 <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 OR 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 of infection following a needlestick injury, puncture wound or contamination of non-intact skin or mucous membranes (for example, the mouth, nose or eyes).

## STANDARDS TO BE MET


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

### 1. Immediate Action

- 1.1. The person affected should take immediate action to minimise injury
  - a) Sharps injury:
    - i. Place needle / sharp in approved disposal unit
    - ii. Make wound bleed
    - iii. Wash the affected area using soap and water
    - iv. Cover wound
  - b) Splash to eyes / mucous membranes:
    - i. Wash affected area with cold running water for 10 minutes.
- 1.2. Notification of any injury / exposure must be made immediately as follows:
  - a) Business Hours (0800 to 1630 hours) - Line Manager
  - b) After Hours - Duty Manager.
- 1.3. In all instances of injury / exposure, a Reportable Event form (*Event Category 1. select "General", 2. "Needlestick / body fluids"*) must be completed. Please ensure you provide a description of the event (i.e. the size and type of needle, size and type of injury and the presence of blood on or in the penetrating article and the estimated volume of blood that was transferred).
- 1.4. 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
- 1.5. In all instances of injury / exposure, a Blood & Body Fluid Exposure Report form (FM.B1.1) must be completed and sent to the Laboratory, together with the blood samples from the injured person and the source person (where feasible).
  - a) 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.
  - b) The source person should be tested for Hepatitis B surface antigen, Hepatitis C antibody and Human Immunodeficiency Virus (HIV) antibody.
  - c) The injured person should be routinely tested for Hepatitis B surface antibody, and tests for Hepatitis B surface antigen, Hepatitis C antibody and Human Immunodeficiency Virus antibody should be offered but performed only on request.

<b>Tests</b>	<b>Source person</b>	<b>Injured person</b>
Hepatitis B surface antigen	<b>Test</b>	Tested on request
Hepatitis B surface antibody	Not tested routinely	<b>Test</b>
Hepatitis C	<b>Test</b>	Tested on request
Human Immunodeficiency Virus	<b>Test</b>	Tested on request

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- d) Occasionally the source person may be a staff member and the injured person may be a patient. The appropriate testing may be determined by referring to the table. The Infectious Diseases Physician / Clinical Microbiologist should be consulted for a prompt decision.
- e) 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

## 2. Treatment and Follow Up

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

a) Patients

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

b) Employees

The Specialty Nurse, Employee Health & Safety will discuss the results with the employee.

In all circumstances appropriate further follow up shall be determined in consultation with the affected person(s).

2.2. Where there has been a likely exposure to a blood-borne virus (based on test results) the matter must be urgently referred to the Infectious Diseases Physician or the Clinical Microbiologist on-call for further follow up.

2.3. Regardless of the blood-borne virus status of the source, any employee with a Hepatitis B surface antibody less than 20 mIU / mL can be offered a Hep B Booster by Employee Health and Safety Specialty Nurse Independent Vaccinator.

2.4. Any glandular fever like illness occurring within six (6) months post injury / exposure must be reported by the affected staff member to the Specialty Nurse, Employee Health & Safety who in turn must immediately notify the Infectious Diseases Physician or the Clinical Microbiologist on-call.

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 5.4.4 Blood & Body Fluid Exposure
- Bay of Plenty District Health Board Reportable Event Form
- Bay of Plenty District Health Board Informed Consent form (7752)

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## Appendix 1: Post Exposure Management Process Flowchart

