

Occupational HIV Exposure: Protocols and Protections

POSITION STATEMENT

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Approved by the Assembly, November 2004

"Policy documents are approved by the APA Assembly and Board of Trustees...These are ... position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

Occupational risk of human immunodeficiency virus (HIV) infection for health care workers is a documented fact. Research continues into the degree of risk for various health care occupations and the optimal tactics for minimizing that risk and managing cases of actual exposure. Current medical standards for care dictate an immediate response as medical post exposure treatment may have profound impact on health outcome. The following recommendations are offered as minimum guidelines for health care settings. HIV-specific policies should be in accord with relevant professional and governmental guidelines, including those of the Centers for Disease Control and Prevention and the U.S. Occupational Safety and Health Administration.

1. All health care personnel at potential risk of occupational exposure should receive intensive and continuing education about the degree of risk entailed, procedures for minimizing risk, and available resources for dealing with individual concerns and actual cases of exposure. Such training and education should be mandatory for anyone working or training in hospitals and other medical settings, including home care.
2. All hospitals and other health care institutions should have an explicit policy regarding occupational risk of HIV and should provide the physical and personnel resources necessary to implement and adhere to that policy. Areas covered by the policy should include confidentiality, potential discrimination, infection control, and availability of health and mental health care resources.
3. All counseling and testing of health care personnel and patients regarding occupational risk and actual exposure should be provided under the explicit informed consent and confidentiality protection provided for by law and established medical standards of practice. In situations where worker confidentiality may post potential conflicts, the risks and benefits of each course of action should be fully explained to the worker so that an informed choice may be made.
4. Each health care institution should have in place a detailed protocol for responding to actual cases of exposure in a timely manner, covering professional counseling, access to state-of-the-art therapeutic responses to exposure, and appropriate medical and psychiatric follow-up resources. Where such programs are not provided in an individual institution, arrangements for access to such programs should be made through readily accessible referral sources.

A health care worker or patient who is exposed to blood or other potentially infective body fluid should receive prompt counseling, preferably within one to two hours, regarding the advisability of immediate antiretroviral prophylaxis to reduce the risk of transmission of HIV. In addition, mental health care should be provided to deal with anxiety or other mental health consequences of possible exposure to HIV or other infectious agents, questions of starting prophylaxis treatment, and counseling regarding the possibility of exposing others as well as the risks and benefits of HIV testing. Timely testing of source individual should be undertaken as medical/legal limitations permit.

If the source is known to be HIV-infected, factors relevant to antiretroviral prophylaxis (i.e., viral load, stage of illness, drug resistance) should be made available, as confidentiality permits, to the physician providing the exposed individual with prophylaxis.

The facility caring for or employing the source or exposed individual should take responsibility for implementing and underwriting the most effective and appropriate intervention.