**PREAMBLE**

All occupational exposures to blood and/or body fluids capable of transmitting blood borne infections such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) will be considered an urgent medical concern. The IWK Health Centre will attempt to provide assessment, management and follow-up for employees, physicians, researchers, students, housekeeping, and volunteers (henceforth collectively known as health care workers (HCW)) 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.

**POLICY STATEMENT**

1. The exposed person must report the exposure immediately to Occupational Health, Safety and Wellness (OHSW) or after hours, to the Primary Maternity Care (PMC) Physician to ensure timely post-exposure management. In addition, a Worker’s Compensation Board (WCB) form (if applicable) must be completed.

**GUIDING PRINCIPLES AND VALUES**

Reporting and management of occupational exposure to blood and body fluids capable of transmitting blood borne infections, especially HBV, HCV and HIV is critical to proper management.

HCWs will receive the appropriate direction to follow if involved in an exposure to a source blood or body fluid in the course of their work.
PROTOCOL

1. The Health Care Worker must:

1.1. Self-administer first aid by:
   - Removing any contaminated clothing
   - Allowing bleeding of the injured area for needlestick or laceration injuries
   - Washing injured area with soap and water
   - Flushing a mucous membrane splash with water or saline
   - Flushing a splash to the eye with water or saline for at least 15 minutes

1.2. Report the exposure immediately:

1.2.1. Report the exposure to the clinical leader, charge person, supervisor or manager of your department.

1.2.2. Complete Blood and Body Fluid Exposure Report Forms (see Related Documents) and if a(n):

   1.2.2.1. Employee of the IWK Health Centre then complete WCB Accident Report.

   1.2.2.2. Eligible medical resident, must contact PARI-MP office (902-404-3595) and the NSHA Safe Line (902-473-7233) for reporting and coverage by the NSHA Workers Compensation Board Program.

   1.2.2.3. Housekeeping staff will report the accident and submit a completed WCB Accident Report to their employer.

   1.2.2.4. Physicians who are not an employee of the IWK Health Centre will contact their personal insurance carrier.

   1.2.2.5. Students will contact their school to report.

   1.2.2.6. Researchers, who are not IWK employees, will report the accident to OHSW or PMC and submit a completed WCB Accident Report to their employer.

   1.2.2.7. Volunteers would complete some of the paperwork but would not be required to complete a WCB Accident Report.

1.2.3. Monday to Friday between the hours of 0800 hrs and 1600 hrs contact the Occupational Health Nurse – (OHN) 902-470-8011, cell 902-220-4475, Main
Office at 902-470-7949 to report exposure and go the OHSW Department for further management of exposure.

1.2.4. Between 1600 hrs and 0800 hrs weekdays or on weekends and holidays have your manager or charge person contact the PMC Physician on call at pager #3090 for assessment and management of exposures.

1.3. Blood and body fluid exposure packages contain all the proper documents required for post exposure and must be followed to ensure timely and complete follow up by the OHN. Packages can be obtained on individual units and on PULSE.

1.3.1. The package contains documents specific to the HCW and to the source (i.e. patient).

1.3.2. HCWs must 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 in the envelope.

1.3.3. The completed sources/parent of source (patient) Consent for Testing and Physician Orders for testing can be brought to the OHN by the exposed HCW for proper investigation.

1.4. All exposed persons complete the Accident Investigation Form on-line through the Safety Information Management System (SIMS) reporting system.

2. The Clinical Leader/Charge Person/Manager/Supervisor must:

2.1. Assist the HCW with first aid, as required.

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

2.3. Notify attending physician or physician designates of source (if source of exposure 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 to obtain consent and write orders for source blood work (e.g. Outpatient lab, Housekeeping), notify the unit manager/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 Physician on-call will assist with this process.

2.4. Place the Physician Orders for testing on the source’s health record/chart (if applicable).

2.5. Enter 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. Provide the completed Risk Assessment of Source form to the HCW and instruct him/her to go to OHSW (0800 hrs-1600 hrs) or contact Admitting to register the individual to ensure they may be seen by the PMC 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 902-470-8011 if the exposure occurs between 1600 hrs-0800 hrs on the weekend.

3. The Manager/Supervisor of exposed healthcare worker must:

3.1. Ensure WCB Accident Report for IWK employees has been completed and sent to OHSW (if applicable to their role).

3.2. Ensure completion of the Accident Investigation Form on-line through the SIMS reporting system.

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

4. The Attending Physician, or designate, must:

4.1. Counsel and seek consent from source for testing for HBV, HCV and HIV.

4.2. Complete Risk Assessment of Source Form with consent.

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

4.4. Notify NS Public Health Services if any source results are positive for HBV, HCV or HIV.
5. The Occupational Health Nurse (OHN)/Primary Maternity Care (PMC) Physician must:

5.1. Review the Blood and Body Fluid Exposure Report Form, the Risk Assessment of Source Form and the WCB Accident Report with the HCW. Retains source Consent for Testing.

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

5.3. 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 Microbiology Manager, or Microbiologist should be contacted.

5.4. 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 the outpatient lab. If the incident occurs during night hours, the HCW will report to the Outpatient Lab at 0730 the following day for collection. If the incident occurs on a night where the Outpatient lab is not open the following morning, labels will be printed for blood collection by Admitting. Call the Lab who will collect during the night shift.

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

5.6. Refer the HCW to NSHA 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 NSHA Emergency. (If source is HIV (+) or high risk for HIV or if the source is Hepatitis B (+) and HCW has been advised they are a Hepatitis B non-responder following receipt of the immunization series).

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

5.8. 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 HBV, HIV, HCV for counseling and referral to Infectious Diseases Physician at Nova Scotia Health Authority. (Notification to the NS Public Health Services of positive results must be completed by the attending or family physician).
5.9. Advise the HCW to seek medical evaluation for any acute illness occurring during follow up period.

6. The Lab staff must:

6.1. Treat HCW exposure as an urgent matter and process lab tests on an urgent basis.

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

Cross Reference

Infection Control Manual, IV-13

Canadian Immunization Guide: Evergreen Edition |

RELATED DOCUMENTS

Blood and Body Fluid Exposure Package: http://pulse.iwk.nshealth.ca/form/view/?id=4000259

Exposure to Blood and Body Fluids – What to do following an exposure http://pulse.iwk.nshealth.ca/subsites/page/view/?id=8770


Health Canada website: www.hc-sc.gc.ca

Public Health Agency of Canada website: www.phac-aspc.gc.ca
APPENDIX A – DEFINITIONS

Exposed Person: The person who has been exposed to blood or body fluid.

Exposure: Having a source’s blood/body fluid enter the exposed person’s body via a splash, needlestick or laceration/puncture

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

Health Care Worker (HCW): Any employee, physician, student, housekeeper, contract worker, researcher 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 fluid 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.
**District Health Authority/IWK Policies Being Replaced**

(Please List)

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**Version History**

(To Be Completed by the Policy Office)

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<th>Major Revisions (e.g. Standard 4 year review)</th>
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