MINISTRY OF HEALTH

NATIONAL POST EXPOSURE PROPHYLAXIS POLICY
TRINIDAD AND TOBAGO

August 2010
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Foreword

The epidemiologic profile of Trinidad and Tobago reveals a high prevalence of the Human Immunodeficiency Virus (HIV), the etiologic agent of Acquired Immune Deficiency Syndrome (AIDS). This Policy therefore takes cognizance of the following existing policies:

- Infection Control Policy prepared and disseminated by the HIV/AIDS Coordinating Unit and which speaks to the adoption of standard precautions in all health care settings
- Immunisation against Hepatitis B for Health Care Workers and infants

It addresses the responsibilities and duties of the Ministry of Health, the Regional Health Authorities and all Public and Private Health Care providers with respect to administering Post Exposure Prophylaxis to individuals who have been exposed to HIV.
Acknowledgements

This Post exposure Prophylaxis Policy is the end result of a participatory process involving numerous stakeholders from various Ministries/Units/Organisations including:

- The Ministry of Health
- Tobago House of Assembly
- National AIDS Coordinating Committee
- The Tobago AIDS Coordinating Committee
- The North West Regional Health Authority
- The North Central Regional Health Authority
- The Eastern Regional Health Authority
- South West Regional Health Authority
- CAREC-SPSTI/PAHO/WHO

The outstanding contribution of the above and all other workshop participants is acknowledged and greatly appreciated.
This Policy replaces all other existing Post Exposure Prophylaxis (PEP) policies.

This Policy becomes effective when signed by all duly authorized persons.

It is proposed that this Policy be reviewed every two (2) years from the effective date.

Signature: Programme Director, HIV/AIDS Coordinating Unit

Signature: Director, Health Policy, Research and Planning

Signature: Chief Medical Officer

Signature: Permanent Secretary

Signature: Minister of Health
## List of Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
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<tr>
<td>ART</td>
<td>Anti Retroviral Therapy</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<tr>
<td>ICN/HCP</td>
<td>Infection Control Nurse/Assigned Health Care Professinals</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MIS</td>
<td>Management Information System</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSM</td>
<td>Men Who Have Sex with Men</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<tr>
<td>PITC</td>
<td>Provider Initiated Testing and Counselling</td>
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<td>PLHIV</td>
<td>People Living With HIV</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>RHA</td>
<td>Regional Health Authority</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1.0 Background

1.1 PREAMBLE

Biologic and other risks to clients/patients and workers exist within all health care settings with differences occasioned by the particular location and the specific activities which take place therein. These risks also occur in other non-medical situations as is seen in sexual abuse and rape. The health sector owes, to both clients and workers, a duty of care to minimise and prevent exposure to biologic and other risks. To accomplish this, integrated, well-resourced, documented and communicated programmes of risk management, including occupational health and safety, are necessary in every facility.

2.0 Policy Statement

Post Exposure prophylaxis will be utilized to manage the risk of infection of those who have been exposed to body fluids in occupational and non-occupation settings.

3.0 Objectives

Post Exposure Prophylaxis (PEP) is a short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual contact. PEP should be provided as part of a comprehensive universal precautions package that reduces exposure to this type of infectious hazard.

The objectives of the policy are to:

- Reduce the risk of HIV infection after occupational or non-occupational exposure to body fluids;
- Increase the availability of Post Exposure Prophylaxis to persons exposed to body fluids;
- Increase knowledge about the use of Post Exposure Prophylaxis.

4.0 Guiding Principles

- **Universal access:** No resident of Trinidad and Tobago shall be denied access to HIV treatment services because of race, creed, age, sex, health status, or economic circumstances. Further, the Ministry of Health and its partners will encourage people exposed to HIV/AIDS to access services by developing and implementing user-friendly programmes.

- **Affordability:** HIV care and treatment, including prophylaxis, will be made available to clients at little or no cost.

- **Equity:** The principles of justice will be applied so that more resources will be provided to those whose needs are greater.

- **Quality:** HIV services will be provided in an effective and efficient manner by skilled and qualified health care givers in appropriate facilities in a caring and respectful manner.

- **Confidentiality:** All health information including medical records is confidential and is protected by appropriate legislation, rules, and regulations. A health care/medical professional is obligated to maintain the confidentiality of these records for all individuals utilizing health care services. A health care institution shall undertake to keep data relating to the health status and treatment history of all patients confidential except in circumscribed situations (see Policy Document on Medical Records).

- **Absence of stigma and discrimination:** All efforts will be made to minimise stigma and discrimination against persons diagnosed with HIV/AIDS. People exposed to HIV/AIDS will be treated as any other resident of Trinidad and Tobago who is seeking services at a health care facility.

5.0 Expected Outcomes

- Health care workers and others who live and work with PLHIV will do so in conditions that comply with universal precautions,
- Best practice for the delivery of prophylaxis will be utilised in the management of those exposed to body fluids,
- Increased knowledge and more efficient use of post exposure prophylaxis and how to mobilize resources for a given incident,
- The HIV/AIDS epidemic will be contained,
- Support and care will be provided for those who are infected and affected by HIV/AIDS
- Expenditure on HIV/AIDS institutional care will decrease
- Morbidity and mortality from HIV/AIDS related conditions will decrease

6.0 Scope and Coverage

The Ministry of Health, all Regional Health Authorities, Public and Private Health Care providers have a duty to provide PEP to all persons potentially exposed. In fulfillment of this duty it is expected that all Health Care Providers will provide counseling and referral services to all persons exposed to HIV. This policy is applicable to all stakeholders of the health sector.

7.0 Policy Guidelines

The Post Exposure Prophylaxis Policy will be implemented within the context of all other HIV policies, including the policy on the Decentralization and Integration of HIV Services. This Policy will be implemented by the RHAs at their points of care, and monitored by the MOH. It relies on trained and professional personnel, who are able and empowered to administer PEP; a strong supply chain which ensures a reliable supply of antiretroviral drugs; support services for persons exposed to the HIV/AIDS virus, including counseling; and monitoring and evaluation to ensure the delivery of a quality PEP services.
8.0 Roles and Responsibilities

8.1 Ministry of Health
- Provide the standards and regulatory framework for the provision of post exposure prophylaxis at all health care institutions.
- Review the policy as change dictates or at least every two years.
- Develop and implement a suitable system for monitoring and evaluating the PEP policy.
- Provide the necessary financing for the procurement of an adequate supply of post exposure prophylaxis.

8.2 Regional Health Authorities
- Provide a safe environment in which biologic risk is minimized through the development and dissemination of codes of safe practice for all areas within the healthcare facilities.
- Develop systems, which adhere to National Post Exposure Prophylaxis Policy and Guidelines.
- The administration of the post-exposure prophylactic drug regime as determined by the Ministry, based on international best practice and on post-exposure prophylaxis evaluation
- Develop systems to ensure provision of supplies and equipment, regularly and in sufficient quality and quantity to permit:
- Provide training to staff to develop the capability and capacity to deliver the post exposure prophylaxis programme at all healthcare facilities
- Ensure that detailed records are completed using the standard form, for each person and for each vaccination given, including the lot number, source of the vaccine and its expiry date, person administering the vaccine and his/her qualification. All vaccinations are to be recorded in the medical record
- Provide counselling to the affected worker or client by persons trained to do so and documentation of the fact in the medical record.
- Ensure that blood samples are taken from the worker and client and in the case of medical exposure, if necessary, from the client/patient, after obtaining written consent, to ascertain risk of HIV transmission.
• Ensure that laboratory samples are duly labeled and accompanied by the completed standard request form.
• Ensure that results from the laboratory are returned within the agreed time frame.
• Communicate the results to the worker and/or client. This shall be accompanied by post-test counselling and arrangements for following up as dictated by the results.
• Ensure that the highest level of confidentiality is maintained due to emotional, social and potential consequences of possible HIV infection.
• Ensure that services are available to workers and clients twenty-four hours per day, every day to ensure that post-exposure therapy commences within two to three hours following injury.

8.3 Responsibility of the worker
• Each worker has a responsibility to adhere to universal precautions in the execution of their functions.
• To become familiar with the procedures for obtaining post exposure prophylaxis.
• Adhere to the post exposure treatment regime if exposed to possible infection;
• Dispose of all sharps and infected materials in the prescribed manner.

9.0 Monitoring and Evaluation

The Quality Manager of each RHA shall evaluate the programme in his/her respective RHA and forward a report to the Chief Executive Officer. These reports (in a format recommended by the Chief Medical Officer) will then be forwarded to the Chief Medical Officer to be used by the Management team at the Ministry to provide oversight and guidance to the programme.

The MOH and the RHAs will carry out, using the participative approach, a comprehensive review of the entire system, every two years. The decision with respect to the time for each subsequent comprehensive review will be made at the time of the prior review with the proviso that the time lapse does
not exceed three years. Each review, comprehensive or otherwise, will be fully documented.

10.0 Conclusion

The PEP Policy should receive periodic reviews and updates to ensure alignment with international best practices and national context. Policy coverage should remain for both the public and private sectors while this Policy complements other HIV-related Policies either finalized or draft, and provide a backdrop for future HIV related policies.