health Care Worker must be advised to continue taking AZT 200mg TDS and 3 TC 150mg BD x 4 weeks and take baseline FBC, U & E, alt and creatine.
 - 1.5.4 The following tests will be done only if laboratory deems necessary :-
HIV Antibody - at 1 month, 2 months, 3 months and 6 months; and
HIV P24 antigen - at 9 months and 12 months
 - 1.5.5 If Health Care Worker is HIV positive - stop the drugs.
Counsel and plan for future management.
 - 1.5.6 If source patient has HBS Ag positive screen and Health Care Worker has sufficient titre of HBS Ab, no further action is required.
 - 1.5.7 If source patient is positive and Health Care Worker has nil or insufficient titre of HBS Ab, give the Hepatitis B immunoglobulin and Hepatitis B Vaccine as soon as possible.
- 1.6 The injured Health Care Worker must be accorded a confidential number before HIV testing is reported.
- 1.7 Reporting

All injuries/exposures must be reported as follows:-

 - 1.7.1 To the Supervisor within an hour.
 - 1.7.2 To the Hospital Manager - within 24 hours.
 - 1.7.3 To the Occupational Health Centre - immediately.

- 1.7.4 To Head Office (Service Conditions) – within 7 days using prescribed injury on Duty forms for onward transmission to the Compensation Commissioner
- 1.7.5 To the Provincial Head of Occupational Health - within a month - on a monthly statistics of Occupational Health and Safety Centre Activities.

2. PREVENTIVE PROGRAMME

All Institutions are expected to have a comprehensive programme on safety measures to prevent such accidental exposures.

3. PRECAUTIONS

Kindly note:-

- 3.1 If source patient refuses to have his/her blood taken for tests, he/she may not be forced to do so.
- 3.2 Only persuade the patients. Do not force him/her. Inform the patients that he/she need not to be informed of the results.
- 3.3 If source patients continues to refuse, use old blood samples previously used for other tests if available.
- 3.4 If there are no previous blood samples available and source patient refuses to have blood tested, treat the health care worker as if the source patient was HIV and Hepatitis B positive.
- 3.5 Health Care worker must be tested.
- 3.6 Health care worker who refuses to have his/her blood tested does not qualify for any treatment in terms of this policy.
- 3.7 Health care worker must be informed that such refusal negates any future claim with respect to that particular injury; and must therefore indemnify the Department of Health in writing.

Management is requested to ensure that the content of this circular minute is brought to the attention of all personnel concerned.


15. October 2001
**SECRETARY : DEPARTMENT OF HEALTH
KWAZULU-NATAL**