 <p><b>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</b></p> <p><b>BLOOD &amp; BODY FLUID EXPOSURE PROTOCOL</b></p>	<p><b>BLOOD AND BODY FLUID EXPOSURE - STANDARDS</b></p>	<p><b>Policy 5.4.4 Protocol 0</b></p>
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## OBJECTIVE

To minimise the risk to Bay of Plenty District Health Board (BOPDHB) employees following an occupational exposure to blood or body fluids in order to prevent disease transmission.

## STANDARDS TO BE MET

### FM.B1.1 Blood & Body Fluid Exposure - TOOLKIT

- Consent Forms
- Blood Forms
- Occupational Exposure Investigation
- Blood and Body Fluid Exposure - Fact Sheet

[Refer to Appendix 1 Post-Exposure Management Process Flowchart](#)

## 1. Immediate Management of Exposure – Basic First Aid

- 1.1. **Skin:** wash (do not squeeze) with soap and water or alcohol-based hand rub.
- 1.2. **Eyes or conjunctiva:** remove any contact lenses (if applicable) irrigate with copious amounts of water or normal saline for at least 30 seconds.
- 1.3. **Mouth:** Spit out and rinse mouth with water several times.
- 1.4. **Clothing - contaminated:** remove soiled clothes and place in a plastic bag. Wash affected skin area thoroughly with soap and water. There is no indication of washing with antiseptic solutions.

## 2. Report incident

2.1 Notification of any injury / exposure must be made immediately as follows:

- Business Hours (0800 to 1630 hours) Line Manager / After Hours - Duty Nurse Manager.
- Health and Safety Service Office (07) 579 8046 – if unable to talk to a nurse leave a message with incident and contact details

2.2 In all instances of injury / exposure, an Incident Management form must be completed in Datix.

## 3. Risk Assessment of the exposure

A designated member of the Health and Safety Service or a senior Medical officer should assess and document the risk as soon as possible after every incident of occupational exposure. This should include:


### Information about the exposure

- Date and time of the exposure
- Type of exposure, including type and amount blood or body fluid involved
- The nature and extent of the injury
- The nature of the item that caused the injury e.g. gauge of the needle.

### Information about the source person

- The blood borne virus (BBV) status of the source
- Demographic factors e.g. gender, country of origin etc.

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**Information about the exposed person**

- The status of the exposed person with respect to BBV's, including vaccination
- Pregnancy and lactation
- Medical history/susceptibility of the exposed person.

**3.1 Significant exposures requiring assessment and management:**

Body fluids that pose a potential risk for blood borne virus transmission include;

- a) Blood, serum, plasma and all biological fluids visibly contaminated with blood
- b) Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids
- c) Uterine/vaginal secretions or semen
- d) Laboratory specimens that contain concentrated virus

A potential blood borne virus exposure occurs if one of the above body fluids comes in contact with another person in either an occupational or non-occupational setting via;

- a) Percutaneous injury e.g. needlestick or scalpel, intravenous drug use
- b) Non intact skin. Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion or open wound
- c) Eye splash
- d) Mucous membrane splash
- e) Vaginal or anal sexual contact

**3.2 Non-significant exposures not requiring assessment and management:**


The following exposures are considered non-significant and do not require any specific follow-up or testing;

- a) Any injury sustained from a clean (ie unused) sharp
- b) Mucous membrane exposure to non-blood stained body fluids other than blood or semen
- c) Intact skin exposed to blood or any other body fluid or substance.

*Table 1: Exposure classification of an occupational exposure*

<b>Exposure Classification</b>	<b>Risk Factors</b>
<b>Exposure</b>	<ul style="list-style-type: none"> <li>• Injection of large volume of blood/body fluid (&gt;1mL)</li> <li>• Parenteral exposure to laboratory specimens containing high titre of virus</li> <li>• Any skin penetrating injury e.g.               <ul style="list-style-type: none"> <li>- with a needle contaminated with blood or body fluid</li> <li>- which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid</li> <li>- mucous membrane or conjunctival contact with blood</li> <li>- human bite or scratch with blood exposure</li> </ul> </li> <li>• Prior (not fresh) wound or skin lesion contaminated with blood or body fluid</li> </ul>

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Exposure Classification	Risk Factors
<p><b>Doubtful Exposure</b></p>	<ul style="list-style-type: none"> <li>• Intradermal ('superficial') injury with a needle considered not to be contaminated with blood or body fluid</li> <li>• A superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid</li> <li>• Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood e.g. urine</li> <li>• Human bite with no blood exposure (e.g. saliva)</li> </ul>
<p><b>Non-exposure</b></p>	<ul style="list-style-type: none"> <li>• Intact skin visibly contaminated with blood or body fluid</li> <li>• Needlestick with non-contaminated (clean) needle or sharp</li> </ul>


#### 4. Pathology

- 4.1 When an Where definite or probable exposure to blood or body fluids has occurred, blood should be taken for testing, with the consent from both the source person and the injured person.
- 4.2 Patient consent for any testing is to be obtained by a member of the medical staff and be documented in the patient's health record using the Informed Consent form. If the source person is a known patient, a patient hospital label should be attached to the report and the incident documented in the patient's health record
- 4.3 Pathology forms are pre-printed with required tests Blood & Body Fluid Exposure Report form – TOOLKIT (FM.B1.1)
- 4.4 Tests requested for the source and patient are:
  - a) Hepatitis B antigen
  - b) Hepatitis B antibody
  - c) Hepatitis C antibody
  - d) HIV (Human Immunodeficiency Virus) antibody

#### 5. Treatment of the exposed Person

- 5.1 Where there has been a likely exposure to a blood-borne virus the matter must be urgently referred to an Infectious Diseases Physician.
- 5.2 In the event of a likely exposure / known positive source during out of hours, the recipient staff member will be contacted by the treating doctor from the Emergency department or ID physician, or Senior General Medical Doctor for appropriate treatment and counselling during the after hour period.
- 5.3 Post exposure prophylaxis (PEP) is available following exposure to HIV and hepatitis B. If the source person is at high risk of being HIV or HBV positive, the exposed staff should commenced on PEP without waiting for pathology results. [See Appendix 1: Post Exposure Management and Follow-up Flowchart](#)
  - a) HIV PEP
    - i) It is recommended to follow the [Post-Exposure Prophylaxis after Non-Occupational and Occupational Exposure to HIV: Australian Guidelines \(2016\)](#)
    - ii) If PEP is recommended it should be prescribed and started as soon as possible after the exposure, ideally within 2 hours and no later than 72 hours.

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- iii) HIV PEP is available afterhours at both Tauranga and Whakatane Emergency Departments.
- b) Hepatitis B PEP
  - i) Where hepatitis B immunoglobulin (HBIG), is indicated, it should be administer as soon as possible after the exposure and within 72 hours of the exposure.
  - ii) When hepatitis B vaccine is indicated, it should be administered simultaneously with HBIG at a separate site
  - iii) It is recommended to follow the current edition of the New Zealand Immunisation Handbook – Hepatitis B:Passive Immunisation

## 6. Follow Up

The test results are to be promptly and separately conveyed to both the source and the injured persons, maintaining privacy and confidentiality.

### 6.1 Staff

- a) Results will be communicated to the staff member by Health and Safety Services and follow-up determined by the nature of the exposure and the infectious status of the source person.
- b) Any follow-up for employees is facilitated by the health and safety service, any staff not directly employed by the DHB will appropriately advised of the follow-up recommendations to be completed through their employer.

### 6.2 Patients

The consultant / specialist responsible for the patient / client will discuss the results with the patient.

6.3 During the initial testing period and follow-up phase the staff member should be advised:

- a) Not to donate plasma, blood, body tissue, breast milk or sperm
- b) Protect sexual partners by adopting safe sexual practices (use of condoms)
- c) Seek expert medical advice regarding pregnancy and/or breast feeding
- d) To seek medical attention if they develop signs/or symptoms of acute illness (i.e. fever, rash, myalgia, fatigue, malaise, anorexia, vague abdominal discomfort, nausea, vomiting, and or/jaundice)
- e) Modification to work practices (including the avoidance of exposure prone procedures) is not required on the basis of an occupational exposure.

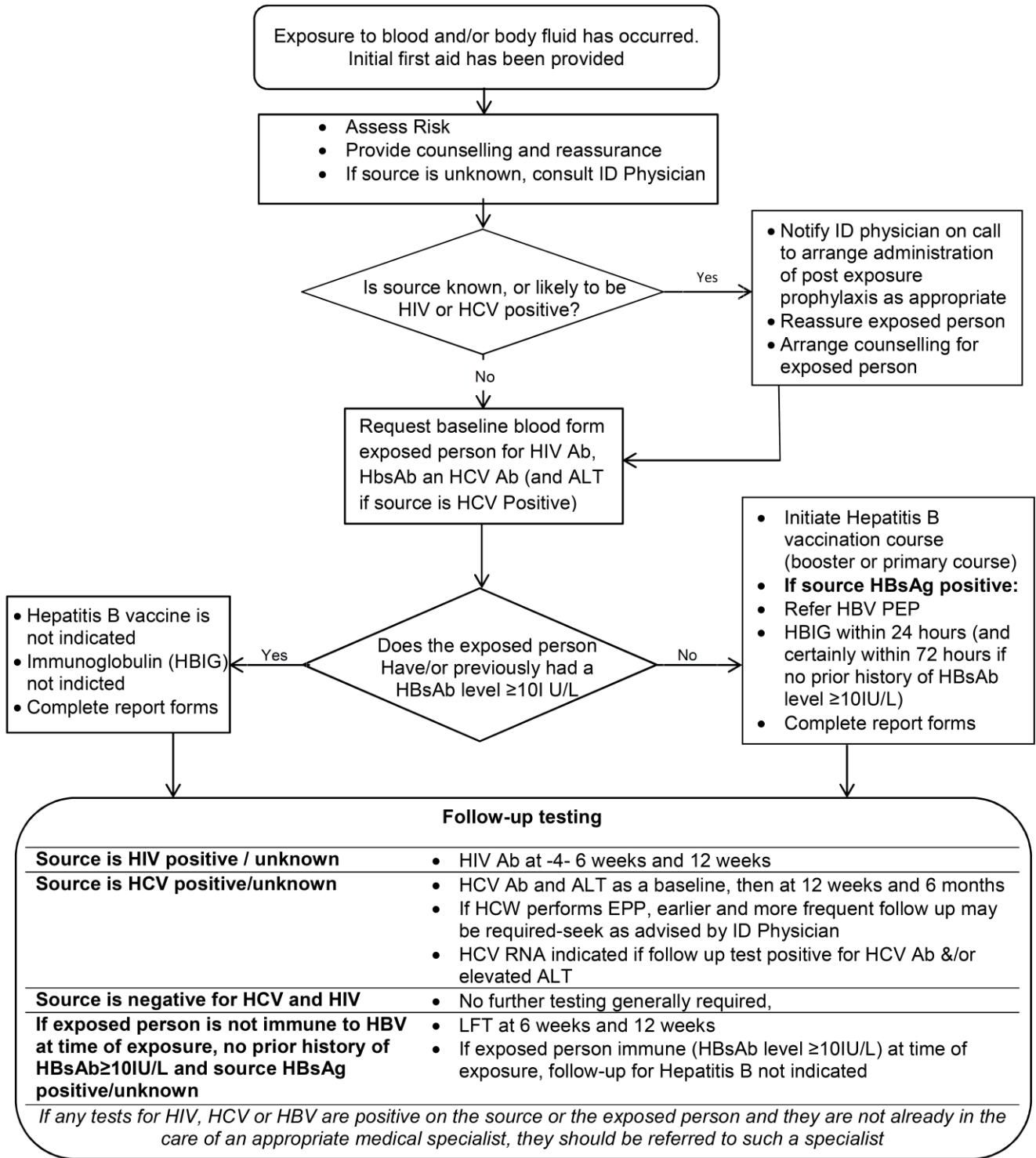
6.4 Advice for staff members should be in consultation with the treating specialist doctor / Speciality Health and Safety Nurse as each exposure has varying considerations of risk and specific advice will vary.

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 5.4.4 Blood & Body Fluid Exposure
- Bay of Plenty District Health Board Incident Management Form
- Bay of Plenty District Health Board Form FM.B1.1 Blood & Body Fluid - TOOLKIT

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**Appendix 1: Post Exposure Management and Follow-up Flowchart**



**BLOOD & BODY  
FLUID EXPOSURE  
PROTOCOL**

