Management of Bloodborne Exposures

for Emergency Service Workers

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

1-800-265-7293
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Wellington-Dufferin-Guelph Public Health Contact Numbers for Designated Officers

For advice regarding exposures to infectious diseases, please call:

Monday – Friday, 8:30a.m. – 4:30 p.m.

Infectious Disease Reporting Line

1-800-265-7293, ext. 4752

OR

After hours, weekends and holidays

On-call Answering Service (24 hours)

1-877-884-8653

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Roles and Responsibilities

Public Health

A public health nurse (PHN) will review the details of the occupational exposure and may investigate further by contacting the infection control practitioner at the hospital, the attending physician and/or the Emergency Service Worker (ESW). Public Health will inform the Designated Officer (DO) of any follow-up recommendations as soon as possible.

Recommendations will not include disclosure of any information concerning the source of the possible infection to maintain confidentiality. Confidentiality provisions in the *Public Health Act, 1994* (section 65) and the *Freedom of Information and Protection of Privacy Act* prohibit sharing results of investigations without consent, except in specific cases.

Public Health will:

- Provide a 24/7 on-call system.
- Act as a consultant and resource for the DO.
- Ensure exposures are reviewed in a timely manner.
- Review information when informed of an incident and aid the DO in assessing the risk of exposure to an infectious disease.
- Provide the DO with follow-up recommendations, including testing, post-exposure prophylaxis (PEP), education and counselling to prevent further transmission.
- Provide information on the Mandatory Blood Testing Act (MBTA), the application process and timelines for submitting forms (see Section 4 for further information on MBTA).
- Take a proactive role in reportable disease surveillance and advising contacts of their exposure per the *Health Protection and Promotion Act* (HPPA).
- Support in establishing training programs.

Public Health will not:

- Provide specific treatment advice (this is the role of the ESW's healthcare provider)
- Provide information on a patient's diagnosis – the Medical Officer of Health (MOH) must ensure the confidentiality of the source and ESW are respected.

Emergency Service Worker

The Emergency Service Worker will:

- Obtain first aid and emergency room (ER) examination as needed if potentially exposed to an infectious agent.
- Report all potential exposures to the DO and complete the necessary forms documenting the incident.
- Prevent or minimize exposures using routine practices, performing point-of-care risk assessment (PCRA) prior to interactions with personal protective equipment (PPE).

Designated Officer

The Designated Officer will:

- Receive and document reports of exposure from the ESW.
- Assess the situation and determine if an exposure could have occurred.
- Liaise between the ESW and Public Health with reports or questions about infectious diseases.
- Provide Public Health with incident details including ESW's demographic information if the ESW is a confirmed contact.
- Assist in the education and training of ESWs.

Assessing High-risk Exposures to Bloodborne Diseases

Note: refer to Reporting Process for Emergency Services Workers Exposed to Bloodborne Illness Algorithm in Appendix A

An exposure is defined as any event that may result in the ESW coming in contact with an infectious disease. A high-risk exposure occurs when there is potential for the ESW to be infected with a disease that may be life-threatening. Some high-risk exposures, such as human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C (HCV), meningococcal meningitis, invasive group A streptococcus and rabies can be mitigated through timely post-exposure management and the administration of PEP and/or immunization.

Occupational exposures can cause tremendous stress, anxiety and fear for the exposed ESW in addition to the resulting health concerns. All exposures should be treated as critical incidents requiring both medical and emotional support.

It is important to note that most exposures do not result in infection. There are several factors that influence the overall risk of infection, such as:

- **The infectious agent involved.** Some pathogens infect at lower doses than others.
- **The type of exposure.** The infectious agent must be able to get into the body though an unprotected portal of entry (e.g., mucous membrane, inhalation, or non-intact skin).
- **The type of body fluid.** Blood and any body fluids with visible blood contain higher risk for transmission.
- **The amount of blood or body fluids involved** in a splash/spray or sharps injury.
- **The concentration of the virus/infectiousness of the source at the time of exposure.** For example, low levels of HIV in the source client's blood means the client is less infectious than clients with high levels of HIV.
- **The length of time exposed.** For example, measles infection may take as little as a few minutes in susceptible workers, while exposure to tuberculosis (TB) can take eight to 12 hours of continuous contact with an infectious client.
- **The ESW's vaccination status.** An ESW who is vaccinated will not be susceptible to those diseases.
- **The ESW's health.** An ESW whose immune system is compromised due to illness, such as diabetes or cancer, may be more susceptible to an infectious disease than one with a healthy immune system.

Follow-up for Exposures to Blood and/or Body Fluids

Evaluating the Significance of the Exposure

Exposures to blood and/or body fluids are only considered significant/high risk if there is potential for infection. An assessment of the above factors (if known) that influence the overall risk of infection will assist in evaluating whether the exposure is significant.

High-risk Body Fluids:

- blood
- any body fluids with visible blood
- semen or vaginal fluids (low risk for HCV)

Risk Unknown:

- pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids

Not Infectious Unless Visibly Bloody:

- saliva, feces, nasal secretions, sputum, tears, urine and vomitus

High-risk Exposures:

- Exposures to blood and/or body fluids visibly contaminated with blood.
- Puncture wounds with contaminated needle or sharp object.
- Splash of body fluids into the mouth, eyes, or nose.
- A human bite that breaks the skin with bleeding.
- Prolonged body fluid contact with non-intact skin (e.g., open wounds, cuts, cracked hands, abrasions, and rashes).
- Unprotected exposure to respiratory secretions from a client with known or suspected meningitis if those secretions have direct contact with the mucous membranes (nose and/or mouth) of the ESW.
- Unprotected exposure to drainage from a wound, contaminated skin or contact with respiratory droplets from a client diagnosed with invasive group A streptococcus.
- Unprotected prolonged exposure in a confined air space to a client diagnosed with TB.
- A bite, lick or scratch from an animal known or suspected to have rabies.

Source Risk Factors (Past or Present):

- High-risk sexual behaviour (e.g., men who have sex with men, multiple sexual partners, or unprotected vaginal or anal sex).
- Injection or street drug use.
- Tattooing or piercing with non-sterile equipment.
- Blood transfusion or organ transplant prior to 1992 and known to have hemophilia.
- Incarcerated, unhoused, or a resident of a shelter, institution or group home.
- Immigrated from a country or area with a high rate of HBV or HIV in the population.
- Known to have HBV, HCV or HIV – factors include:
    - stage of disease (risk of transmission is higher in the first six months)
    - most recent viral load
    - antiretroviral/antiviral use

Post-exposure Management

Note: refer to Appendix B for detailed information about hepatitis B, hepatitis C, and HIV.

1. Immediate first aid:

- Remove any contaminated clothing.
- Allow the injury or wound to bleed freely.
- Do not promote bleeding by cutting, scratching, squeezing or puncturing the skin. This may damage the tissues and increase uptake of the pathogen.
- Gently clean the wound with an antiseptic or soap and warm water as soon as possible. If the wound is not deep and soap and running water are not available, alcohol-based hand rub (ABHR) may be used.
- If the exposure happens to a mucous membrane including the eyes, nose or mouth, flush well with cold water and/or normal saline for 10 to 15 minutes.

2. Report the injury to the DO or supervisor right away.

3. Go directly to the nearest Emergency Department for assessment.

All exposures to blood and/or high-risk body fluids should be assessed immediately at the nearest emergency department. If indicated, PEP medications should be started within two hours of exposure.

4. Baseline testing:

- **Hepatitis B, C, and HIV; liver function tests** (if medications for HIV are started).

  Baseline testing helps establish the ESW's current hepatitis B, C, and HIV status (e.g., whether they had any of these bloodborne infections prior to exposure). It also determines if the ESW is protected against hepatitis B. If blood tests are negative, they should be repeated as directed by an infectious disease physician (refer to the section about repeat bloodwork).

- **Tuberculosis (TB)**

  If required, TB testing may include 2 skin tests: one immediately after exposure, and another at least eight weeks after exposure. Each test must be read 48-72 hours later by a healthcare provider. If the skin test is positive, a chest x-ray is performed to assess for active TB. If the ESW has a positive skin test, antibiotics may be recommended.

  If the ESW has previously tested positive, a TB skin test will not be repeated. A chest x-ray and referral to a healthcare provider is recommended instead.

5. Post-exposure Prophylaxis (PEP) – preventative treatment

Hepatitis B, C, HIV – Depending on the significance of the risk, the attending physician may recommend PEP for hepatitis B and HIV to prevent infection from occurring. A hepatitis B vaccine may also be provided. There is no PEP treatment for hepatitis C.

Invasive group A streptococcus (iGAS) – People identified by public health as close contacts of a confirmed, active case may require antibiotics to prevent infection.

Invasive Meningococcal Disease (IMD) – People identified by public health as close contacts of a confirmed case require antibiotics to prevent infection. This includes:

- Health care workers (HCWs) who had intensive unprotected contact (without wearing a mask) with an infected person such as in intubation, mouth-to-mouth resuscitation, or closely examining the oropharynx.
- People with direct nose or mouth contact with the case's oral or nasal secretions, such as kissing or sharing cigarettes, toothbrushes, eating utensils or drinking bottles.
- Household contact of a case.

6. Post-exposure counselling for the ESW

Counselling is an essential component of care for an exposed ESW. It helps reduce anxiety, adheres to PEP protocol and reduces secondary transmission. All exposed ESWs should receive initial counselling in the emergency department by the attending physician; however, follow-up with a family physician or infectious disease physician can help reinforce post-exposure recommendations.

Counselling should include:

- the impact of positive results
- the benefits and risks of PEP
- information about the PEP medications, their side effects and how to manage them
- signs and symptoms to watch for
- reporting illness to a healthcare provider
- further medical follow-up
- personal protection guidelines to prevent secondary transmission

Post-exposure recommendations help prevent others from being exposed to blood or body fluids until final testing has ruled out infection at six months:

- Practice safe sex with all sexual partners. This means not having sex, using condoms during vaginal and anal sex, and/or using a barrier or condom during oral sex.

- Do not share razors, toothbrushes, needles, scissors, nail files or other items which may be contaminated with blood or body fluid.
- Breastfeeding may not be advisable under some circumstances and should be discussed with a healthcare professional.
- Do not donate blood, organs, tissues, or sperm.
- Avoid becoming pregnant or have further consultation, especially if at high risk for HIV and taking PEP. If the ESW is pregnant, a referral to an infectious disease specialist is recommended.

7. Repeat blood work

It is important to repeat blood work at established intervals as certain infections may take longer to show up. For example, hepatitis B can take up to six months to show up in a blood test.

Recommended intervals for repeat blood testing following a bloodborne exposure

Bloodborne Pathogen	Intervals for Repeat Blood Testing
Hepatitis B (HBV)	Retest at six months after exposure if baseline test is negative.
Hepatitis C (HCV)	Retest at three months and six months after exposure if baseline test is negative.
HIV	Retest at three weeks and six weeks.

Infection Prevention and Control Tips for ESWs

How to Prevent the Spread of Infection to Others:

- Stay up to date with immunizations.
- Sanitize hands with alcohol-based hand rub (ABHR) until a sink with soap and water becomes available:
    - before and after using personal protective equipment (PPE)
    - after handling anything that is dirty or contaminated
    - when exposed to blood or body fluids
- ABHR should not be expired and have between 70-90 percent alcohol content.
- If the situation calls for PPE, remove it once the task is complete:

    - PPE is task specific and single use only.
    - Remove and replace masks when wet.
    - Reusing gloves can spread germs to other people or surfaces. Remove gloves and throw them away either on the scene or in a garbage bag in your vehicle, then clean your hands.
- Follow the label when using cleaning and disinfection wipes.
    - The label will say:
        - what PPE to wear (if any)
        - how long it must stay wet on the surface to be effective
    - Clean from less dirty areas to dirtier areas to minimize the risk of cross-contamination.
- Have a garbage bag or container available to throw out used PPE.
- When possible, designate someone to review supplies in each vehicle to make sure:
    - there is enough PPE (gloves, gown, mask, N95 respirator, eye protection)
    - cleaning and disinfection wipes are not expired or dried out

Risk Assessment and PPE Tips:

- **Assess the risk of each situation to determine what precautions to take.** Decide what PPE to use based on these questions:
    - What task am I going to perform?
    - What is the risk of exposure to:
        - blood or body fluids (i.e., urine, feces, respiratory secretions, pus, open wounds)?
        - non-intact skin?
        - mucous membranes?
        - body tissues?
        - contaminated equipment?
    - Will my skin or clothing be contaminated?
    - What resources are available to control the exposure?
    - How competent or experienced am I in performing this task?
    - Will the other person/people be cooperative while I perform the task?
- **Wear proper PPE for the situation based on a point of care risk assessment (PCRA).**
    - Wear eye protection and a medical mask when within two metres of someone with respiratory symptoms to protect from exposure to pathogens such as COVID-19 and influenza.

- Wear a fit-tested N95 mask when exposed to someone who is coughing or has a fever or rash to protect from exposure to tuberculosis, measles, chickenpox and mpox.
- Wear single-use medical gloves when coming in contact with blood or body fluids. Leather gloves or hatch gloves are not a substitute.
- Wash hands after removing gloves.
- Wear a gown if clothing may become contaminated with blood or body fluids (e.g, if a client is vomiting, has a wound that may be leaking or draining, or has non-intact skin.
    - If bunker gear is worn instead of a gown, it should be removed carefully, decontaminated and disinfected before the next use per fire service policies and procedures.

- **Stay up to date with N95 respirator fit testing. Since face shape may change, ESWs must be fit tested at least every two years to be considered up to date. If there is significant weight loss, gain or other facial changes, immediate fit testing is recommended to ensure a proper seal.**

The Mandatory Blood Testing Act (MBTA)

The *Mandatory Blood Testing Act* (MBTA) enables ESWs to request information about the source person's blood with respect to HBV, HCV and HIV after being exposed to high-risk blood and body fluids in the course of their work. There is no requirement to submit an application when an exposure has occurred; this is the ESW's personal decision.

The application process has strict timelines and specific criteria for eligibility. Detailed information for ESWs who would like to apply is available at the Ministry of Health website.

Upon receiving an MBTA application, Public Health reviews the application to ensure it meets regulatory requirements. The respondent is then contacted to provide either their blood for testing or other evidence of seropositivity for HBV, HCV and HIV. The respondent will also be advised of the application's referral to the Consent and Capacity Board.

The Applicant

The person applying to have another person's blood tested is called the applicant. To be eligible to apply, the applicant must have been exposed to the other person's body fluids:

- while providing emergency healthcare or emergency first aid
- as a victim of a crime*
- in the course of duty when the applicant belongs to a specified class or group of people:

- employees in a correctional facility, or a place of open or secure custody
- police officers, civilian employees of a police service, First Nations constables and auxiliary members of a police service
- special constables (officers who are not employees of a police service)
- firefighters (including volunteer firefighters)
- paramedics and emergency medical attendants
- medical students, nursing students, or paramedic students engaged in training
- College of Nurses of Ontario members
- College of Physicians and Surgeons of Ontario members

* *To be eligible as a victim of a crime, a police report must be filed and the applicant must consent to disclose this information if asked.*

MBTA applications must be received by Public Health within 30 days of the exposure or the application will be rejected.

The Respondent

The person whose bodily substance the applicant came into contact with is called the respondent. The respondent will be asked to have a blood test or provide evidence of seropositivity, either voluntarily or through an order.

Many legal requirements must be met to order mandatory testing of the respondent's blood. An application does not always mean that mandatory testing will be ordered. There is also an opportunity within the process for the respondent to voluntarily provide this information. Refer to the "Processing an Application" section for more details about voluntary submission or mandatory testing.

Submitting an Application

An application includes two forms: **Form 1–Physician Report** and **Form 2–Applicant Report**.

Forms are available from the Ministry of Health Central Forms Repository. Each form contains instructions on proper completion. It is important to follow every step and complete each field as accurately as possible. If the application is not complete, it may be dismissed. Public Health can provide information on the application process and timelines, but is not permitted to assist in the completion or submission of forms.

A complete MBTA application includes both the Applicant Report and Physician Report forms. The application must be received by Public Health within 30 days of exposure. The 30-day

count includes Saturdays, Sundays and holidays. If the application is submitted after 30 days have passed, it cannot be processed.

Count 30 business days as follows:

- The day of the exposure is day zero.
- Day one is the first day after the exposure.
- Day two is the second day after the exposure, and so on.

Be sure to include Saturdays, Sundays, and holidays in the count as the legislation states the deadline will be extended by only one day if the 30th day falls on a Saturday, Sunday or holiday.

Applications are processed by the public health unit responsible for the area where the respondent lives. To meet the deadline, fax both completed forms to any health unit no later than 4:00 p.m. on the 30th day after exposure. The forms will be forwarded to the correct health unit based on the respondent's address. **The fax number for Wellington-Dufferin-Guelph Public Health is 1-855-934-5463.**

As the applicant you must:

- Describe the circumstances of the occurrence and the details of the exposure.
- Provide your immunization history.
- Include the full name and address of the person whose blood you are applying to have tested.
- Agree to counselling about the exposure and treatment options.
- Agree and arrange to have your blood tested for HIV, HBV and HCV.
- Consent to the release of information about your blood test results, if asked, to the Consent and Capacity Board.
- Consent to the release of information on the police report if you were the victim of a crime

The application will be read by the MOH and by members of the Consent and Capacity Board.

Blood test results will be shared with the doctor who completed the Physician Report, the applicant's family physician (if named) and the Consent and Capacity Board members. No personal information will be shared with the respondent.

Processing an Application

MBTA regulations require specific timelines to be followed. The process itself has many steps, and process time may vary depending on many factors.

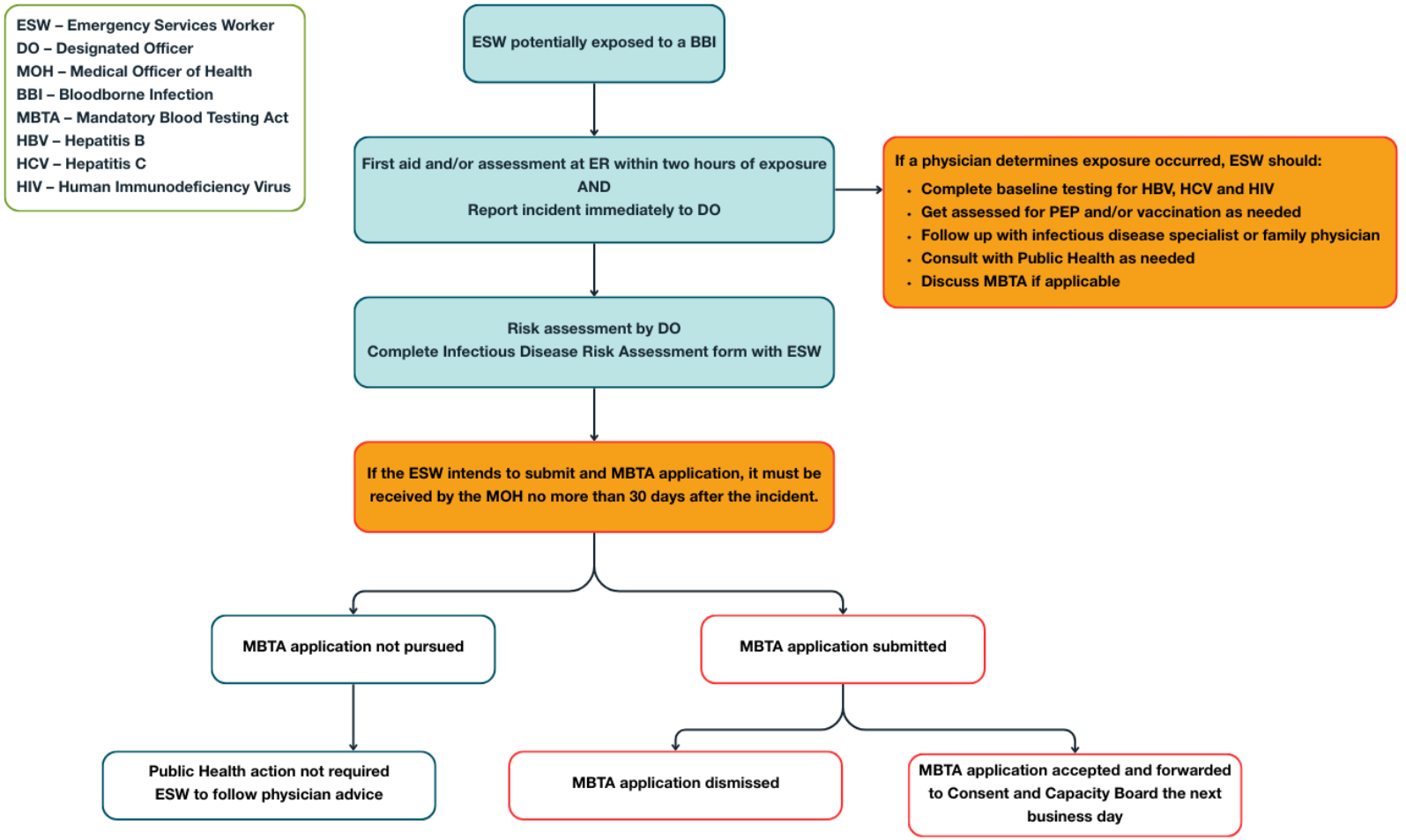
1. Voluntary Process

- When Public Health receives an application that meets all requirements, it proceeds to the voluntary stage. A PHN will contact the respondent and ask that they voluntarily provide either a blood sample or evidence of testing within the past four weeks for HBV, HCV and HIV.
- The application is then forwarded to the Consent and Capacity Board, which will hold a hearing within five business days unless all parties consent to an extension.
- If a blood test is obtained before the hearing, the PHN will notify the Consent and Capacity Board to have the application withdrawn.
- When the respondent is contacted, the PHN will explain the request while keeping the applicant's information confidential.
- The PHN will help the respondent arrange for blood testing for HBV, HCV and HIV. The respondent will be asked to sign a consent form giving permission for the test results to be shared with the MOH and both the respondent's and applicant's physicians.
- The respondent must show identification when undergoing testing. The professional taking the blood is required to process the specimens, send them to the Toronto Public Health Lab and ask for immediate analysis.
- When the MOH receives the test results, they will immediately forward the results to the applicant's physician for review with the applicant.

2. Order Process

- The application is forwarded to the Consent and Capacity Board, which has five days to hold a hearing about whether to order the respondent to provide a sample.
    - The hearing is public and any person involved with the application may be called as a witness.
    - The applicant, respondent and MOH will be notified of the Board's decision.
    - When a respondent is ordered to provide a blood sample, they must do so within two business days.
    - If the respondent fails to provide a sample, the applicant may then apply to a judge of the Superior Court of Justice for an order requiring the respondent to comply. Continued non-compliance could result in fines of up to $10,000 per day and up to six months' imprisonment.

Appendix A: Reporting Algorithm



Appendix B: Disease-specific Information

	Hepatitis B (HBV)	Hepatitis C (HCV)	HIV
Description	HBV is a virus that attacks the liver and can cause permanent damage. About 90 percent of infected people will develop life-long immunity; however, about 10 percent will become life-long carriers who can spread the virus to others.	HCV is a virus that attacks the liver and can lead to cirrhosis (liver scarring), liver failure and even liver cancer. About 30 percent of infected people will recover without treatment, while about 70 percent will develop chronic disease. Many are unaware they are infected and do not show symptoms until their liver is severely damaged years later. Treatment cures approximately 95 percent of chronic cases.	HIV is a virus that breaks down the body's immune system. When the immune system becomes weak, the body cannot fight off other infections or cancers. The infected person eventually becomes ill and progresses to the terminal phase of the infection, called AIDS (Acquired Immune Deficiency Syndrome).
Signs and Symptoms	About 30 to 50 percent of people infected will develop symptoms. Symptoms may include: • loss of appetite • tenderness in abdomen • nausea and vomiting • fatigue • fever • jaundice	Symptoms may include: • fatigue • abdominal pain • loss of appetite • nausea • vomiting • dark urine • jaundice	Some people may not develop any symptoms and could remain undiagnosed until AIDS symptoms appear up to 10 years later. However, 50 percent or more of people living with HIV may develop mild flu-like symptoms within two to four weeks. Early symptoms may include: • chills • fever • fatigue • joint pain • headache

	Hepatitis B (HBV)	Hepatitis C (HCV)	HIV
			• sore throat • muscle aches • swollen glands (lymph nodes) Symptoms may last from a few days to weeks and may go away on their own.
Transmission	Bloodborne viruses are found in the blood, semen, rectal fluid, vaginal fluid and breast milk (HIV) of an infected person. Sexual transmission of HCV is rare. The risk increases with condomless anal sex, HIV, sexually transmitted infections (STIs), sex where blood is present, group sex and chemsex. Bloodborne viruses are spread through: • unprotected sexual activity (anal or vaginal sex, giving oral sex, and sharing sex toys) • sharing/reusing needles or other equipment used to inject drugs, for tattooing or body piercing, and/or accidental needlestick injury • sharing personal items (e.g., toothbrushes, razors, manicure tools) with an infected person • percutaneous exposure (e.g., needlestick injury) • human bites that break the skin with bleeding • prolonged body fluid contact with non-intact skin (e.g., open wounds, cuts, cracked hands, abrasions and rashes) • exposure of the mucous membranes (eyes, nose, or mouth) with • blood and/or body fluids through a splash, spray, or spit • from an infected mother to her newborn child before and during birth • breastfeeding (HIV) • unsterilized medical equipment (HCV) • blood transfusion or blood products prior to 1992		
Risk of Acquiring Illness Following an Exposure	The risk of HBV following a needle-stick exposure to an infected source is 6 to 30 percent (up to three in 10). The risk following a human bite is much lower.	The risk of HCV following a needle-stick exposure to an infected source is estimated in the range of 3 to 10 percent (up to one in 10).	The average risk of acquiring HIV following a needle-stick exposure to an infected source is 0.3-0.4 percent (up to one in 300). Risk following mucous

	Hepatitis B (HBV)	Hepatitis C (HCV)	HIV
			membrane exposure is 0.1 percent (one in 1000).
Precautions	Routine Practices and Contact Precautions		
PPE	Wear gloves when in contact with blood or body fluids, non-intact skin and wounds. Wear goggles, mask and gown if a splash or spray of blood and/or body fluids is anticipated.		
Prevention	HBV can be prevented through vaccination – three doses of vaccine given at zero, one and six months, or an alternative two-dose schedule done in elementary school. Blood work to verify immunity should be done one to six months after the last vaccine dose. The ESW should keep a copy of the result for future reference in the event of exposure.	No vaccine available.	Pre-exposure prophylaxis (PEP) available. This includes taking daily medications to prevent HIV infection for people at high, ongoing risk: • Their partner has HIV and it is detectable in their blood. • They don't always use condoms and aren't always certain of their partner's HIV status. • They inject drugs or are in a sexual relationship with someone who injects drugs.
Post-exposure Prophylaxis (PEP)	If the ESW is susceptible to HBV (e.g., unvaccinated, partially vaccinated or a non-responder to the vaccine) or there is no laboratory evidence of immunity, the assessing physician may order initiation of the HBV vaccine series and/or hepatitis B immune globulin (HBIg).	There is no vaccine, PEP or immune globulin for HCV. If infection occurs, about 30 percent of people will recover on their own within six months. Studies show early treatment is beneficial for those who remain infected. Referral to a specialist for	There is no immune globulin or vaccine for HIV. A physician must quickly assess the need for HIV antiviral medication based on the significance of the exposure and the risk of the source's positivity.

	Hepatitis B (HBV)	Hepatitis C (HCV)	HIV
	Note: HBIg is a blood product (HBV antibodies) that provides immediate protection for a short period of time. It is used in addition to the HBV vaccine in high-risk exposures. HBIg will be administered in the ER (ordered by the physician through the hospital's blood bank) and should be given within 48 hours of exposure. The first dose of HBV vaccine (if recommended) should also be administered in the ER. Subsequent doses can be administered by a family physician or Public Health.	follow-up testing and assessment of treatment is recommended.	Following high-risk exposure, a two- or three-medication regiment is prescribed. These medications are **ideally started within two hours** of exposure but provide some benefit up to 72 hours after exposure. Treatment may be discontinued when more information becomes available (e.g., the source's blood work comes back negative.) A full course of HIV PEP is 28 days. ER departments provide a three-day supply of medication for HIV PEP. The ESW or employer must cover the cost of the remaining medications (about $1,000). Common PEP side effects include nausea, vomiting, malaise, headache and insomnia. The ESW should seek medical assessment if symptoms persist or become unmanageable. The ESW should see an infectious disease specialist within five days to reassess the need for PEP and monitor for side effects. Drug toxicity monitoring should be completed initially, and again at two weeks after starting medications.