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## MEDICAL DIRECTIVE

### Hepatitis B Immune Globulin (HBIG) for Hepatitis B Virus Prophylaxis

Approved by/Date: Medical Advisory Committee – June 26, 2012

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#### **Authorizing physician(s)**

Physician of the Domestic Violence/Sexual Assault Care Centre (DV/SACC)  
Emergency Department Physicians (LH Oshawa Only)

#### **Authorized to who**

Registered Nurses working at the DV/SACC who have been certified as a Sexual Assault Nurse Examiner (SANE) or nurses that hold the knowledge, skill and judgment that work within the DV/SACC Program.

#### **Patient Description / Population**

Any sexual assault client over 12 years of age when vaginal, oral or anal penetration with a penis has occurred and/or is uncertain or does not remember the sexual assault, regardless of condom use or ejaculation.

#### **Medical Directive Description/Physician's Order**

Hepatitis B immune Globulin 0.06 mL/kg IM gluteal (see dosage chart and product insert dosage information)

*\*Clients should be monitored for 15 minutes following immunization for adverse reactions*

#### **Specific conditions/circumstances that must be met before the Directive can be implemented**

- Client must be registered to DV/SACC
- DV/SACC standard sexual assault and health history be completed by the RN in consultation with the client
- Client has not been immunized for Hepatitis B or unsure of status
- HBsAb (Anti-HBs) is negative
- Obtain client's written consent for testing and treatment and explain to client that Hepatitis B Immune Globulin (HBIG) is prophylactic in the absence of laboratory results.
- Explain options regarding Hepatitis B virus base line testing, immunity testing and prophylactic treatment for Hepatitis B virus

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Originating Committee: Emergency Program Council, March 26, 2012  
Medical Advisory Committee: June 26, 2012

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#### Contraindications to the implementation of the Directive

- Client has a fever greater than 38°C
- Client history of blood transfusion reaction (fever, hives, joint pain, anaphylaxis)
- Client history of allergic reaction/sensitivity to immune globulin or blood products
- If client has any contraindications notify the DV/SACC Physician (or Emergency Physician if not available) for alternative treatment

#### Identify relevant Delegated Control Act or Added Skill associated with this Directive

None

#### Documentation requirements

- Document blood product administration as per Lakeridge Health Policy
- Document on client treatment and follow-up form

#### Review/Evaluation Process

Review to be done on a biannual basis. Review to be conducted by the DV/SACC Medical Director and the DV/SACC RN

#### Related Documents

Hepatitis B Vaccine for Hepatitis B Drug Prophylaxis Medical Directive

#### References

- Ontario Network of Sexual Assault and Domestic Violence Treatment Centres- Medical Guidelines for HIV Post Exposure Prophylaxis for Sexual Assault Survivors (2011)
- Ontario Network of Sexual Assault and Domestic Violence Treatment Centres- Medical Directives (2011)
- College of Nurses of Ontario (2012)
- Canadian Guidelines on Sexually Transmitted Infections, Public Health Agency of Canada (2006)