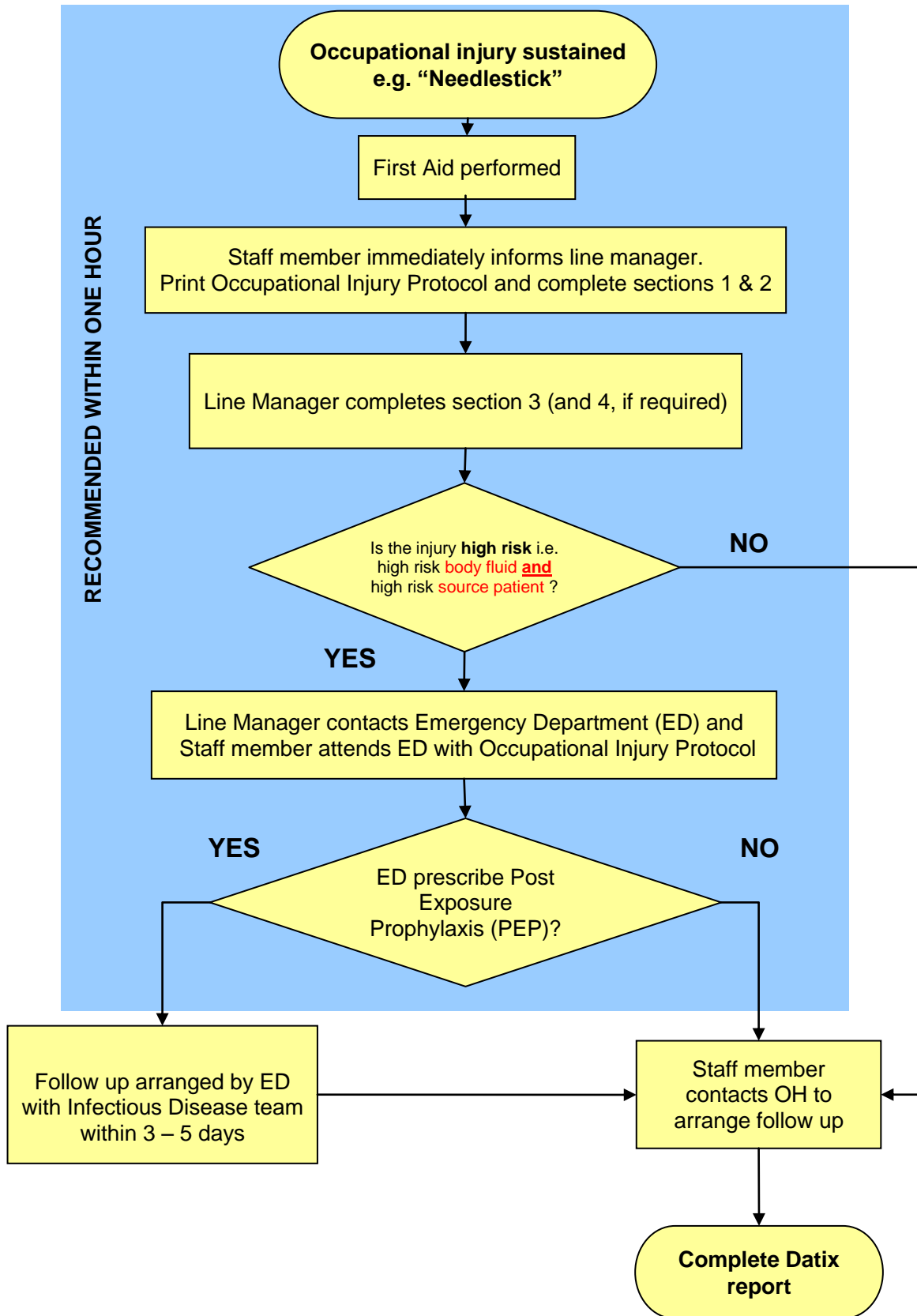


**Flowchart for the assessment of occupational injuries where there is a risk of BBV transmission**



## **Occupational injury protocol for the immediate assessment and management of staff members who have sustained a contamination injury.**

### **Instruction to Injured Staff member/Manager/Clinician**

- Risk assessment must be undertaken at a local level.
- The purpose of the risk assessment is to identify whether the contamination injury presents the risk of transmission of a blood borne virus (BBV) such as HIV, hepatitis B and hepatitis C. The treatment and follow up required is dependent upon the nature of the injury **and** whether the source patient is known to have and/or is at a high risk of having a BBV.
- The assessment should be fully completed at a local level using the step by step guidance provided in each section.
- Once completed it will direct the injured staff member to the appropriate care provider. A copy of the assessment should accompany the injured person so that the clinician who sees them is provided with the information they need to determine appropriate care/follow up.

#### **Step 1: First aid after the injury**

- Keep calm
- Gently encourage bleeding in the puncture site
- Wash the injured area with soap and water
- Do not scrub the site or use antiseptic agents
- Cover the wound with an impermeable dressing after cleansing
- In the case of mucosal exposure, wash the exposed area copiously with water or normal saline
- If contact lenses are worn, wash the eyes with water or normal saline both before and after removing the lenses

#### **Step 2: Inform your line manager and complete sections 1 and 2 of this risk assessment**

#### **Step 3: Your line manager should complete section 3 and then section 4, if required**

On completing section 1 to 4 you should know whether your injury carries a risk of transmitting blood borne viruses. If the injury carries a high risk you will be sent to the nearest Emergency Department (Perth Royal Infirmary or Ninewells Hospital, Dundee). After you have been seen, contact Occupational Health on 01382 346030 or e-mail [Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net) as soon as possible.

#### **Step 4: Contact with Occupational Health**

If the injury **does not** require Emergency Department intervention contact Occupational Health by phone on 01382 346030 or email [Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net). Occupational Health is open from 0830-1630 Monday to Friday, excluding Bank holidays.

**Ensure that you take your completed risk assessment form with you if you need to attend an Emergency Department and/or Occupational Health.**

#### **Step 5: Following any injury you must complete an IR1 form on Datix**

An IR1 can be found on Staffnet in Business Systems under Datix, the incident category for a needlestick injury is Accident and in subcategory there is a choice of Needlestick injuries.

OH will retain this completed form following your review. The form will remain confidential and only be used for clinical governance purposes.

### Section 1. Injured staff member details

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

CHI (if known) \_\_\_\_\_

Department/ward (usual workplace) \_\_\_\_\_

Position and grade \_\_\_\_\_

Contact phone number (mobile/home) \_\_\_\_\_

Date of injury \_\_\_\_\_

Time of injury (24 hour clock) \_\_\_\_\_

Location of injury (i.e. ward) \_\_\_\_\_

Last menstrual period (if applicable) \_\_\_\_\_

**Hepatitis B vaccination status** (check with OH if you do not know this, in hours on 01382 346030)

- None or only 1 Hepatitis B vaccine dose previously received
- 2 or more Hepatitis B vaccine doses previously received (Hepatitis B surface antibody level unknown)
- Known Hepatitis B vaccine responder (Hepatitis B surface antibody level >10)
- Known Hepatitis B vaccine non-responder (Hepatitis B surface antibody level <10 post vaccination)
- Unknown Hepatitis B Vaccination Status

### Section 2. Risk assessment of injury

Please tick according to the exposure and injury you have received

High risk injury	Low risk injury	High risk body fluids/materials	Low risk body fluids/materials
Needle, surgical instrument or other sharp (bone spike, broken tooth) AND injury caused bleeding	Subcutaneous or solid needle not causing bleeding	Blood	Tears
Fluid onto broken skin	Fluid onto intact skin	Saliva in association with dentistry	Urine
Fluid on to mucous membrane (eye, nose or mouth)	Bite, no bleeding	Exudate/tissue fluid from burns or wounds	Saliva* (in absence of dentistry)
Human bite, injury caused bleeding		Cerebrospinal fluid	Sputum/phlegm
		Human breast milk	Faeces
		Pericardial fluid	Vomit
		Peritoneal fluid	
		Pleural fluid	
		Amniotic fluid	
		Semen	
		Synovial fluid	
		Unfixed human tissues/organs	
		Vaginal secretions	

\* Spitting, even if in contact with mucosal surfaces is low risk and does not require PEP

**Inform your line manager who will complete section 3 (and 4 if required).**

**Section 3. Line manager or responsible clinical staff member details**

Name (of line manager) \_\_\_\_\_  
Position \_\_\_\_\_  
Department/ward \_\_\_\_\_  
Bleep/ext number \_\_\_\_\_  
Date and time reported \_\_\_\_\_

- If the injury or the body fluid/materials are of low risk you do not need to proceed to the next section
- If the staff member has sustained an injury where the source cannot be identified (discarded needle) you do not need to proceed to the next section
- Contact OH, in hours on 01382 346030 or via email at [Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net) and ensure you have discussed post-exposure prophylaxis for Hepatitis B. Complete a DATIX report

**If the injury AND the body fluid is high risk, please proceed immediately with Section 4**

**Section 4. Risk assessment of source patient (Not to be completed by injured staff member)**

Information needs to be gathered about the source patient which will influence whether PEP is required. Patient information is confidential and can only be used for this risk assessment with the patient's consent. The patient must only be approached by a member of the clinical team (medical or nursing) who is currently looking after them. Out of hours it is likely that the nursing staff will be the only ward based clinical staff available to approach the patient. If a patient is unable to, or refuses to give their consent to the disclosure of information then they should be assessed as high risk unless there is a clear indication that this is not the case.

**What to tell the source patient**

1. An injury has occurred that has been assessed as having the potential of transmitting infections to the staff member who was injured
2. To allow a full risk assessment some information needs to be gathered from the patient and their notes including whether they have or are at risk of having infections such as HIV and viral hepatitis
3. Their information will be dealt with confidentially but consent will be sought to share results with the Occupational Health Service to allow the correct treatment of the healthcare worker
4. Questions will be asked in a non-judgemental and sensitive way. The patient's record will be checked to see if they have been previously tested for these viruses

- When a high risk injury has been sustained all source patients with unknown blood borne virus status will be approached for their consent for HIV, Hepatitis B and Hepatitis C testing

Verbal consent gained for patient information/results to be accessed by Occupational Health?

**Yes / No** (delete as appropriate)

Consent gained by

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

If consent provided, please complete source patient contact details below:

Source Name \_\_\_\_\_

Date of birth \_\_\_\_\_

CHI (if known) \_\_\_\_\_

Contact phone number \_\_\_\_\_

### Testing the source patient

- This should be done sensitively and tactfully, and not by the injured staff member
- The clinical team that are looking after the source patient should undertake the testing **and** are responsible for notifying the source patient of the result.
- The source patient should be offered a patient information leaflet on BBV testing following occupational injury. This leaflet can be found in appendix 1 or by following this [link](#).
- The situation should be explained and consent sought for a blood sample to be taken and tested for HIV, Hepatitis B and Hepatitis C
- The results of these tests will not be immediately available and will not affect what is done as part of this initial assessment

<b>Does the patient consent to BBV testing?</b>	
Yes	Obtain blood in gold-topped vacutainer. On ICE the 3 tests required are described as "HIV screening test" "Hepatitis B (HBsAg) infection screen" and "Hepatitis C antibody screen" indicate in clinical details " <b>Needle-stick injury. Source patient. Urgent HIV, Hepatitis B and Hepatitis C testing</b> ". The request should give the name and contact details for the responsible staff member to whom the results should be communicated. Offer information leaflet.
No	Offer information leaflet
Incapacitated	Testing for Hepatitis B, Hepatitis C and HIV should only be carried out if it is in the patient's best interests for their current clinical care

Has the source been previously tested and if so can you access records to confirm the results?

Blood borne virus	Unknown	Confirmed negative	Confirmed positive
Hepatitis B			
Hepatitis C *If HCV antibody positive, ensure a PCR test is requested to confirm active infection			
HIV			

If the source has not been previously tested for these viruses, is there a factor that may increase the risk?

Risk factor	Yes (High Risk)	No (Low Risk)
Source patient from HIV endemic region (sub-Saharan Africa, Thailand, Caribbean)		
Injecting drug user (ever)		
Man who has sex with other men		
Clinical illness compatible with HIV/AIDS		
Sexual partner of known HIV-infected person		

If the source patient is not known to have HIV, or have risk factors, HIV post-exposure prophylaxis is not indicated. Contact OH as soon as possible, in hours on 01382 346030 or via email at [Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net) and ensure you have discussed post-exposure prophylaxis for Hepatitis B. Complete an IR1 via DATIX.

Injured staff member should only be referred to the Emergency Department for HIV post-exposure prophylaxis if **all** of the following three criteria are met:

- **High risk injury**
- **High risk body fluid/material involved**
- **Known infected source or untested high risk source**

HIV PEP is most likely to be effective when initiated as soon as possible (within hours), and continued for 28 days. Therefore, PEP should be commenced as soon as possible after exposure if indicated using this guidance. HIV PEP is generally not recommended beyond 72 hours post-exposure.

Phone the Emergency Department to handover the above risk assessment:

Ninewells External **01382 633904** Internal **33904**

PRI External **01738 473841** Internal **13841**

**If this assessment form is not completed the Emergency Department staff may ask you to complete it first before they can make their assessment.**

ED staff member name given handover \_\_\_\_\_  
 Time of handover \_\_\_\_\_  
 Signature of line manager \_\_\_\_\_  
 Date and time \_\_\_\_\_

### Section 5. Emergency Department staff dealing with incident

Name (of ED staff member) \_\_\_\_\_

Position \_\_\_\_\_

Department/ward \_\_\_\_\_

Bleep/ext number \_\_\_\_\_

Date and time seen \_\_\_\_\_

### Section 6. Decision to prescribe post-exposure prophylaxis (to be completed by ED clinician)

Injury*	Source* patient	HIV PEP	Outcome	Hepatitis B PEP
High risk	High risk	HIV PEP recommended	Give first dose PEP ASAP	Consider need for Hepatitis B immunoglobulin and/or Hepatitis B vaccination
Only patients where there is an indication for HIV PEP should be referred to the Emergency Department. If you do not feel the injury and the source patient warrant the use of HIV PEP the appropriate actions are outlined below.				
High risk	Low risk	HIV PEP not recommended	Appropriate first aid	Advise patient to discuss Hepatitis B PEP with OH as soon as possible
Low risk	High risk	HIV PEP not recommended	Appropriate first aid	Patient to discuss with OH when reporting injury
Low risk	Low risk	HIV PEP not recommended	Appropriate first aid	Patient to discuss OH when reporting injury

\*refer to section 2 and 4 for risk assessment if required

Guidance on Hepatitis B Vaccination is available from the UK Department of Health "Immunisation against Infectious Diseases" Greenbook:

[http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH\\_4097254](http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254)

Is there any relevant history that may change decision making?

- Past medical history
- Medications
- Drug allergies
- Pregnancy risk (Do pregnancy test if indicated)

**Section 7. Contra-indications to HIV post exposure prophylaxis**Absolute:  Injured person already HIV-infectedRelative:  Pregnancy  Known Creatinine clearance <50ml/min

Where there is a relative contraindication to PEP, the benefits of PEP may still outweigh the risks. The first dose of PEP should be taken and the 7 day pack issued. Patients with renal impairment may need dose reduction based on creatinine clearance. Follow up should be ensured as soon as possible, but within 72 hours if creatinine clearance is <50ml/min or in pregnancy. Pregnancy is not a contraindication to PEP. Indeed seroconversion during pregnancy will lead to a higher than normal risk of intrauterine infection. However, it should be noted that the medicines used for PEP will be off license in this case and follow up with infectious diseases should happen as soon as possible. Please mark the referral form in appendix 2 as urgent or contact the infectious disease team listed in section 10 to discuss these issues.

**Section 8. Decision to prescribe HIV post-exposure prophylaxis**

**Baseline bloods:** All individuals started on HIV PEP should have baseline blood tests: U+E, LFT, and a serum sample for storage (gold top tube to microbiology). A urinalysis should be documented and a pregnancy test completed for female patients.

**Prescription: This is available in Emergency Departments as a 7 day starter pack.**

Emtricitabine 200mg/Tenofovir Disoproxil 245mg one tablet immediately then ONE tablet every 24 hours

Raltegravir one tablet (400mg) immediately then ONE tablet every 12 hours

Follow prescribers guidance sheet (See Appendix 3)

Provide patient information leaflet (See Appendix 4)

Patient should be advised to use condoms until definitive bloods at 3 months. There are no significant drug interactions with contraceptives

Email Infectious Diseases ([Tay-UHB.id@nhs.net](mailto:Tay-UHB.id@nhs.net)) attaching the referral in appendix 2

Email OH ([Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net))

Advise the injured staff member the infectious diseases team will be in touch within 7 days

Photocopy this proforma for your records. Give original to injured staff member to take to OH

Sign prescription and send to Pharmacy department as detailed at the top of the form (See Appendix 5)

**Signature of ED clinician** \_\_\_\_\_

**Date/Time** \_\_\_\_\_



### Section 9. Decision not to give HIV post-exposure prophylaxis

Rationale \_\_\_\_\_

Signature of ED clinician \_\_\_\_\_

Date and time \_\_\_\_\_

Send serum sample for storage (ensure that the person's ID has been confirmed and that information is included on the request)

Advise staff member to attend occupational health at earliest opportunity

### Section 10. For further expert advice

Should you have concerns regarding the prescription of HIV PEP, please contact the Infectious Disease Team on [Tay-UHB.id@nhs.net](mailto:Tay-UHB.id@nhs.net) or bleep 5075

## **Information Leaflet: Why should I have a test for blood borne viruses?**

### **Who is this leaflet for?**

This leaflet is for patients of NHS Tayside during whose care, blood or body fluids have been involved in an injury sustained by a member of staff.

### **What are the aims of this leaflet?**

This leaflet will help patients understand why they are being asked to have a test for HIV, hepatitis B and hepatitis C

### **What has happened?**

NHS staff often have to handle all types of body fluids and materials as well as sharp instruments. Occasionally injuries can occur – for example after taking blood the needle can accidentally puncture the member of staff's skin. Or blood could splash in someone's eye during an operation. These injuries are not your fault and this process is not intended to cause you any distress.

### **What is the problem?**

In very exceptional circumstances the member of staff could become infected by a virus that the patient may knowingly or unknowingly have. There is treatment that the member of staff could take to prevent HIV however the medicine could also be harmful to them.

### **What happens next?**

A staff member will speak to you to ask you some questions about whether you are likely to have an infection like hepatitis or HIV. Some of these questions are very personal but please don't be offended – everyone in this situation will be asked these. If any particular risk for infection is identified then the injured staff member will start to take medicines to prevent HIV.

### **So why should I have an HIV test?**

- If you are found not to have the virus (the test is **negative**), the injured staff member can stop taking the medicines.
- If you **choose not to have the test** then the injured staff member will continue on this treatment for 28 days. This may result in significant side-effects or complications as well as sick-leave.
- If your test is **positive** then it is good to know about it as soon as possible. You will have access to support and to treatment. People with HIV can now be expected to enjoy a near normal life expectancy as long as they are diagnosed early enough and have access to treatment.

### **What will I be tested for?**

**Human Immunodeficiency Virus (HIV):** HIV is a virus which can cause the immune system to fail. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.

**Hepatitis B:** Hepatitis B is a virus which can cause liver damage. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.

**Hepatitis C:** Hepatitis C is a virus which can cause liver damage. It is usually passed by sharing injecting equipment and rarely by sex.

### **How will I get the results?**

The results will be communicated to you by the team looking after your care. These are usually available within 48 hours.

### **Will my results be shared with anyone?**

Your results are confidential which means they will not be communicated to anyone without your consent or knowledge. However, the purpose of taking your bloods is to help to identify the appropriate care pathway for the injured staff member, therefore NHS Tayside's Occupational Health (OH) Service will require to access and record your results, along with this form, both of which will be held securely by OH and will not be shared with any third party.

### **What if I still don't want to have a test?**

You will not be tested for HIV or hepatitis against your will. We will support your choice and your care will not be affected by your decision. You are welcome to change your mind and have a test at any point. If you would like further information then please ask a member of staff.

## Appendix 2

### Referral to Infectious Diseases or Sexual and Reproductive Health Service for Patients Commenced on PEP(SE)

#### Injured Person Details

Name	
Date of Birth	
Phone Number	
Best Time to Call	

#### Detail of Injury

Date and Time of Injury/sexual contact	
Nature of Injury/sexual contact (vaginal, anal, oral penetration)	
Date and Time Started on PEP	
Hepatitis B Status including requirement for HBIG	
If not vaccinated, was first dose Hep B vaccination given?	YES / NO
Date and Time of Baseline Blood Tests	
Other Relevant Info i.e. PMH of note	
Renal impairment with creatinine clearance <50ml/min?	YES / NO
Is the injured person pregnant?	YES / NO

#### Details of Source Patient

Does Patient Consent to Testing?	YES / NO
Patient Tested?	YES / NO
Patient Known BBV? If so which	
Source Patient CHI & Contact Details (occupational injury only)	

#### Details of Referring Doctor

Name	
Grade	
Contact Details	

To arrange follow up with Infectious Diseases please email this completed form to: [Tay-UHB.id@nhs.net](mailto:Tay-UHB.id@nhs.net)

To arrange follow up with Sexual Health Services please email this completed form to: [Tay-UHB.TSRH@nhs.net](mailto:Tay-UHB.TSRH@nhs.net)

## HIV POST EXPOSURE PROPHYLAXIS (PEP) and POST EXPOSURE PROPHYLAXIS following SEXUAL EXPOSURE (PEPSE)

### Starter Pack Prescriber's Guidance

#### What you need to know

- No antiretrovirals are licensed for PEP so these drugs are prescribed 'off label' however their use is recommended by the UK Department for Health, British HIV association (BHIVA) and the British Association for Sexual Health and HIV (BASHH)
- Treatment should be started **as soon as possible**, ideally within 1 hour of the incident
- The starter pack contains a 7 day supply of 3 antiretroviral drugs:
  - Emtricitabine 200mg/Tenofovir disoproxil 245mg x 7 tablets
  - Raltegravir 400mg x 14 tabletsBrief details of each drug are given in the appendix along with links to further information
- The list of side effects in the appendix is not exhaustive, consult current edition of the BNF ([www.bnf.org](http://www.bnf.org)) or Summary of Product Characteristics ( [www.medicines.org.uk](http://www.medicines.org.uk)), for further information
- These drugs have been chosen as they have less significant drug-drug interactions than previous nationally recommended regimes

#### What you need to do

- Check with the list of interactions on the next page and current edition of the BNF or SPC or HIV drug interactions website [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)
- Ensure the patient reads the information leaflet
- Complete the prescription sheet in Appendix 5 and send it to the Pharmacy Department as indicated
- Check the expiry date on the pack
- A qualified prescriber must write the patient's name and date of dispensing on the outside of each pack and on the 2 containers of tablets inside the pack where indicated and have it checked by another practitioner

#### What you need to tell the patient

- They are being supplied with a 7 day starter pack ONLY and appropriate follow up will be arranged as per the assessment form
- No antiretroviral drugs are licensed for this indication however the choice of antiretrovirals is based on UK national guidance
- The dosage intervals should be followed strictly (i.e. for twice daily every 10 - 12 hours) and doses should not be missed. This will ensure maximum benefit and reduce the emergence of resistant strains.
- The most frequently occurring minor side effects include: diarrhoea, nausea, vomiting, flatulence, dizziness, insomnia, sleep disturbances, fatigue and headache. These usually improve.
- If a rash develops the patient should contact the department issuing PEP pack
- If there is a history of pancreatitis they should stop PEP immediately if they develop abdominal pain and contact specialist staff

**THIS INFORMATION IS INTENDED AS A QUICK REFERENCE GUIDE ONLY****1. EMTRICITABINE 200mg + TENOFOVIR DISOPROXIL 245mg tablets**

MODE OF ACTION:	Nucleotide/nucleoside reverse transcriptase inhibitors
DOSE:	ONE tablet immediately then ONE tablet every 24 hours with food or a light snack to improve absorption (this is not critical and should not delay first dose).
CAUTIONS:	Pregnancy, breast feeding, hepatic disease, chronic hepatitis B or C, elderly, pancreatitis Renal impairment (eGFR <50ml/min). However, it is safe to give the first few doses and contact an ID specialist for advice within 72 hours.
SIDE EFFECTS: (Very common or common listed in SPC)	Nausea, vomiting, diarrhoea, abdominal pain, flatulence, renal impairment, neutropenia, hypophosphataemia, insomnia, abnormal dreams, headache, dizziness, raised LFTs, raised CK, rash, pruritis, urticaria, raised amylase, raised glucose, raised triglycerides, pain, asthenia
POTENTIAL INTERACTIONS:	Concomitant use of nephrotoxic agents – monitor renal function closely Potential for CYP450 mediated interactions is low.

**2. RALTEGRAVIR 400mg tablets**

MODE OF ACTION:	Integrase inhibitor
DOSE:	ONE tablet immediately then ONE tablet every 12 hours with or without food
CAUTIONS:	Severe hepatic impairment, risk factors for myopathy or rhabdomyolysis, chronic hepatitis B or C (increased risk of side effects), psychiatric illness (may exacerbate underlying illness including depression) , pregnancy. None of these cautions prevent initial prescription of PEP starter pack.
SIDE EFFECTS: (Very common or common listed in SPC)	Decreased appetite, abnormal dreams, insomnia, nightmares, abnormal behaviour, depression, vertigo, abdominal distension, abdominal pain, diarrhoea, flatulence, nausea, vomiting, dyspepsia, rash, asthenia, fatigue, pyrexia, alanine aminotransferase increased, atypical lymphocytes, aspartate aminotransferase increased, blood triglycerides increased, lipase increased, blood pancreatic amylase increased
POTENTIAL INTERACTIONS:	Antacids, multivitamins or calcium supplements – <b>should be avoided while taking</b> Proton pump inhibitors and H <sub>2</sub> antagonists increase levels of raltegravir but no dose adjustment is required Rifampicin – decreases raltegravir levels Orlistat – may prevent absorption of raltegravir <b>This list is not exhaustive so check patient's medication on HIV drug interaction site: <a href="http://www.hiv-druginteractions.org">www.hiv-druginteractions.org</a></b>

## ANTIRETROVIRAL POST EXPOSURE PROPHYLAXIS STARTER PACK

### PATIENT INFORMATION LEAFLET

This is only a **starter pack** of medication for 7 days. You will need to be assessed by a specialist before the medicine in this pack is finished, to decide whether you need to continue treatment for a **full 28 day course**. This follow up will be arranged for you.

#### READ THIS LEAFLET CAREFULLY BEFORE YOU TAKE ANY MEDICATION FROM THIS PACK

You must tell the prescriber if you:

- Have diabetes
- Have any history of anaemia
- Are pregnant or breastfeeding
- Are allergic to any medication
- Have any kidney or liver disease
- Have any history of pancreatitis
- Are taking any other prescribed medication including contraceptives, inhalers or nasal sprays or any medication bought at a pharmacy e.g. antacids, health food store or supermarket or any recreational drugs

When taking medication from this pack you should:

- **Start, if at all possible, within one hour of the incident or as soon as possible after that.**
- Take the tablets at regular intervals as directed on the labels on the medicines and detailed on the next page. If the drugs are not taken regularly, they may not work as effectively.
- If you miss a dose, take the missed dose as soon as possible, and then continue with your normal dose at the regular time. If it is nearly time for your next dose, forget about the missed dose. Wait and take the next dose at the regular time. Do not take a double dose to make up for a forgotten dose.
- If you vomit less than 2 hours after taking the tablets you will need to take another dose.
- Store the medication in a cool, dry place.
- Keep out of reach and sight of children.
- Use condoms to prevent the potential spread of HIV virus and other sexually transmitted infections.
- Emtricitabine/tenofovir disoproxil and raltegravir tablets, like all other medicines, have some side effects. The most common are listed on the next page.
- Tell the hospital department/clinic if you get a rash or have any very bad side effects. Serious side effects are unlikely to appear during this starter pack.

This pack contains a 7day supply of:

- Emtricitabine 200mg/Tenofovir disoproxil 245mg x 7 tablets
- Raltegravir 400mg tablets x 14

**EMTRICITABINE 200MG/TENOFOVIR DISOPROXIL 245MG tablets**

**Dose:** Take ONE tablet immediately, then ONE tablet every 24 hours

**Note:** Take with food or a light snack if possible. Can be dispersed in half a glass of orange juice or water.  
There is a desiccant in the bottle to protect the tablets from moisture.

**Most common side effects:** Diarrhoea, vomiting, nausea, dizziness, headache, rash, difficulty sleeping, abnormal dreams, feeling weak, stomach pain/discomfort, feeling bloated, flatulence,

**RALTEGRAVIR 400mg tablets**

**Dose:** Take ONE tablet immediately, then ONE tablet every 12 hours with or without food.

**Note:** Swallow the tablets whole with or without food. They should not be chewed, broken or crushed.  
There is a desiccant in the bottle to protect the tablets from moisture.

**Most common side effects:** Decreased appetite, trouble sleeping, feeling dizzy, headache, feeling bloated, diarrhoea, nausea, vomiting, rash, weakness, change in mood, fever

**FOLLOW UP**

Ensure that you are informed about follow up.

*If you are taking this pack following **sexual exposure:***

You will be referred to a Sexual Health Clinic.

If you have not been contacted by the clinic within 5 days please phone the triage line: **01382 425542 between 9:00am - 12:00pm**

*If you are taking this pack following **occupational exposure:***

You will be referred to and contacted by an Infectious Diseases doctor within 3-5 days.

You must also inform the Occupational Health Service of your injury on 01382 346030 or email [Tay-UHB.occhealth@nhs.net](mailto:Tay-UHB.occhealth@nhs.net)

## ANTIRETROVIRAL POST EXPOSURE PROPHYLAXIS STARTER PACK

### PRESCRIPTION FORM

**This form must be completed and signed by a prescriber.**

**The completed form should be returned to Antimicrobial Pharmacy Team,  
Pharmacy Department, Level 5, Ninewells Hospital, Dundee.**

Tick as applicable: PEP for NHS Tayside staff

PEP for Non NHS workers/Community injuries

PEP following sexual exposure (PEPSE)

NAME: .....

DATE OF BIRTH/CHI: .....

ADDRESS: .....

.....

.....

**If given to a member of NHS Tayside staff:**

Hospital and Ward where incident occurred: .....

Designation of Staff member injured:.....

The following medication was supplied to the person named above:

Emtricitabine 200mg/Tenofovir disoproxil 245mg tablets x 7  
Take ONE tablet immediately, then ONE every 24 hours

Raltegravir 400mg tablets x 14  
Take ONE immediately, then ONE every 12 hours

PRESCRIBER'S SIGNATURE: ..... DATE: .....

PRINT NAME:.....

Please specify which hospital department supplied medication:

NW A&E  PRI A&E