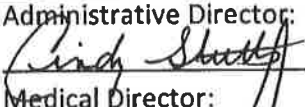
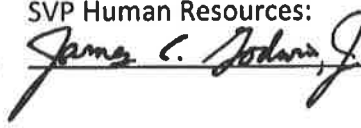



Bon Secours Virginia/Richmond
Employee Wellness Services

Policy/Procedure

Topic: Management of Occupational Exposure to HIV, Hepatitis B and C and Recommendations for Exposure Prophylaxis		
Policy No: 1821	Date of Rev: 5/99,9/10,12/10,6/14	
Administrative Director: 	SVP Human Resources:  8-7-14	
Medical Director: 		

POLICY – It is the policy of Bon Secours Virginia/Richmond Employee Wellness (to): provide guidelines for all employees and Bon Secours Memorial College of Nursing and Radiology Students who have been exposed to blood and or body fluids that could potentially contain HIV, Hepatitis B and Hepatitis C. and safely administer prophylaxis (PEP) to employees who warrant them.

PURPOSE – To manage exposures and outline a regimen for safely administering post exposure prophylaxis to employees who have been exposed to HIV, Hepatitis B and C and to comply with the guidelines provided by the CDC: MMWR: Guidelines for the management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis June 29, 2001/Vol. 50/No. RR-11 and the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and the Recommendations for Post Exposure Prophylaxis - <http://www.cdc.gov/mmwr/pdf/rr/rr5011.pdf>.

Exposures-For transmission of blood borne pathogens (HIV, HBV and HCV) to occur, an exposure must include both of the following:

- **Infectious body fluids:**
Blood, semen, vaginal fluids, amniotic fluids, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid **can** transmit HIV, HBV and HCV
Note that saliva, vomitus, urine, feces, sweat, tears and respiratory secretions **do not** transmit HIV (unless visibly bloody).
- **A portal of entry** (percutaneous, mucous membrane, cutaneous)

RISK OF HIV INFECTION IN HEALTH CARE WORKERS

Human immunodeficiency virus (HIV), the cause of AIDS, can be transmitted to health care personnel exposed to blood and other materials containing the virus. The risk of infection following parenteral needlestick exposure to blood infected with HIV is approximately 0.3% overall; the risk from mucous membrane exposure and inoculation of non-intact skin is not zero, but is too low to be measured in the prospective studies of health care workers currently underway. No risk of transmission from contamination of normal skin or from other types of

exposure has been documented. Other factors in addition to the route of exposure may influence transmission risk, e.g. titer of virus in the source material, volume of infected material involved, viability of the virus, etc.

RISK OF HBV INFECTION IN HEALTH CARE WORKERS

Hepatitis B. Virus is one of at least three hepatitis viruses that cause infection in the liver. Transmission may occur when infected body fluids contact mucous membranes or enter the body through breaks in the skin. The risk of transmission varies from 22%-62% depending on the source's patients Hepatitis B profile (antigen, antibody, surface, core) results. Blood contains the highest Hepatitis B titers of all body fluids and is the most important vehicle of transmission in the health care setting.

RISK OF HCV INFECTION IN HEALTH CARE WORKERS

Hepatitis C is a liver disease caused by hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is not transmitted efficiently through occupational exposures to blood. The average incidence of anti-HCV seroconversion after accidental percutaneous exposure from an HCV-positive source is 1.8% (range: 0%--7%) (73--76), with one study indicating that transmission occurred only from hollow-bore needles compared with other sharps (75). Transmission rarely occurs from mucous membrane exposures to blood, and no transmission in HCP has been documented from intact or nonintact skin exposures to blood.

PROCEDURE

1. Employees sustaining exposure to patient's blood or body fluid will immediately contact Employee Wellness at their facility. If the exposure occurs after hours the Employee Wellness nurse on call can be reached at 804-515-9753.
2. The employee wellness nurse will guide the employee thru the protocol:
 - a) Exposure forms are located on the Bon Secours intranet (IRIS)/Local Systems/Bon Secours Virginia/Critical Forms. Employees will complete the EOR (Employee Occurrence Report). Students, contract employees and volunteers will complete the Quantros report.
 - b) Hepatitis C antibody, Hepatitis B antigen and HIV will be drawn on the source patient. The source patient lab slip provided on the intranet has to be filled out in its entirety and is what has to accompany the source patients' blood to the lab. At this time DO NOT order these labs in Connect Care. The HIV will be the only test that will be resulted in the same day. If the source patient is unknown the employee will be followed with lab work at specific intervals.
 - c) If the source patient is 12 years or younger please follow the protocol outline on the source patient lab slip. The rapid HIV screening **cannot** be run on children under the age of 12. The results will be available within a week.
 - d) If an employee is exposed to a newborn baby's blood that has not been discharged after delivery the mother's blood will be drawn as the source patient.

e) If the exposure occurs at a Bon Secours Facility outside of the hospital, the source patient's lab work must be picked up stat by a courier and brought to Health Partners Lab. The courier's number is 804-521-9353.

f) The employee can elect to have their blood drawn for Hepatitis C antibody, Hepatitis B Antibody and HIV at the time of exposure or the next business day when they report to Employee Wellness. The employee is to use the Employee Post Exposure Lab Slip.

g) The employee wellness nurse will counsel the employee on the risk of their exposure according to the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and the Recommendations for Post Exposure. See link: <http://nccc.ucsf.edu/>

h) The employee then makes an informed consent or declines the PEP (Post Exposure Prophylaxis) medications, waiting until the HIV test is resulted.

i) If the source patient has a known diagnosis of HIV, the nurse will complete the Information Source Patient worksheet.

j) The employee will report to the Emergency Room if PEP drugs are to be given. The nurse on call will contact the Medical Director and inform him of the exposure so that an order can be obtained for the PEP drugs.

k) If the exposure occurs on a day when the Employee Wellness office is closed, the Medical Director will be notified to phone in a prescription to Bon Secours Reynolds Crossing Pharmacy. See attachment for instructions.

l) Prior to administration of the antiretroviral drugs the employee is required to have stat lab work including CMP, CBC, Hepatic Panel, Amylase, HIV, Hepatitis B Antibody, Hepatitis C Antibody. If female, draw Beta HCG if warranted. The lab work will be drawn in Employee Wellness or the Emergency Department.

m) During pregnancy, the evaluation of risk and need for PEP should be approached as with any other HCP who has had an HIV exposure. However, the decision to use any antiretroviral drug during pregnancy should involve discussion between the woman and her healthcare provider regarding the potential benefits and potential risks to her and her baby. Additional information can be obtained from:

National Perinatal HIV Consultation and Referral Service

1-888-448-8765

Run by UCSF/San Francisco General Hospital staff

Available 24 hours a day – 7 days a week

<http://www.nccc.ucsf.edu/Hotlines/Perinatal.html>

n) The employee will report to Employee Wellness the next business day for follow up.

EVALUATION OF EMPLOYEES

1. Hepatitis B

- a. If an employee is exposed to the Hepatitis B virus, percutaneous or per mucosal (needle stick, laceration, bite) and they have a positive Hepatitis B antibody documented, no further follow up is needed.
- b. If the employee is a known nonresponder after receiving 2 series of the Hepatitis B vaccine he will receive 2 doses of HBIG (Hepatitis B immune globulin) separated by one month.
- c. The dose of HBIG is 0.06 mL/kg administered IM.
- d. Exposed employees who are known not to have responded to a primary vaccine series, but have not been revaccinated with a second 3-dose series, should receive a single dose of HBIG and reinitiate the hepatitis B vaccine series with the first dose of hepatitis B vaccine as soon as possible after exposure.

Please see chart below for treatment options:

Vaccination and antibody response status of exposed persons	Treatment			
	Source is HBsAg positive	Source is HBsAg negative	Source is unknown or not tested	
			High Risk	Low Risk
Unvaccinated	HBIG (1 dose) and begin a hepatitis B vaccine series	Begin a hepatitis B vaccine series	Begin a hepatitis B vaccine series	Begin a hepatitis B vaccine series
Known Responder	No Treatment	No Treatment	No Treatment	No Treatment
Nonresponder				
Not revaccinated	HBIG (1 dose) and begin a revaccination series	Begin a revaccination series	HBIG (1 dose) and begin a re-vaccination series	Begin a re-vaccination series
After revaccination	HBIG (2 doses)	No treatment	HBIG (2 doses)	No treatment
Antibody response unknown	Test for anti-HBs If adequate, no treatment If inadequate, HBIG x1 and vaccine booster	No treatment	Test for anti-HBs If adequate, no treatment If inadequate, give vaccine booster and check anti-HBs in 1-2 months	

Source- <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

2. Hepatitis C

There are no post-exposure prophylaxis recommendations at this time for Hepatitis C.

- a. If the source patient is found to be Hepatitis C Antibody positive the employee will be followed with the lab work listed below

Baseline- ALT and Hepatitis C Surface Antibody

6 weeks- ALT and HCV RNA-PCR

3 months- ALT and Hepatitis C Surface Antibody

6 months- ALT and Hepatitis C Surface Antibody

12 months-ALT and Hepatitis C Surface Antibody

3. HIV

- A. Employees with occupational exposures for which PEP is considered appropriate shall be given information (see consent form) regarding the risks and benefits of prophylaxis including:
 1. Knowledge about the efficacy and toxicity of drugs used for PEP is limited.
 2. There is no data to address whether adding other antiretroviral drugs provides any additional benefit for PEP, but experts recommend combination drug regimens because of increased potency and concerns about drug resistant virus.
 3. The HCP may decline any or all drugs for PEP.
- B. Employees who have occupational exposures for which PEP is not recommended shall be informed that the potential side effects and toxicity of taking PEP outweigh the negligible risk of HIV transmission posed by the exposure.

For Additional Information and Resources:

Refer to: http://www.nccc.ucsf.edu/docs/2013_PEP_Gls_1.pdf

Occupational Exposure Management Resources

National Clinicians' Postexposure

Prophylaxis Hotline (PEPline)

1-888-448-4911

Run by UCSF/San Francisco General Hospital staff

PEPline clinicians will respond to your call between 9 a.m. and 2 a.m. EST. For urgent occupational exposure needs, please call during these hours or see the [PEPline Guidances for Occupational Exposures](#). Callers are encouraged to call the PEPline with any additional or follow-up questions. Emergency calls made between 2 a.m. and 9 a.m. EST and during holiday hours are answered when live service resumes the following morning. <http://www.nccc.ucsf.edu/Hotlines/PEPline.html>

National Perinatal HIV Consultation and Referral Service

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Available 24 hours a day – 7 days a week

<http://www.nccc.ucsf.edu/Hotlines/Perinatal.html>

National HIV Telephone Consultation Service

1-800-933-3413

Run by UCSF/San Francisco General Hospital staff

The Warmline is staffed by physicians and clinical pharmacists and is available Monday through Friday, 6:00 a.m. to 5:00 p.m. Pacific Standard Time. Voice mail is available 24 hours a day.

<http://www.nccc.ucsf.edu/Hotlines/Warmline.html>

National Prevention Information Network

1-800-458-5231

Available Monday-Friday 9am-6pm ET

<http://www.cdcnpi.org/>

Reporting to CDC

For occupationally-acquired HIV infections and failures of PEP.

800-893-0485

CDC/NIOSH Resources

For prevention, management,
and treatment of bloodborne pathogen exposures.

<http://www.cdc/niosh/topics/bbp/>

HIV Antiretroviral Pregnancy Registry

Telephone: 800-258-4263

Fax: 800-800-1052

1410 Commonwealth Drive

Suite 215

Wilmington, NC 28405

<http://www.apregistry.com/>

Food and Drug Administration

For reporting unusual or severe toxicity to antiretroviral agents.

800-332-1088

MEDWATCH

Office of the Commissioner

Office of Scientific and Medical Programs

5600 Fishers Lane, Room 12B05

Rockville, MD 20857

<http://www.fda.gov/medwatch>

Consent Process and Documentation

- A. Informed consent will be obtained within 72 hours of verbal consent and before additional drugs are provided. The allowance for 72 hours of treatment without written consent is necessary to allow for prompt institution of treatment.
- B. If the employee is seen in the Emergency Room and given PEP, they will follow up with Employee Wellness the next day for further counseling, completion of informed consent and appropriate follow-up.
- C. If this occurs on a holiday or a weekend the nurse on call will contact the employee the next day. The remainder of the prescription will be called into the pharmacy for the employee to pick up.
- D. At the initial EHS visit, the risks and benefits of treatment will be explained, and the employee will be required to read and sign the informed consent document. The consent will be kept on file as part of the employee's confidential exposure record.
- E. The employee will have a baseline evaluation at EHS and will receive follow-up instructions. Follow-up evaluations with medical director will occur every two weeks for the first six weeks, and at three months and six months post-exposure.

At each visit, the following will occur:

- 1. Symptom review
- 2. CBC and CMP
- 3. HIV antibody tests will be requested at baseline, six weeks, three months and six months after exposure, and at other times if clinically indicated.

Informed Consent

A. Post-Exposure Prophylaxis (PEP) to HIV

I may have been exposed to human immunodeficiency virus (HIV,) the virus which causes AIDS, in my workplace. The risk of infection from my exposure is not known. I have been offered treatment with medications which might reduce my risk of infection.

There is no proof that drug treatment after HIV exposure will prevent infection, treatment with certain prescribed medications after occupational exposures is now advised by the CDC.

B. Procedures

If I agree to take this medication, the following will occur:

- 1. My blood will be taken from a vein and tested for CBC and CMP.
- 2. In addition, my blood will be tested for HIV antibodies.

3. I will be asked to avoid pregnancy during the four weeks of treatment and the four subsequent weeks (both men and women.)
4. I will receive a supply of medications and instructions for taking these medications for four weeks.
5. I will be requested to return for evaluation at two, four and six weeks, and at three and six months after my exposure. Blood tests will be repeated at each visit or more often if I develop side effects.
6. If I develop side effects or abnormal laboratory tests, the dosages of the medications may be lowered or the drugs may be discontinued by my clinician.
1. I will be offered pre- and post-test counseling about the meaning of HIV and other test results and will be given advice about medical referral if indicated.
2. If I decide to stop taking the PEP, I should notify Employee Wellness within 24 hours. My employment nor other treatment and follow-up for my exposure will be affected. Declining PEP treatment will not affect benefits to which I am otherwise entitled as a result of my exposure.
3. I understand that Bon Secours Virginia will pay for the following: PEP, Laboratory Testing and Professional evaluation and follow-up.

C. Risks and Discomforts

1. There is a risk of serious side effects associated with the medications. Known side effects of medications used include but not limited to headache, neutropenia, anemia, nausea, fatigue, malaise, insomnia and asthenia, abdominal pain and diarrhea.
2. Treatment side effects are expected to disappear after treatment is stopped, but could be life-threatening or irreversible. Since the medications are new, there is little known about their short-term or long-term side effects when used in combination. New or rare serious side effects, including cancer, birth defects or other life-threatening diseases, might develop now or in the future.
3. The risks of drawing blood include temporary discomfort from the needlestick, bruising, and rarely, infection.
4. Knowledge of my HIV infection status may cause psychosocial risks to me.

D. Consent

I have been given a signed copy of this consent to keep.

Participation in PEP is voluntary. I have the right to decline to participate and to discontinue medication at any time. If I decide to discontinue medication, I should notify my clinician within 24 hours. If I decide not to take medication, neither my employment nor other treatment and follow-up for my exposure will be affected. Declining to participate will not affect benefits to which I am otherwise entitled as a result of my exposure.

_____ I wish to participate in this treatment regimen.

_____ I decline to participate in this treatment regimen.

Employee Name/Date

Employee Signature/Date

Signature of Person Obtaining Consent/Date

Signature of Interpreter (if used) Date

POST-EXPOSURE PROPHYLAXIS (PEP) INFORMATION

Please refer to [PEPline Quick Guide for Occupational Exposures](#) at link below for more information:

<http://www.nccc.ucsf.edu>

HIV, the virus that causes AIDS, can spread to others through contact with blood, semen, vaginal secretions and certain body fluids. Medication is available that may reduce the likelihood of transmission after an exposure. For more than 12 years, employees have been offered medication after needlesticks and other significant exposures. These medications have reduced the risk of acquiring HIV from such an injury by 80 percent. The risk of transmission does vary by the type of exposure and the condition of the source patient.

It is very important to follow these instructions:

1. Take the medication as prescribed by the doctor. Do not stop taking the medication without talking to the doctor.
2. Take the medication regularly. If you forget to take a dose, take it as soon as you remember. However, do not double up on your pills.
3. Take the medication on an empty stomach or with a light meal such as toast, crackers or dry cereal with milk. Drink at least eight glasses of water a day.
4. Some people develop nausea and anemia (low red blood cells) or become tired while on the medications. Contact the doctor for advice.
5. Additional tests will be done to follow your progress while you are on medication.
6. While undergoing treatment and testing, follow safe sex practices and refrain from donating blood, plasma, tissue or sperm. Do not share razors, needles, toothbrushes or other objects that may be contaminated with blood.
7. Counseling is available from the Infectious Disease specialist and at the National HIV/AIDS Clinicians' Consultation Center.

References:

Updated Public Health Service Guidelines for the Management of Healthcare Worker Exposure to HIV and Recommendations for Post-exposure Prophylaxis, CDC, MMWR, September 30, 2005/54/RR-9, p. 1-17.

National HIV/AIDS Clinicians' Consultation Center.

PEP Quick Guide for Occupational Exposures



Updated: April 16, 2014

These CCC post-exposure prophylaxis (PEP) recommendations will help you with urgent decision-making for occupational exposures to HIV and hepatitis B and C. Consultation can be obtained from Occupational Health or Employee Health Services, local experts, or the CCC's PEpline. The PEpline (888-448-4911) is available daily from 9 am – 2 am EST (6 am – 11 pm PST).

Commonly Asked Questions

Initial Evaluation: Assessing Exposures and Testing

Deciding Whether to Give HIV PEP

HIV PEP: What to Give

How to choose a PEP regimen?

Three-drug PEP regimens are now the recommended regimens for all exposures. The new guidelines no longer require assessing the degree of risk for the purpose of choosing a “basic” two-drug regimen vs. an “expanded” three-drug regimen, which was confusing for many treating clinicians. There are some special circumstances, however, in which a two-drug regimen can be used, especially when recommended antiretroviral medications are unavailable or there is concern about potential adherence problems or toxicity. In addition, the Guidelines state, “PEP is not justified for exposures that pose a negligible risk for transmission.” Consultation with an expert can help determine if the exposure poses a “negligible risk” to explore whether alternative approaches, including a modified regimen, are appropriate.

PREFERRED HIV 3-DRUG PEP REGIMEN:

Truvada™ 1 PO Once Daily

[Tenofovir DF (Viread®; TDF) 300mg + emtricitabine (Emtriva™; FTC) 200mg]

PLUS

Raltegravir (Isentress®; RAL) 400mg PO Twice Daily

ALTERNATIVE REGIMENS*

May combine one drug or drug pair from the left column with one pair of nucleoside/nucleotide reverse transcriptase inhibitors from the right column.

Raltegravir (Isentress® ; RAL)

Tenofovir DF (Viread® ; TDF) + emtricitabine (Emtriva™ ; FTC); available as Truvada™

Darunavir (Prezista® ; DRV) + ritonavir (Norvir® ; RTV)

Tenofovir DF (Viread® ; TDF) + lamivudine (Epivir® ; 3TC)

Etravirine (Intelence® ; ETR)

Zidovudine (Retrovir™ ; ZDV; AZT) + lamivudine (Epivir® ; 3TC); available as Combivir®

Rilpivirine (Edurant™ ; RPV)

Zidovudine (Retrovir™ ; ZDV ; AZT) + emtricitabine

(Emtriva™ ; FTC)

Atazanavir (Reyataz® ; ATV) +
ritonavir
(Norvir® ; RTV)

Lopinavir/ritonavir (Kaletra® ;
LPV/RTV)

**The alternative regimens are listed in order of preference, however, other alternatives may be reasonable based upon patient and clinician preference.*

ANTIRETROVIRAL AGENTS FOR USE AS PEP ONLY WITH EXPERT CONSULTATION:

Abacavir (Ziagen® ; ABC), Efavirenz (Sustiva® ; EFV), Enfuvirtide (Fuzeon® ; T20),
Fosamprenavir (Lexiva® ; FOSAPV), Maraviroc (Selzentry® ; MVC), Saquinavir (Invirase® ;
SQV), Stavudine (Zerit® ; d4T)

ANTIRETROVIRAL AGENTS GENERALLY NOT RECOMMENDED FOR USE AS PEP:

Didanosine (Videx EC® ; ddl), Nelfinavir (Viracept® ; NFV), Tipranavir (Aptivus® ; TPV)

ANTIRETROVIRAL AGENTS CONTRAINDICATED AS PEP:

Nevirapine (Viramune® ; NVP)

ARV drug dosing and toxicity monitoring

HIV meds	Adult Dosing	Combination Form	Toxicity monitoring
Tenofovir@	300 mg po daily	Truvada™	BUN, Creatinine, LFTs
Emtricitabine@	200 mg po daily		Rash
Raltegravir	400 mg po BID		Nausea, headache
Zidovudine#	300 mg po BID	Combivir®	CBC, LFTs
Lamivudine#	150 mg po BID		Rash
Lopinavir/ritonavir& (200/50 mg)	2 tabs po BID	Kaletra ®	GI toxicity, especially diarrhea. LFTs *Note: Lopinavir/ritonavir has many drug-drug interactions

with common medications; use with caution. (see below)

Zidovudine + Lamivudine: generic co-formulation available.

How long is PEP given?

PEP is given for 28 days. If source person testing is negative for HIV, PEP can be stopped before 28 days.

How to monitor and manage side effects of PEP?

Side effects can be a limiting factor in PEP adherence. Side effects are generally self-limited but sometimes can last the duration of the 28-day PEP course. Gastrointestinal side effects (nausea, vomiting, diarrhea) are most common. Headache, fatigue, insomnia and gastrointestinal upset are other side effects. Antiemetic and antidiarrheal medications can be prescribed to help with PEP adherence. If side effects are severe, consider changing to a different regimen. Toxicities are rare with the current preferred PEP regimens, are generally not life-threatening and are reversible.

The most important side effect of the preferred regimen, tenofovir + emtricitabine (Truvada™) plus raltegravir, is renal toxicity from tenofovir. This regimen should be used with caution in patients with impaired renal function.

Lab monitoring for drug toxicity: Test CBC, renal and hepatic function tests at baseline and two weeks after starting PEP.

What are common drug-drug interactions between PEP and the exposed person's medications?

- The following drugs should NOT be co-administered with lopinavir/ritonavir (Kaletra); lovastatin, pitavastatin, simvastatin, rifampin, rifapentine, cisapride, pimozide, midazolam, triazolam, dihydroergotamine, ergonovine, ergotamine, methylergonovine, St. John's wort, alfuzosin, salmeterol and sildenafil.
- Other Common medications may have interactions with PEP regimens and require dosing adjustments.

See *Table 14 of the CDC Adult ARV Guidelines*.

Contact a local expert or the PEPline the next day for further consultation regarding evaluation or management of drug-drug interactions.

Obtaining PEP medications and Tamiflu

We are now able to get our PEP meds and our Tamiflu from the Bon Secours outpatient pharmacies. The instructions for obtaining meds from the Reynolds Crossing location (Heart Institute) and the pharmacy located inside SMH are listed below. The employee is to use First Script when obtaining the PEP meds. We will leave a P-Card number at both pharmacies for payment of the Tamiflu.

If the employee is unable to get to those locations to obtain their meds we are able to call a courier to bring the meds to the employee. The number for the courier is 521-9353. Someone answers that number 24 hours a day. Please use your discretion before calling a courier.

SMH Pharmacy

Hours:

Monday thru Friday 8:30am-7:00pm

Saturday-9:00am-1:00pm

Sunday-closed

Hours for the Holidays:

December 24-9:00am-1:00pm

December 25-closed

December 31-8:30am-5:00pm

January 1-closed

The pharmacist at this location is not on call like at Reynolds Crossing.

Reynolds Crossing Pharmacy

The following post HIV exposure meds have been ordered and are now in stock at the Good Health Pharmacy at Reynolds Crossing:

Truvada

Ritonavir 100mg tabs

Atazanavir 300mg

Zofran 4mg and 8mg tabs

The address at Reynolds Crossing:

6900 Forest Ave, Suite 100

Richmond, 23230

Directions from St. Mary's:

From Bremono Rd, take LEFT onto Monument Ave.

Take RIGHT onto Glenside Drive

Take RIGHT onto Forest Ave.

First left into parking lot, drive towards back left of parking lot...pharmacy located on 1st floor of 6900 building

Hours:

Monday thru Friday – 8:30am to 8:00pm

Saturday and Sunday – 11:00am to 3:00pm

On-Call after hours and holiday

Phone:

804-893-8631

This number will ring in the pharmacy if staff is present. If after hours or holidays, line will be forwarded to the pharmacist on-call

Have nurse or patient call the pharmacy when patient is on their way. It's possible that the building will be locked. With notice of the patient's arrival, pharmacy staff can monitor the door. If necessary, the patient may need to tap on the window to get someone's attention...but we will try and be attentive and hopefully that will not be necessary. Please keep in mind that if the call is forwarded to a pharmacist on-call, it may take some time for them to get to the pharmacy. Please inform the patient if this is the case so they know to wait while the pharmacist is on their way to the pharmacy.