

Blood or Body Fluid Exposure Management

Purpose

- To identify blood or body fluid exposure as a significant risk and identify ways to mitigate the risk and minimise any harm to staff or client
- To provide clear procedures for the management of any needle stick injury or exposure to blood or body fluids through mucous membrane contamination or through non-intact skin.

Scope

- a. Applies to all Total Care Health Services and Access Community Health staff or contractors working in a clinical role

Responsibilities

a. Regional Managers and TCH Operations Manager

- i. To ensure exposure is identified as a workplace hazard and that an education program is in place to assist with minimisation of risk.
- ii. To ensure necessary equipment is available to assist with the safe disposal of sharps.
- iii. To ensure that staff are aware of the seriousness of the situation should they be advised by a nurse of exposure and that they know who to refer notifications to
- iv. To undertake the Clinical Nurse Leaders/Clinical Team Leaders/Clinical Managers responsibilities in their absence.
- v. Escalate to COO and Health and Safety Manager

b. Clinical Nurse Leaders/Clinical Team Leaders/Clinical Managers

- i. To provide the policy and associated education to all registered health professionals and support workers
- ii. To ensure all staff are aware of the action plan.
- iii. To follow-up with all staff that have sustained exposure to ensure that where necessary they have been directed to the appropriate testing and follow-up whether that be to attend their GP, local A&M clinic or hospital.
- iv. To ensure the incident is correctly documented using the electronic incident reporting system.
- v. To ensure the affected staff member completes an ACC form with their doctor.
- vi. To provide the opportunity for counselling as required.
- vii. Where the source client is known to liaise with the client's GP regarding client history and the ordering of applicable lab testing.
- viii. To ensure all post exposure paper work is completed.
- ix. To review all incidents and to provide education where deemed appropriate.

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c. Registered Health Professionals/Support Workers

- i. To ensure that where a client identifies or the information is obtained from a client referral of a history of HIV and/or Hepatitis that this is raised as an alert and is on their file under requirements.
- ii. To maintain safe practice when using sharps or when undertaking procedures where contamination through body fluids may occur.
- iii. To report any ‘sharps’ injury or body substance exposure immediately to their line manager or in their absence the business manager
- iv. To carry out immediate first aid following exposure
- v. To advise the client that exposure has occurred
- vi. To follow the instructions from the line manager regarding medical assessment, specimen collection and routine follow-up.
- vii. Complete and submit the online incident management report.

Procedure

Needle stick and other blood or body substance incidents are a significant occupational hazard for health care workers. This policy applies to any object that may penetrate the skin and has been in contact with blood or body fluids of a client. It also incorporates exposure of mucous membranes or non-intact skin with said fluids. Most often incidents occur during routine procedures and involve the use and disposal of a sharp device. There are a number of ways these incidents can occur;

- Puncture by used needles through recapping or incorrect disposal or through use of other sharp objects such as used stitch cutters or used iris scissors.
- Splashing of eyes and/or mouth.
- Open wound contamination – the Registered Health Professional (RHP) or support worker working with small cuts or lesions or dermatitis that is not covered.

Prevention

As with any risk of accidents the role of **Prevention** cannot be stressed enough.

- Standard Precautions must be undertaken at all times.
- DO NOT RECAP NEEDLES.
- The user of the ‘sharps’ is responsible for its immediate and safe disposal.
- The recommendation is that all staff who are at risk of blood or body fluid exposure undertake serology testing so as to be aware of their HIV, Hep B/C status. [These tests are not compulsory and results will only be stored on personnel files if so requested by staff member]. If indicated staff should consider appropriate vaccination.

Should exposure occur immediate **first aid** should be undertaken:

- If blood or body fluids have contaminated the skin but no cut or puncture is evident wash the area thoroughly with hot soapy water. As well as this the skin could also be wiped using Isopropyl wipes.
- If exposure has occurred from a sharp object and skin penetration has occurred e.g. laceration or puncture by used needle, stitch cutters or other sharp objects then the cut should be washed thoroughly with soap and water after the lesion has been encouraged to bleed. Apply a waterproof occlusive dressing.
- If exposure is to the mouth or nose occurs spit saliva out or blow nose then rinse thoroughly with water or sterile saline solution. Repeat several times.

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- If eyes contaminated rinse open eyes thoroughly with copious amounts of water or saline solution. Do not rub the eyes.
- *Contact lenses are not considered a protective barrier against splashing of blood or body fluids. If eyes are contaminated the lenses should be removed and if daily use replaced with new or removed and washed thoroughly before reinsertion.*

Reporting the Incident

Any employee who sustains a ‘sharps’ injury or other body substance exposure must report:

- All exposures immediately to their Line Manager or on call Manager, no matter how trivial the exposure appears.
- Notification must be made on the day of the incident.
- Using the Blood or Body Fluid Exposure Form Appendix B to this procedure.

Management

- The available manager must ensure the affected staff member is relieved from duty as soon as practicable.
- The affected staff member is directed to their GP so treatment as required can be initiated as soon as possible after the incident.
- Any associated costs for the consultation, blood tests and treatment will be at the expense of ACH/TCHS.
- Commence filling in the Blood or Body Fluid Post Exposure Management Form Appendix C to this procedure.

The Client

If the source client is known:

- The manager should contact the client and advise that contamination has occurred, discussing the possible risks to the staff member.
- Ask if there are concerns the client has and discuss these with the client.
- Advise the client that communication will occur with their GP and they may be requested to undertake blood testing to assess the affected employee’s risks.

Where the client declines to assist then this should be documented. Where testing is ordered this should be noted in the clients file.

Associated Documents

- Risk Assessment of Blood or Body Fluid Exposure Form
- Blood or Body Fluid Exposure Post Exposure Management Form
- Infection Control Policy
- Infection Control Framework

References

- Bug Control – Infection Control Advisory Service March 2014; Bug Control (Aust) Pty Ltd., Bug Control NZ Ltd

Appendix A The following chart indicates action to be taken dependent on status of employee and source.

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Source: Bug Control – Infection Control Advisory Service March 2014; Bug Control (Aust) Pty Ltd., Bug Control NZ Ltd

Exposed Person			Source Person*		Action for Exposed Person
HBsAg+ Or HCV antibody+ Or HIV antibody+					Exposed person is referred to their regular Medical Practitioner for management of their pre-existing viral infection.
HBV	HBsAg	Anti-HBs	HBsAg	Anti-HBs	
	-	-	-	-	Consider HBV vaccination (vaccination not needed for this exposure but would provide future protection)
	-	-	-	+	Consider HBV vaccination (vaccination not needed for this exposure but would provide future protection)
	-	past + now -	-	- or +	Consider booster dose of HBV vaccine for future protection
	-	past + now -	+	-	Recommend booster dose of HBV vaccine
	-	+	-	-	No action. Exposed person is immune
	-	+	-	+	No action. Exposed person is immune
	-	-	+	-	Recommend Hepatitis B immune Globulin (HBIG), 400 IU IM, and HBV vaccination schedule. Known non-responder to HBV vaccine should have 2 doses of HBIG. Test exposed person for HBsAg and HbsAb at 3, 6, 12 months
	-	+	+	-	No action. Exposed person is immune
	-	-	unknown	unknown	Consider Hepatitis B Immune Globulin (HBIG), 400 IU IM, and HBV vaccination schedule. Test exposed person for HBsAg and HbsAb at 3, 6, 12 months
-	+	unknown	unknown	No action. Exposed person is immune	
HCV	HCV antibody -		HCV antibody - Unknown		No action usually necessary. If there is a concern that the source could be incubating HCV then do HCV serology at 3, 6, 12 months
	HCV antibody -		HCV antibody +		<ol style="list-style-type: none"> 1. Consider HCV PCR for source person as an index of their infectivity 2. Test exposed person at 3, 6, 12 months 3. Test exposed person for HCV if any signs or symptoms of hepatitis 4. Immune globulin has not been shown to be of value for prophylaxis 5. If acute HCV infection occurs refer for interferon treatment (NEJM 2001;345:1452-1457)
HIV	HIV antibody -		HIV antibody - Unknown		No action usually necessary. If there is concern that the source could be incubating HIV then do HIV serology at 3, 6, 12 months
	HIV antibody -		HIV antibody +		<ol style="list-style-type: none"> 1. Inform GP who will refer immediately for HIV chemoprophylaxis to an infectious disease consultant. 2. Do HIV serology at 3, 6, 12 months

Appendix B

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Blood or Body Fluid Exposure

(This form contains confidential information and is stored in staff personnel files.)

Name: _____ Date of Birth _____

Designation: _____ Contact Ph: _____

Date of Exposure: _____ Time of Exposure: _____

Details of Incident (including task being performed at time): _____

Details of Exposure

1. Type of fluid/material _____
2. Amount of fluid/material _____
3. Severity of exposure for 'sharps' incident:
 - i) depth of injury (approx. in mm): _____
 - ii) was fluid injected? _____
4. For broken skin or mucous membrane exposure:
 - iii) extent of contact: _____
 - iv) condition of skin where contact occurred, i.e.: scratch, wound, dermatitis etc. _____

Incident Reporting System Documentation completed: Yes/No

ACC Form completed: Yes/No

Consent re blood test results post exposure incident

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I _____ (full name)

Consent / Do Not Consent to having any results of tests performed relating to the blood or body Fluid incident on _____ to be reported to Total Care Health Services/Access Community Health Services and for these results to be kept securely on my personnel file.

Where I have consented, I undertake to have a copy of my results sent onto TCHS/ACH.

Signed: _____

Date: _____

Blood or Body Fluid Post Exposure Management

Staff Details: _____ **Date of Birth:** _____

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Consent form signed for company collection of results (copy of results from GP) and consent obtained Yes / No

Laboratory Results:

HbsAg _____

antiHBV _____

antiHCV _____

HIV _____

Vaccinated, with documented antiHBs response within past 12 months Yes / No

Staff Member Given

HBIG: Yes / No Signed: _____ Date _____

IG Yes / No Signed: _____ Date _____

HBV Vaccine Initiated Yes / No Signed: _____ Date _____

HBV Vaccine Completed Yes / No Signed: _____ Date _____

Support Counseling offered: Accepted / Declined

If accepted: Date(s) given: _____

By whom: _____

Source Details:

Source of blood or body fluid exposure: Known / Unknown

Staff Follow-up Blood Tests

3 months post exposure

HBsAg _____ Date: _____

antiHBV _____

HCV _____

HIV _____

6 months post exposure

HBsAg _____ Date: _____

antiHBV _____

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HCV _____

HIV _____

12 months post exposure

HBsAg _____

Date: _____

antiHBV _____

HCV _____

HIV _____

Post Exposure Management Completed

Managers Signature: _____

Date: _____

Form Disposal

On completion of this form seal in envelope marked confidential and attach to staff members personnel file.

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