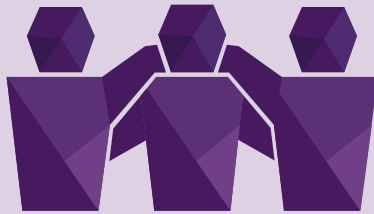
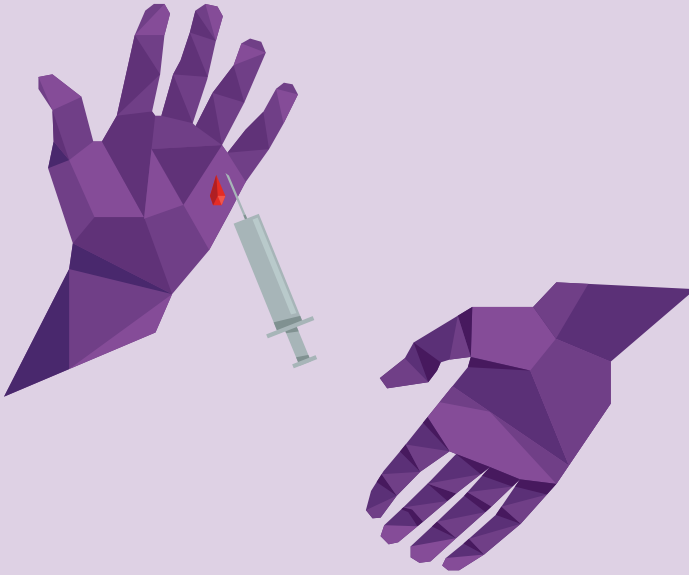


# HIV AND OCCUPATIONAL EXPOSURE

## A GUIDE FOR FIRST RESPONDERS AND THEIR FAMILIES



# SUPPORT

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To order copies of *HIV And Occupational Exposure: A Guide For First Responders And Their Families* contact:



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# 1. IMPORTANT NOTICE AND QUALIFICATION

This handbook has been prepared and published for educational and discussion purposes only. It is not legal or medical advice and it is not intended that this handbook should in any way replace legal advice from a qualified lawyer or medical advice from a qualified health care provider. Individuals with specific legal problems should seek advice from a qualified lawyer and individuals with medical concerns should consult a qualified health care provider.

## INTRODUCTION

This handbook covers some of the topics that you need to know to understand your options regarding occupational exposure and HIV and is not applicable to other infections such as hepatitis.

It covers topics like understanding transmission risk, testing options, post-exposure protocols, legal issues and, importantly, how to talk to your family about an exposure in the course of your work.

This handbook is designed specifically for first responders – emergency medical personnel, police officers, firefighters, corrections staff – and their families and sets out what you need to know about occupational exposure and HIV to make informed choices. This handbook specifically refers to law and institutions in British Columbia, but much of the information may be useful for those in others jurisdictions as well.

## ABOUT THE BCCLA

The BC Civil Liberties Association (BCCLA) is a registered charity, located in Vancouver, British Columbia. Since 1962 the BCCLA has worked to protect and promote civil liberties in British Columbia and Canada. Our programs include education, complaint assistance, legal reform and litigation. The majority of funding comes from private grants and donations. The BCCLA does not provide legal advice and is not a legal referral service.



## 2. OCCUPATIONAL EXPOSURE AND HIV

The first thing that needs to be said about acquiring HIV (the virus that causes AIDS) through contact with blood or body fluids in the course of your work is that the risk is extremely small. As the BC Centre for Excellence in HIV/AIDS points out in their current guidelines for accidental exposure:

“It is important to recognize that in the last ten years there have been no infections of HIV developing from occupational exposures [including health care providers] in BC. There has only been one, to our knowledge, in BC, in the last fifteen years.”

**And in all of Canada, there are currently no documented cases of HIV through occupational exposure involving a firefighter, an ambulance attendant, a police officer or correctional staff.**

The next thing that needs to be said is that a possible exposure can be a very difficult and worrying time for a first responder and their family. This guide is meant to provide you with information to understand the issues, know your choices and, ideally, discuss them with your family ahead of time, so you will have the assurance of being prepared.

You will have workplace policies and procedures that are relevant to this issue. This guide unpacks some of the information found in those documents and provides additional information, resources and referrals.



### OCCUPATIONAL EXPOSURE





### 3. THE TRANSMISSION 'EQUATION' FOR HIV

Compared to other types of infections, HIV is hard to transmit. The basic 'transmission equation' is:

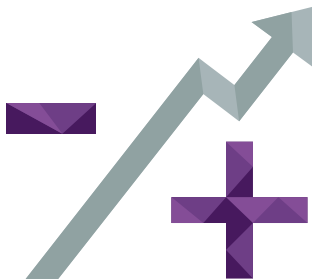
**A BODY FLUID CAPABLE OF TRANSMITTING HIV**

**+**

**A WAY FOR THAT BODY FLUID TO GET INTO  
ANOTHER PERSON'S BODY**

Not all body fluids are capable of transmitting HIV. Blood, or other body fluids that have visible blood in them, are the ones that first responders would be most likely to encounter in an accidental exposure.

Vaginal fluids, semen and breast milk can also transmit HIV, as well as body fluids that are mostly of concern for health care providers who do invasive procedures – fluids like pericardial and cerebrospinal fluids.



#### **TRANSMISSION EQUATION**

Except where they contain blood, there is no risk of contracting HIV through saliva, tears, urine, vomit, nasal secretions or feces.

Contact alone does not create a risk for HIV. For transmission of HIV, the body fluid (like blood or fluids containing blood) has to get into the body. So, for example, contact with unbroken (intact) skin does not risk transmitting HIV.

For transmission, a body fluid capable of transmitting HIV has to get past the skin ("percutaneous exposure") – i.e., through a needle or a cut or skin that is not intact, like an unhealed wound.

A body fluid capable of transmitting HIV could also get into the body through a mucous membrane – i.e., blood that got into the eyes, nose or mouth. But this is extremely rare.

The vast majority of people in North America have contracted HIV through sexual intercourse and the sharing of injection needles.



## 4. ASSESSING THE RISK OF AN OCCUPATIONAL EXPOSURE

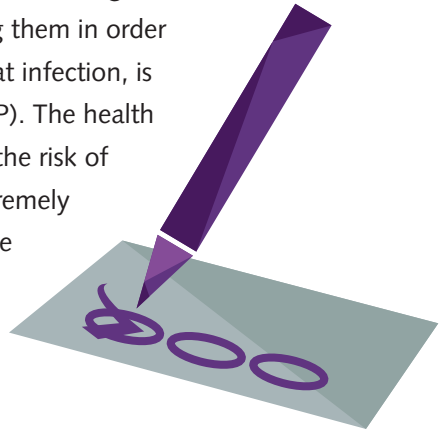
Appropriate protective equipment, practices and training are the key components of minimizing exposure to blood-borne pathogens. However, accidents can happen to even the best prepared worker.

If you are accidentally exposed to a body fluid in the course of your work, it is helpful to know the HIV transmission equation for your own understanding of risk. And you must have an immediate medical assessment after an accident to determine the appropriate medical response. You should go to the nearest emergency department as quickly as you can, where you will be assessed.

The health care provider has to decide whether to recommend that you take medications that will reduce the risk of HIV infection if taken soon after the exposure. These are antiretroviral drugs, which are standard HIV medications. Taking them in order to ward off infection, rather than treat infection, is called post-exposure prophylaxis (PEP). The health care provider has to decide whether the risk of possible infection (which is often extremely small) is outweighed by the risk of the drugs themselves.

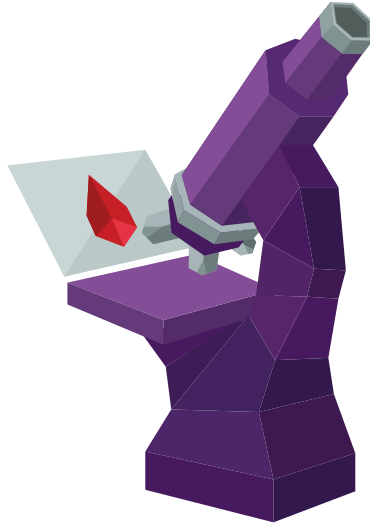
The Therapeutic Guidelines for the BC Centre for Excellence in HIV/ AIDS have evolved over time. For example, in most cases now, a needle stick with an abandoned

needle outside of a health care facility will not warrant PEP: "In many years of follow up it appears that no one has become infected from HIV from an abandoned needle in Canada, the United States or Europe."



## ASSESSMENT

But PEP will be appropriate in other kinds of exposures which are higher risk. The guidelines should help your health care provider to make their recommendation using the best available scientific evidence.



# TESTING

## 5. STARTING POST-EXPOSURE PROPHYLAXIS

If your health care provider determines that PEP is recommended, you need to start as soon as possible and preferably **within two hours of the accident/exposure**. This is why it's important to get to the emergency department as soon after the exposure as you can. Even outside of the two hour window it is important to get to an emergency department, as it is widely agreed that PEP can be effective in most instances if started within 36 hours of the accident.

All emergency rooms in British Columbia provide a 5-day 'starter' kit of the appropriate medications for HIV post-exposure prophylaxis. In those five days you may get more information about the risk of exposure to help you decide whether to complete the full course of the medication (another 23 days) or not.

The use of these drugs is considered very effective in preventing HIV infection, although it is hard to give reliable statistics because there are only a very few clinical studies.

Most people who use PEP experience some common side-effects like nausea, headache, fatigue, joint pain, vomiting and diarrhoea. Side-effects can often be managed with other medications, like anti-inflammatory, anti-nausea and anti-diarrhoea drugs. Rare serious adverse events include severe rash, blistering of the skin, inflammation of the liver or gall bladder and kidney stones.



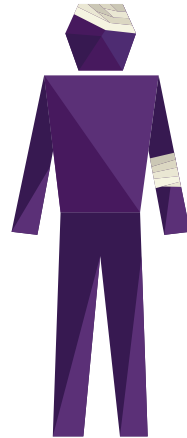
# PEP

Some people taking PEP will have to take time off work while they are taking the medications. You can contact the St. Paul's Hospital Pharmacy (1-888-511-6222) for advice if you experience side-effects. Most side-effects and adverse events stop when PEP is over.

## 6. WORKING WITH THE SOURCE PERSON

You will need to do a 'baseline' HIV test in the case of an occupational exposure. And part of the initial and on-going risk assessment may involve the HIV status of the person who is the source of the body fluids you have been exposed to.

Information from the source person could be important to the initial assessment about whether to start PEP. If there was a significant exposure and the source person told you that they were HIV positive, the need for PEP would be clear. But most source persons are not HIV positive. And the overwhelming majority of source persons readily provide information and consent to an HIV test for the information of the exposed worker.



Because it is very rare for source persons to decline to be tested and provide information, there isn't very much that is known about those extremely rare situations. There are practices that assist in working well with source persons, and those include having someone other than the exposed worker request information from the source person if at all possible.

# SOURCE

As well, the source person may need information and assurances about their medical privacy in the testing process (see "Safeguarding your medical privacy" below). For example, in some health care facilities it is possible to test "non-nominally." For a non-nominal test, the order form for the test does not have your name on it, just a pseudonym (made-up name) or initials. If the source person is being treated in a facility that does

not offer non-nominal testing, the source person may wish to test where non-nominal testing is available.

Even if non-nominal testing is not immediately available, a person whose test order form has their name on it can tell the person ordering the test that they would like “non-nominal reporting.” For non-nominal reporting, the person ordering the HIV test checks a box on the order form so that if the result comes back positive, the tester’s name is not provided to public health for follow-up. Non-nominal reporting means that public health is told that there is a new HIV positive result, but not the name of the person who tested positive. These privacy options in testing should be presented to both the source person and exposed worker.

Like the exposed worker, the source person, who may be suffering significant injuries and may be apprehensive about the testing process, should have access to counselling and support.

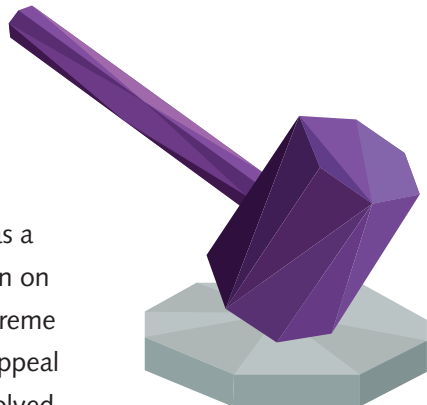


## 7. RARE INSTANCE OF A SOURCE PERSON DECLINING TO BE TESTED

There is a new law in British Columbia called the *Emergency Intervention Disclosure Act*. It provides a process to apply to a court for an order requiring a source person to be tested for HIV, Hep B and Hep C in situations where there has been a significant occupational exposure to a first responder and the source person declines to be tested.

There are similar laws in some other parts of Canada, but they are very rarely used. It is likely that these laws will eventually be challenged in a court and may be found to be unconstitutional. The common ground among everyone who has an opinion – those in favour of the new law and those against – is that nobody wants to go to court if they can help it. So it is very important to get a competent risk assessment by a health care provider in the first instance and to work constructively and effectively with source persons.

Knowledge of a source person's HIV status assists in the decision of whether to stop or continue with PEP. Under the legislation, a source person must receive legal notice before a first responder can go to court to seek an order for testing. The notice must be served at least 4 days before the court can hear the application. The source person has a right to appeal the court's decision on the testing application to the Supreme Court of British Columbia. If an appeal is sought, it is not likely to be resolved before the course of PEP is nearly or completely finished.



**LAW**

Happily, first responders almost never need recourse to the courts and there are developments that will reduce even further the possibility of having to rely on court processes. HIV tests are getting better and the window period (the time it takes to be sure a test result is correct) is getting smaller. This lessens the dependence on knowledge of a source person's status.

## 8. TALKING WITH YOUR FAMILY

In the best case scenario, you will have access to counselling when you are considering going on PEP for a workplace exposure and either the counsellor or your health care provider can answer your questions about how the workplace accident affects your family and personal life.

There is less focus on HIV education in schools than there has been in the past, and the subject may not have come up in your family before. Your family will be understandably concerned about you and anxious for information. Many people find it difficult to talk about HIV, and many myths and misconceptions exist. In addition to **sharing important basic information, like the transmission equation**, you can also provide reassurance to your family by doing the activities of daily family life as usual.

Although, PEP lasts for no more than a month, HIV testing can sometimes be recommended for intervals up to a year; but three months from the exposure incident is when you can be reasonably sure that you have a true test result. Precautions you would take during that time do not affect playing and caring for your children, cooking for your family, or most of the regular activities of daily life.



In addition to safer sex practices, like use of a latex condom and water-based lubricant for intercourse, here is the list from the BC Centre for Excellence in HIV/AIDS of temporary precautions:

- Do not donate blood, plasma, organs, tissue or sperm.
- Do not share toothbrushes, razors, needles or other implements which may be contaminated with blood/body fluids.
- Do not become pregnant.
- If breastfeeding, it is all right to continue nursing while waiting for the source person's test results. The issue of continuing breastfeeding should be decided when results are available.\*

\* Opinions vary on this. Some guidelines suggest not breastfeeding until the exposed worker has received a negative HIV test result three months after exposure.

## 9. SAFEGUARDING YOUR MEDICAL PRIVACY

All health care providers have a duty to keep patients' health information confidential. However, new electronic health records systems make patient information more broadly available than when information was stored in paper records. Although health care providers who have access to a database of health information are only supposed to look at records of patients that are actually in their care, patients' information can be accessed improperly if it is generally available on the system. In certain situations, patients can control which health care providers are able to look at their information by 'locking down' their records with an access code.

### **HIV laboratory test results**

All laboratory test results, like HIV laboratory test results, are stored in a provincial database called PLIS (Provincial Laboratory Information Solution). You can place a Disclosure Directive on your records in this database that will allow you to control access with a keyword. To do this you download a form from the Ministry of Health website, or call Health Insurance BC (Lower Mainland 604-683-7151; elsewhere in BC 1-800-663-7100). You have to mail in the form along with photocopies of your identification. When the Ministry responds, there is a process for selecting your keyword. Once the keyword is in place, except in emergencies, a health care provider will need to have your keyword before they can look at your records. This way you control access to your information.

For full instructions on keyword protecting laboratory test results and other health records, go to the website of the BC Freedom of Information and Privacy Association: [www.healthinfoprivacybc.ca/who-can-see-or-change-a-health-record/limiting-who-else-can-see-your-health-information#ehealth](http://www.healthinfoprivacybc.ca/who-can-see-or-change-a-health-record/limiting-who-else-can-see-your-health-information#ehealth).

## Prescription information

Information about prescriptions drugs for patients in BC is held in the PharmaNet database. HIV medications are an exception. At the time of this resource's publication, HIV medications dispensed through the St. Paul's Hospital Pharmacy or one of its community outreach partners or any hospital emergency department are not listed on PharmaNet. But HIV medications dispensed from any other source, such as a local drugstore, are listed on PharmaNet. If you take medications to manage side-effects of PEP, those drugs would be listed on PharmaNet.

You can put a keyword on your PharmaNet records so that only healthcare providers that you give your keyword to will have access to your record. It is much easier to do this with PharmaNet than with laboratory information. Just go to any pharmacy with your identification and ask to put a key word on your records. See: [www.bcpharmacists.org/you\\_your\\_pharmacist/pharmanet\\_patient\\_record/patient\\_keyword.php](http://www.bcpharmacists.org/you_your_pharmacist/pharmanet_patient_record/patient_keyword.php)



## 10. HELP WHEN YOU NEED IT

For many people who have had an occupational exposure, the information they receive at the time of the incident doesn't stick in their heads. It is a stressful time to be trying to absorb new information. You may need to look at this guide or some other resource, or go back to your doctor to ask more questions and get clarifications. You can make use of your employer's health and counselling services. If you need someone to talk to or more information – both are available.

Here are some resources and referrals:

**If you'd like information on clinics doing HIV testing, including anonymous testing (no name and no contact information required)...**

See the Smart Sex Resource at <http://smartsexresource.com>

**If you'd like anonymous and confidential information about HIV...**

Call or email the AIDS Vancouver helpline at [helpline@aidsvancouver.org](mailto:helpline@aidsvancouver.org) or 604-696-4666

**If you'd like to review the BC Centre for Excellence in HIV/AIDS Accidental Exposure Guidelines...**

[www.cfenet.ubc.ca/sites/default/files/uploads/docs/Accidental\\_Exposure\\_Therapeutic\\_Guidelines\\_Nov82010.pdf](http://www.cfenet.ubc.ca/sites/default/files/uploads/docs/Accidental_Exposure_Therapeutic_Guidelines_Nov82010.pdf)

**If you are newly diagnosed HIV positive and need information and support...**

Contact the Positive Living Society of British Columbia:  
[www.positivelivingbc.org](http://www.positivelivingbc.org)

# HIV AND OCCUPATIONAL EXPOSURE

## A GUIDE FOR FIRST RESPONDERS AND THEIR FAMILIES

This handbook is about occupational exposure (workplace accidents) and HIV transmission. It is designed specifically for first responders – emergency medical personnel, police officers, firefighters and corrections staff, and their families. It references laws and institutions in British Columbia, although much of the information may be useful to people in other occupations and jurisdictions.

It covers topics like understanding transmission risk, HIV testing options, post-exposure protocols (medications to prevent infection), legal issues, medical privacy and how to talk to your family about a possible exposure to HIV in the course of work.

This handbook covers information that you need to know to understand your options in the case of an occupational exposure to HIV and to help you make informed choices.

