University of South Alabama
Pat Capps Covey College of Allied Health Professions (CAHP)
Post-exposure Prophylaxis (PEP) Program for 2026-2027

IMPORTANT: All faculty, staff, & students are required to carry this card into an affiliated clinical training site. It should be immediately given to the on-site training supervisor upon a suspected exposure so that unnecessary delays in first aid, evaluation, and/or treatment do not occur.

Post-exposure Procedure
Student/Employee:

1. Immediately wash needle stick injuries, cuts, or splashed area with copious amounts of soap and water (first aid). Eyes should be rinsed with water/saline.

2. Report <u>any</u> potential exposure to your training supervisor immediately after administering yourself first aid.

3. Mandatory requirements include student or employee blood work and an initial exposure evaluation by a PEP-trained provider, as is outlined below. Accepting PEP drug therapy is voluntary. However, you are strongly encouraged to take PEP for an exposure to blood or body fluids from a known HIV infected person as soon as it is offered.

4. Baseline student/employee blood work should include a complete blood count (CBC), renal and hepatic function tests, pregnancy test (if appropriate), HBsAb (IgG), anti-HBc (total), HCV-Ab (total), and HIV testing, preferably with 4th generation Ag-Ab test. Source patient labs should include HBsAg, HCV PCR or Ab and HIV rapid.

5. Report incident and action taken to your academic department as soon as possible.

6. Medical questions, or concerns (e.g. treatment delay) not fully addressed by training site personnel call the USA University Hospital operator at 251-471-7000 and request that they contact the on-call Infectious Disease (ID) physician specialist. Identify yourself as an Allied Health Student with a training-incurred HIV exposure, your location, and the phone number at which you can be immediately reached by ID personnel.

On-site Training Supervisor:

1. Initiate appropriate on-site PEP procedure. Procedural specifications are usually found in workplace Exposure Control Plan or Employee Health Plan. Preferred regimens are Biktarvy (tenofovir alafenamide/emtricitabine/bictegravir) once daily, either Truvada (tenofovir disoproxil fumarate/emtricitabine) or Descovy (tenofovir alafenamide/emtricitabine) PLUS Tivicay 50mg (dolutegravir) both once daily. Isentress (raltegravir 400mg po BID) may be substituted for dolutegravir but is considered second line due to twice a day dosing requirement.

2. Choice of PEP may be different, based on the source patient's resistance history; however, this should NOT delay the start of PEP. PEP should be initiated as quickly as possible, ideally within 4 hours (and no later than 72 hours) of exposure. If there are questions at the local site about the appropriateness of PEP for an exposure, or if the above regimen is not available, please contact the USA ID physician specialist, as detailed above.

3. If the student is a known hepatitis B vaccine non-responder or sAb negative, he/she should immediately receive Hepatitis B Immune Globulin (HBIG) IM (follow manufacturer's recommendations) AND restart HBV vaccine series within 7 days of exposure to known or suspected hepatitis B positive source patient.

4. Students performing practicums within 2 hours travel time to USA University Hospital should report directly to Employee Health Monday through Friday between 7:30 am - 3:30 pm and to the ER after hours and on weekends/holidays. If the student is more than 2 hours travel time from USA University Hospital students should be referred to affiliated institution's Employee Health Nurse, Trauma Care provider, or Infectious Disease specialist if practicum site is at a physician office or/clinic where on-site PEP is not available. Antiretroviral drugs should be administered as soon as possible post-exposure. There is a limited time window for offering PEP.

5. The following tests should be drawn on the SOURCE PATIENT: HBsAg, HCV PCR or Ab and HIV rapid. If source patient is known HIV+, an HIV PCR viral load should be performed instead of HIV Rapid. If unable to obtain blood samples from source patient, contact the lab to see if there is "source" blood already on hand for testing.

6. Coordination of PEP with on-call University of South Alabama (USA) Infectious Disease Specialists is possible by calling the telephone numbers listed in Post-exposure Procedure *paragraph 6 above and Post-exposure Follow-up Program below.*

Post-exposure Follow-up Program:

If you believe that the clinical site is not initiating a PEP evaluation in a timely fashion you should call the USA University Hospital operator at 251-471-7000 and request that they contact the on-call Infectious Disease (ID) physician specialist. Identify yourself to the on-call ID specialist as a USA Allied Health student with a training-incurred potential HIV exposure. The on-call USA University Hospital ID Specialist can prescribe emergency PEP and arrange appropriate outpatient follow-up. The student/employee should also notify his or her USA academic department that he/she has entered the USA University Hospital follow-up program.

Notifying Your Department:

Please contact your department clinical coordinator/preceptor the next working day to report the incident and post-exposure evaluation. Further guidance will be given at this time.