

<i>Patient Care Policies, Procedures and Standards</i>	
<i>Manual: ED SANE Manual</i>	<i>Policy No.:</i>
<i>Approval Body: Emergency Services</i>	<i>Effective Date: 11/1/00</i>
<i>Chair: Deborah Macy, Director of Emergency Services</i>	<i>Reviewed Date: 8/6/01 11/9/04</i>
<i>Reviewing Authority: Emergency Medical Services Leadership Committee</i>	<i>Revised Date: 8/11/01 11/9/04</i>

POLICY

HIV Counseling, Risk Assessment, Testing, and Treatment Post Sexual Assault

POLICY

The SANE will provide HIV counseling and a risk assessment to all victims of sexual assault 12 years of age and older who present within 72 hours of the assault. Counseling will include a discussion of the victim’s individual risk factors as determined by the nature of the assault (addendum A), current information regarding the incidence of HIV in this region (Addendums B,C), testing information (Addendum C), current recommendations for possible treatment (Addendums D,E), safe sexual practices post assault (Addendum C), and any individual fears the victim may have. The decision to recommend, offer, or not offer HIV prophylaxis will be determined by the results of the risk assessment (Addendum A) and the victim’s past medical history. If prophylaxis is recommended or offered the SANE will thoroughly discuss the potential risks and benefits of such treatment (Addendums C,D,E,F). Baseline HIV testing will not be offered at the time of the assault. The SANE will instruct the victim who chooses to take HIV prophylaxis to follow up with a primary care provider on the next business day. If the victim chooses to take HIV prophylaxis it will be offered according to the following protocol:

Combivir 1 tab twice a day for 28 days. A prescription for 5 days will be provided from the Emergency Department physician. The victim will be provided with phone numbers to area clinics that are willing to provide follow-up care if there is no primary care physician and instructed to call for an appointment on the next business day (Addendum G).

PURPOSE

1. To identify the components included in HIV counseling
2. To describe measurable risk of HIV transmission verses possible risk of HIV transmission verses no risk of HIV transmission.
3. To define the parameters in which HIV prophylaxis will be recommended.
4. To define the parameters in which HIV prophylaxis will be offered.
5. To define the parameters in which HIV prophylaxis is not appropriate.

DEFINITIONS

Recommend: The health professional assesses the risk of HIV transmission is significant enough for the benefits of treatment to outweigh the risks of treatment.

Offer: The health professional assesses the risk of HIV transmission to be low, but possible. By offering HIV prophylaxis, the health professional allows the victim some autonomy in their medical treatment.

SPECIAL INSTRUCTIONS

The emotional trauma sustained by the sexual assault victim may make it difficult for the victim to process the information regarding HIV prophylaxis or make a truly informed decision. In cases when the risk is high and the victim is unable to make a decision or is unsure about starting HIV prophylaxis the victim should be encouraged to begin prophylaxis immediately. Given the short time period following a sexual assault that prophylaxis is recommended, the victim should be told it is better to start the medication and then decide to stop it, then not begin it at all.

A pediatric HIV specialist should be consulted when a child younger than 12 years of age presents with a possible exposure to HIV from a sexual assault.

An HIV specialist should be consulted **before** beginning HIV prophylaxis when a sexual assault victim who is pregnant presents with a possible exposure to HIV.

When a sexual assault victim has an HIV exposure from a known HIV positive assailant, the SANE will recommend beginning Combivir at the initial exam. The victim will be referred to an HIV specialist for further treatment considerations on the next business day.

CROSS REFERENCE

Medication Policy
Sexual Assault Procedure

SOURCE

CDC Surveillance Report Volume 12, Number 2; Tables 2 & 4. December 2000
HIV Prophylaxis Following Sexual Assault, Recommendations for the State of California, August 7, 2000; Unpublished
Management of Possible Sexual, Injecting-Drug-Use, or Other Nonoccupational Exposure to HIV, Including Considerations for
Antiretroviral Therapy Public Health Service Statement. MMWR. September 25, 1998/47(RR17);1-14.

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