University of Pretoria, School of Medicine
Student Injury on Duty – needle stick or splash Jan 2025

ATTACHMENT A

THIS IS A MEDICAL EMERGENCY!!!!!
Student should be excused from normal duty to follow the protocol

Wash skin with water and soap, or rinse mucous membranes with water
Do **NOT squeeze** the wound – resultant inflammation is of benefit to the virus

Immediately take the initial dose of antiretroviral post-exposure prophylaxis **TLD (tenofovir+ lamivudine+ dolutegravir)** HIV starter pack

1. **Get patient information**
2. Open a hospital file for yourself.
3. Draw blood from the patient and yourself

Student gets consent (from patient) and **draws blood from source patient** for:
HIV-1/2 Ab/Ag ELISA
Hepatitis B surface Ag
Hepatitis C Ab

Student has **own blood drawn** for:
HIV Elisa
Hepatitis C Ab
And if unknown:
Hepatitis BsAb (immunity)

Samples must be labelled with name, **"Student Injury on Duty (STIOD)"**
Do not use a ward number.

Report to the Department of Family Medicine ASAP (within 48 - 72 hours) by completing this report on exposure incident survey and follow the instructions for an in person or virtual consultation to guide you through the next steps. This survey can be found at:
https://pretoria.eu.qualtrics.com/jfe/form/SV_aWZBfKVSVxx2TXw
or by scanning this QR code:

If more than 72 hours since the injury, get expert advice at the telephone numbers listed before initiating prophylaxis

(Advice available 24 hours per day)

POST-EXPOSURE SUPPORT SYSTEM

1. Open file at Dept of Family Medicine
2. Counselling
3. Student blood tests results
4. Patient blood tests results
5. Management plan drawn up after reviewing patient profile

ALL of which must be brought back to Pretoria with you and handed in to Mrs Ainslie – Room 7.15 HW Snyman North if you are not in Pretoria.

If you have ANY concerns or problems, please contact us by telephone
012 356 3302 (K Ainslie)
HW Snyman North R7-15

083 785 2343 (Prof V Ueckermann)
082 788 6644 (Dr JM Louw)
082 785 4500 (Dr M van Rooyen)

Your starter pack should be with you at all times.
A prescription is available from the Department of Family Medicine. The prescription can be filled at Riviera Pharmacy, 52 Annie Botha Ave.

ATTACHMENT A

PLEASE NOTE:

To fully document the incident, we need to submit your blood and the patient's blood for testing simultaneously. If the patient is unable to give consent, please approach the superintendent (medical manager) to give consent for the patient's HIV test.

You will not easily find someone to give you adequate counselling after hours. Therefore, take your blood to the laboratory but wait for your appointment with your supervising Family Physician the next working day to discuss **your results**. This will make no difference to **the immediate decisions that you should take on the basis of the exposure,** provided that you take your **STARTERPACK** immediately and then use the action tree to do what is required.
The University of Pretoria pays for all costs involved in the investigation and follow-up of this incident.

PLEASE remember to bring all reports, results, and notes **back to Pretoria** with you, so that we can follow you up effectively and keep correct records of all incidents.

AS SOON AS POSSIBLE, PLEASE REPORT ALL INCIDENTS TO THE DEPARTMENT OF FAMILY MEDICINE, REGARDLESS OF PATIENT STATUS, DEGREE OF RISK, OR CHOICE TO RATHER SEEK HELP IN THE PRIVATE SECTOR

1. It is important to note the following regarding your patient:
    a. Is/was your patient on ARV treatment?
    b. For how long have they been on treatment and what is the latest CD4 count and HIV viral load of the patient?
    c. Are there any clinical signs and symptoms present in the patient that may indicate treatment failure (for example any opportunistic infections)?
2. If the patient is treatment naïve or the probability of viral resistance is unlikely:
   Continue 28 days of **TLD (tenofovir+lamivudine+dolutegravir)**
3. If there is a significant risk that antiretroviral drug resistance is likely in the source patient:
   Change to zidovudine+lamivudine (Combivir) and dolutegravir for 28 days.

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