
For Students considering travel to areas of HIV prevalence

Details

Name: _____

Where are you travelling to: _____

Assessment of Location and Activity:

1. Is it an area with a high or moderate prevalence of HIV? Y / N
2. Are you undertaking any activity that will expose you to blood or body fluids? Y / N

If you answered YES to either or both questions please complete assessment below:

3. Have you read and understood the Infectious Diseases information (overleaf)? _____
4. Have you read and understood the requirements for standard precautions (overleaf)? _____
5. Have you checked the exposure policies in place at the institution you are visiting? _____
- Will they provide adequate support in case of an exposure? _____
6. Have you been trained to a level of competency in venepuncture? _____
7. Have you purchased a set of safety glasses and a supply of gloves and masks? _____
8. Have you read the information provided on HIV Post Exposure Prophylaxis (overleaf)? _____
9. Have you purchased a supply of HIV Post Exposure Prophylaxis? _____
10. Have you read and understood the post exposure protocol (overleaf)? _____
11. Have you provided contact details of your placement to your clinical supervisor? _____

You must be able to answer YES to all questions to ensure your safety!

12. Have you consulted a physician to gain appropriate advice about preparing for this trip? Y / N

You should take this information sheet with you:

Infectious Disease Transmission Information:

- *During your elective you may be working in an area with a high prevalence of patients with blood borne viruses. An article published in 1999 reported that up to 40% of British elective students were unaware that they were working in an area where HIV was endemic.*
- *Potentially infected body fluids include:*
 - *Blood, semen, vaginal secretions, CSF, Synovial, pleural, peritoneal and amniotic fluids and blood stained sputum.*
- *Body fluids thought to carry a negligible risk of infection include tears, sweat, non-blood stained urine and faeces.*
- *The risk of transmission after exposure to blood borne viruses depends on the virus concerned and the nature of exposure.*
- *For percutaneous injuries involving penetration of intact skin risk of transmission*
 - *Hepatitis B 6-30%*
 - *Hepatitis C 2-5%*
 - *HIV 0.3%*
- *The risk is less after exposure to mucous membranes (such as splashes to the eyes- 0.09% for HIV) and to non-intact skin.*
- *A number of factors increase the likelihood of exposure and/or transmission. including emergencies with extensive bleeding and surgical procedures without direct vision.*
- *Poor preparation and undue haste are important contributing factors.*

Requirements for Standard Precautions:

- *Assume all patients are infected with a blood borne virus*
- *Wear gloves, mask, goggles and gowns as appropriate*
- *Ensure you are familiar with Sharps handling*
 - *Wear gloves*
 - *Do not recap needles*
 - *Never hand an uncovered needle from person to person*
 - *Before any procedure have sharps bin at arms length*
 - *Promptly dispose of sharps*
 - *You use it, you bin it. You are entirely responsible for your own sharps.*

HIV Post Exposure Prophylaxis Information:

- *Purchase of a HIV PEP Kit is mandatory if going to a country of high or moderate prevalence of HIV (Africa, Papua New Guinea, East, South east or South Asia, North or South America including the Caribbean)*
- *A 7-day “starter pack” is available from the hospital pharmacy at the cost of approximately \$300.*
- *The starter pack contains drug information which you should follow to ensure correct dosage.*
- *Store medications at room temperature.*
- *Do not use drugs discarded by other elective students, as these may be out of date, inadequately stored and ineffective.*
- *Before prophylaxis is taken students MUST be able to perform a risk assessment and receive education regarding the side effects. PEP treatment should not be taken lightly. PEP causes side effects in 45%-75% of patients described in Australia, the United States and Europe.*
- *Please obtain from your prescriber a letter to show customs officials to explain why you are carrying the medications.*

HIV Post Exposure Protocol:

Step 1: Post Exposure Management

1. First Aid

- *Immediately wash any wound area or mucous membrane with soap and water for at least 3 minutes.*
- *Apply an occlusive dressing to any wound*

2. Testing of Donor

- *It should be hospital protocol to obtain consent from the patient*
- *An authorised person should take blood from the patient*
- *Tests to be performed by the hospital laboratory for Hepatitis B, Hepatitis C and HIV*
- *It may not be possible to test the donor for various reasons. Or, if the results of the tests will take longer than 2 hours, it is appropriate to proceed with Post Exposure Prophylaxis if indicated*

Step 2: Get Advice and Assistance

- *Seek local advice or contact person in Australia to advise whether PEP is appropriate. **NOTE 1***
- *It is far preferable to receive advice from a specialist regarding the initiation of PEP.*
- *However, it is also important to commence PEP as soon as possible after the occupational exposure and no later than 72 hours after it has occurred. If there is delay in contacting a specialist and you feel from your own risk assessment that PEP is indicated, it is advisable to take it.*

Step 3: Contact and Further Information

- *Contact the Clinical school immediately*
- *Contact your Supervisor at the Hospital where you are on Elective*
- *Students that commence Post exposure prophylaxis should make arrangements to return home as soon as possible so that they can receive advice and medical attention*

Step 4: Follow Up

- *Complete an incident report form and ensure details are held with you*
- *Report to the Clinical School all details of the event*
- *Attend a debriefing session*
- *Ensure you follow up your exposure with an infectious diseases physician*