ADMINISTRATIVE MANUAL

Blood and/or Body Fluids Exposure Policy

Responsibility of: Occupational Health, Safety and Wellness Department (OHS&W)  Effective Date: February, 2000


Policy Number: 1053.1  Cross Reference: Infection Control Manual, IV-13

Target Audience: Healthcare Workers  Approved by Senior Management Team:

Pages: 8

1. PURPOSE:

The purpose of this policy is to mitigate risk once an exposure of bloodborne pathogens to Health Care Workers (HCW). Occupational blood and body fluid exposures present a risk for transmission of viral diseases such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV). To be most effective, treatment should be initiated within 2-4 hours of exposure. To ensure timely and consistent follow-up for all employees who sustain occupational blood or body fluid exposures, a Bloodborne and Body Fluids Exposure Package was developed. “Bloodborne and Body Fluids Exposure Package” is given to exposed employees at the time of exposure.

2. POLICY:

Reporting and management of occupational exposure to blood and body fluids capable of transmitting Bloodborne infections, especially Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

- All occupational exposures to blood and/or body fluids capable of transmitting HBV, HCV and HIV will be considered urgent medical concerns. The exposed person must report the exposure immediately to Occupational Health, Safety and Wellness (OHS&W) or after hours, the Primary Maternity Care (PMC) Family Physician to ensure timely post-exposure management and complete a Worker’s Compensation Board (WCB) form.
The IWK Health Centre will attempt to provide assessment, management and follow up for employees, physicians, students, housekeeping, and volunteers who incur an exposure to blood and/or body fluids capable of transmitting HBV, HCV, and HIV, in the course of their work at the IWK Health Centre.

3. **Definitions:**

**Exposed**

The person who has been exposed to blood or body fluid

**Exposure**

1. A skin laceration or puncture from equipment contaminated with blood or body fluid capable of transmitting bloodborne viruses, including human bites which break the skin.
2. A mucous membrane or conjunctival (eg, nose, mouth, eyes) splash of blood or body fluid capable of transmitting bloodborne infection.
3. Contamination of non-intact skin (eg. Exposed skin that is chapped, abraded or afflicted with dermatitis) with blood or body fluids that are potentially infectious.

**Blood or body fluids capable of transmitting HBV, HCV, and HIV from an infected individual include:**

- Blood, serum, plasma and all biologic fluids visibly contaminated with blood
- Laboratory specimens, samples or cultures that contain concentrated HBV, HCV or HIV
- Organ and tissue transplants
- Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids
- Uterine/vaginal secretions or semen (unlikely to transmit HCV)
- Saliva (for HBV only, unless contaminated with blood)

Feces, nasal secretions, sputum, tears, urine and vomitus are not implicated in the transmission of HBV, HCV, or HIV unless visibly contaminated with blood.

Note: Blood exposure on intact skin is **not** considered to be an exposure.

**Health Care Worker (HCW)**

Any employee, physician, student, housekeeper, contract worker or volunteer who is working at the IWK Health Centre.

**Intact Skin**

Not altered, broken, or impaired; remaining uninjured, sound, or whole.

**Post Exposure Prophylaxis (PEP)**

Medications that are given after an exposure which may reduce the risk of acquiring an infection from the exposure.
Source
The person, whose blood and/or body fluids were injected, splashed or who was in some way the source of contamination to a Health Care Worker. The source may not always be known.

4. PROTOCOL:

1 The Health Care Worker must:

1.1 Self administer first aid:
   - Remove any contaminated clothing
   - Allow immediate bleeding for needlestick or laceration
   - Wash injured area with soap and water
   - Flush a mucous membrane splash with water or saline
   - Flush a splash to the eye with water or saline for at least 15 minutes.

1.2 Report the exposure immediately:
   - Report the exposure to the clinical leader, charge person, supervisor or manager of your department
   - Complete Blood and Body Fluid Exposure Report Forms
   - If an:
     - Employee of the IWK Health Centre - Complete WCB Accident Report.
     - Eligible medical residents must contact PARI-MP office (473-4091) for coverage by the QEII Workers Compensation Board Program.
     - Housekeeping staff will report the accident and submit a completed WCB Accident Report to their employer.
     - Physicians who are not employees of the IWK Health Centre will contact their personal insurance carrier.
   - Monday to Friday between the hours of 0800 hrs and 1600 hrs page the Occupational Health Nurse (OHN) at pager #3205 to report exposure and go the OHS&W Department for further management of exposure.
   - Between 1600 hrs and 0800 hrs weekdays or on weekends and holidays have your manager or charge person contact the PMC Family Physician on call at pager #3090 for assessment/management of exposures which occur. Take the completed Blood and Body Fluid Exposure Form, the WCB Accident Report for IWK employees, the Risk Assessment of Source Form (completed by the attending physician of the source/patient) and the IWK Laboratory Requisition Form with you.
   - All exposed persons complete the Accident Investigation Form on-line through the AEMS reporting system.

2 Clinical Leader/Charge Person/Manager/Supervisor must:
2.1 Assist the HCW with first aid, if needed.

2.2 Assist the HCW to begin reporting/follow up protocols immediately (eg, provide appropriate forms, release from duty).

2.3 Notify attending physician or physician designate of source (if source of exposure is known) for completion of Risk Assessment of Source Form and to obtain informed written consent for testing source/patient.
   Note: If source is a newborn, labs and consent can be obtained from the mother.

   Note: If exposed HCW works in an area where there is no access to a physician who can obtain consent and write orders for source blood work (eg. Outpatient lab, Housekeeping), notify the OHN who will contact the source/patient's family/attending physician to arrange for consent and obtain blood work. After hours (1600 hrs - 0800 hrs, weekends, and holidays) PMC Family Physician on call will assist with this process.

2.4 Place the completed source's/parent of source Consent for Testing and Physician Orders for testing on the sources' health record/chart.

2.5 Order source labs to be drawn stat or urgent (consider that there may be stored blood for the source in the lab if other blood tests were done recently). Microbiology must be notified that a stat request related to an exposure is being submitted.

2.6 Give the completed Risk Assessment of Source form to the HCW and instruct him/her to go to OHS&Wellness (0800 hrs - 1600 hrs) or contact Admitting to register the individual so they may be seen by the PMC Family Physician on call (1600 hrs - 0800 hrs, weekends, and holidays).

2.7 Notify manager of exposed healthcare worker’s department (at their office number) and OHN by leaving a voice message at 470-8011 if the exposure occurs between 1600 hrs - 0800 hrs or on the weekend.

   **Follow-up actions by Manager/Supervisor of exposed healthcare worker must:**

2.8 Ensure WCB Accident Report for IWK employees has been completed and sent to OHS&W.

2.9 Ensure completion of the Accident Investigation Form on-line through the AEMS reporting system.

2.10 Follow up with respect to any strategies to prevent a similar incident from occurring in the future.

   **Attending Physician, or designate of source, must:**
3.1 Counsel and seek consent from source for testing for HBV, HCV, and HIV

3.2 Complete Risk Assessment of Source Form with consent.

3.3 Notify the source of results when results are available and provide counseling as needed.

3.4 Notify NS Public Health Services if any source results positive for HBV, HCV, or HIV.

4 **Occupational Health Nurse (OHN)/ Primary Maternity Care (PMC) Family Physician must:**

4.1 Review the Blood and Body Fluid Exposure Report Form, the Risk Assessment of Source Form and the WCB Accident Report with the HCW.

4.2 Provide counseling, obtain consent to talk to personal physician if required.

4.3 Contact the Microbiology Laboratory as soon as possible to notify them an exposure has occurred and will provide information on the number of samples to be received, time of exposure and collection, and the person to be paged with the results. For any outstanding results, the Microbiology Laboratory, Microbiology Manager, or Microbiologist should be contacted.

4.4 Complete lab requisition according to clinical protocol and based on type of exposure, risk assessment of source (if source known) and Hepatitis B immune status of HCW and direct HCW to outpatient lab.

4.5 Administer Hepatitis B Vaccine as necessary according to clinical protocols.

4.6 Refer employee to QEII Infectious Disease Physician/Emergency for consideration of HIV post exposure prophylaxis (PEP) or Hepatitis B Immune Globulin (HBIG) as necessary according to risk assessment and clinical protocols. Offer taxi chit for transportation to and from the QEII Emergency.

4.7 Provide HCW with lab requisitions for follow up lab tests according to clinical protocols.

4.8 Report all negative results to the HCW, speaking directly by phone (do not leave a message). Notify the family physician of the HCW if any follow up results are positive for HIV, HCV for counseling and referral to Infectious Diseases Physician at Capital District Health Authority. (Notification to the NS Public Health Services of positive results must be completed by the attending or family physician.)
4.9 Advise exposed person to seek medical evaluation for any acute illness occurring during follow up period.

5 **Lab Staff must:**

5.1 Treat HCW exposure as an urgent matter and process lab tests on an *urgent or STAT* basis.

5.2 Phone/page the OHN with the HCW lab results if they were initiated in Occupational Health/Outpatient Lab or PMC Family Physician on call if the HCW has been assessed by them.

6 **Ward Clerks must:**

6.1 Check monthly to ensure a good supply of Bloodborne and Body Fluids Exposure Packages are on the Unit.

6.2 Re-order forms from the Print Shop as appropriate.

6.3 Re-order WCB Accident Reports from Occupational Health, Safety and Wellness as appropriate.

Appendix A
Exposure to Blood and Body Fluids – What to do following an exposure

Appendix B
Health Canada (1997) Recommendations for an integrated protocol; Testing the source and the HCW.
EXPOSURE TO BLOOD & BODY FLUIDS
WHAT TO DO FOLLOWING AN EXPOSURE

Health Care Worker Exposure to Blood & Body Fluids

Step 1
HCW wash, flush or irrigate

Step 2
HCW reports to Charge Person/Supervisor

Step 3
Charge Person/Supervisor gives HCW the Blood & Body Fluid Exposure Package. Charge persons discuss HCW risk factors

Step 4
HCW completes "Assessment for Type of Injury" form and place in package

Step 5
Charge Person/Attending Physician completes "Risk Assessment of Source" form and retains the "Consent for Testing Source Patient" form to be placed on source chart

Step 6
Completed forms (2) put in the Blood & Body Fluid Exposure Package and handed to HCW

It is 0800-1600 Monday-Friday

YES

Charge Person/Attending Physician counsel source patient and request consent for testing HBC, HCV & HIV

NO

Step 7
HCW reports to Occupational Health, Safety & Wellness Department with completed forms

Step 8
Counselling, blood work, & decision regarding prophylaxis. If prophylaxis is required must contact CEII Infectious Disease Physician/ER

Step 9
HCW completes WCB Accident Report prior to completion of shift

Step 10
Complete WCB Accident Report & send to appropriate area. If IMK employee, send to Occupational Health, Safety and Wellness Department. All others see policy.
AN INTEGRATED PROTOCOL TO MANAGE HEALTH CARE WORKERS EXPOSED TO BLOODBORNE PATHOGENS

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