

Policy Applies to:

Applies to all staff, Credentialed Specialists, students, contractors, and volunteers working in clinical or research settings. Volunteers, contractors and Credentialed Specialists will be supported to meet policy requirements.

Related Standards:

- Health and Safety at Work Act, 2015
- Ngā Paerewa Health and Disability services standard NZ 8134:2021
- Privacy Act 2020
- Health Information Privacy Code 2020
- Code of Health and Disability Services Consumers' Rights 1996

Cultural Considerations:

There is a robust reporting methodology and monitoring programme to support patients, and staff should there be an incident of BBFE. Patients are consulted and are made aware of any risks and procedures required as a result of BBFE. Results of testing are forwarded to the Patients' Primary Care team to ensure that the patient and whānau are supported in the event of positive or unexpected results.

Rationale:

Mercy Hospital is committed to providing a safe work environment to eliminate (where possible) and minimise the risk of blood and body fluid exposure.

Objectives:

To provide a clear, evidence-based framework for the prevention, immediate response, and follow-up of blood and body fluid exposures (BBFE) among healthcare workers, students, and contractors.

Prevention Strategies:

- Use of safety-engineered sharps and disposal systems
- Adherence to Standard and Transmission-Based Precautions
- Provision and use of PPE (gloves, gowns, masks, eye protection)
- Staff immunisation (especially HBV)
- Education and training during new staff orientation and annual IPC competency refreshers

Indications for BBFE reporting:

- Needlestick or sharps injury with contaminated instruments
- Mucous membrane contact (e.g., blood splash to eyes)
- Exposure of non-intact skin (cuts, abrasions) to blood/body fluids
- Human bites or scratches with fluid contamination

Definitions:

Recipient: The injured or exposed person

Source: The person whose blood or body fluid has come into contact with the injured or exposed person.

Unknown Source: When blood or body fluid contact has occurred where the identity of the source is unknown or consent is refused.

PEP: Post Exposure Prophylaxis

HBV: Hepatitis B virus

HCV: Hepatitis C virus

HIV: Human Immunodeficiency virus

Implementation

- H&S representative update – meetings, and resource provision
- Departmental meetings
- IPC annual training/education
- Orientation of new staff, students, Credentialed Specialists and contractors

Evaluation

- Biological category audit for risk analysis
- Incident review and trend analysis
- Training / education completion analysis
- Benchmarking against national and international standards

Associated Appendices

Appendix One - Blood and Body Fluid Exposure Form- Awanui Lab

Appendix Two – Blood and Body Fluid Incident Form- Awanui Lab

Appendix Three - Blood and Body Fluid Exposure Management Checklist

Appendix Four – Blood and Body Fluid Exposure Reporting Pack

Appendix Five – Staff Information – Guide to Follow-up Testing

Appendix Six – Blood and Body Fluid Follow Up Request Forms (not initial test)

Internal References

- Standard Precautions Policy
- Hazard Management Policy
- Incident Policy
- Personal Protective Equipment Policy
- Staff Immunisation Policy
- First Aid Policy
- Waste Management Policy
- Consent Policy
- By-Laws for Credentialed Specialists
- Biological category audit tool

External References

- Burnett Foundation Aotearoa. (2023). Prescribing HIV post-exposure prophylaxis (PEP) in Aotearoa New Zealand. Retrieved from <https://www.burnettfoundation.org.nz/pep-tool-2023.pdf>
- Centers for Disease Control and Prevention. (2024). Core infection prevention and control practices for safe healthcare delivery. Retrieved from https://www.cdc.gov/infection-control/hcp/core-practices/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html
- Health New Zealand | Te Whatu Ora. (2025). Infection prevention and control. Retrieved from <https://www.tewhatauora.govt.nz>
- Ministry of Health NZ. (2024). Workplace infectious disease prevention. Retrieved from <https://www.health.govt.nz>
- WorkSafe New Zealand. (n.d.). Applying the workplace exposure standards. Retrieved from <https://www.worksafe.govt.nz>
- WorkSafe New Zealand. (n.d.). Health and exposure monitoring. Retrieved from <https://www.worksafe.govt.nz>

Process:

Action to be carried out immediately following a blood or body fluid exposure.as per appendix 3:

1. Perform first Aid – wash it immediately
2. Notify – get help
3. Report – get the yellow box – grab a kit
4. Document – incident forms Awanui and Mercy
5. Blood Testing – get tested, source and you
6. Follow up through your GP. -
7. The person in charge of the work area should contact as soon as practicable:
 - **If** the source is a known HIV or probable positive source or the source is unknown **and** blood sampling has been undertaken at Mercy, contact the Infectious Diseases Physician on call at Whatu Ora, Southern immediately. Prophylaxis will be discussed and arranged.
 - If sampling is unable to be completed at Mercy e.g. Night shift or the weekend, and the source is a known HIV or probable positive source, or the source is unknown, the recipient should attend Dunedin Public Hospital, Emergency Department, as soon as it is safe to do so. Prophylaxis is available in the ED.

8. A BBFE exposure pack is available from the designated location in your work area. Follow the instructions inside the pack. Complete the following paperwork
 - Blood and body fluid exposure lab sampling form (this is to be scanned and attached to the online incident form, actual form to go with the blood samples)
 - Blood and body fluid incident and recording form. This form goes with the blood samples to the lab.
 - Staff Incident Notification Form- online incident system
9. Arrange for blood samples to be taken from the recipient (exposed or injured person) and the source. If the source is unknown, this must be stated on the recipient lab request.

Patient consent **MUST** be obtained by the Registered Nurse or Doctor to test blood for blood borne viruses **BEFORE** the sample is taken. If appropriate, consent will be indicated on the Surgical Procedure consent form.

The following blood samples are to be obtained from the recipient (injured person) and the source.

Recipient (injured person)	Source (person the blood or fluid belongs to)
Obtain 4.5mls blood in a yellow topped tube and send to the Southern Community Laboratory for testing for HIV, Hepatitis B Immunity, Hepatitis B, and C	Obtain 4.5mls of blood in a yellow topped tube and send to the Southern Community Laboratory for testing for HIV, Hepatitis B and C

Staff blood samples

- The blood sample can be taken by any staff member in the work area who is trained in venepuncture, or they can attend an Awanui collection centre.
- If the exposure occurs out-of-hours, or if the sample cannot be taken in the work area or at the Laboratory, the staff member should attend the Dunedin Hospital Emergency Department to have the blood sample taken as soon as possible.
- The staff member must provide a signature on the form consenting to the above tests. There is an option for the staff member to opt out of the HIV or HCV tests. However, this is not advised as baseline tests are required for any ACC investigation into an occupationally acquired blood borne virus disease arising from this incident.
- Send the BBFE Laboratory request form (available in the BBFE packs) and both blood samples to the Awanui Laboratories immediately. (option to use taxi for delivery)
- An entry should be made in the patient's clinical notes that a BBFE has occurred and that bloods have been obtained for testing.

Consent for Testing of Source

Patients, as part of the admission consent process, are asked to sign consenting 'to a blood sample being taken from them in the event that a healthcare worker is exposed to their blood or body fluids during the procedure'.

The following is suggested wording when requesting testing for blood borne viruses (Hepatitis B, Hepatitis C and HIV) from a patient.

"One of our staff members has, as a result of an accident, been exposed to your blood/body fluid. We ask your permission to test your blood for viruses, which may be transmissible, and you may carry even if you have no symptoms. Testing would include Hepatitis B, Hepatitis C and HIV (Human Immunodeficiency Virus). This request does not indicate that it is believed you are at a high risk for carrying these viruses. You will be informed of the results of these tests and provided with the appropriate advice and follow-up should any be necessary.

You can request your test be performed using a code instead of your name on a laboratory request form. You may also request that a copy of your results be sent to your General Practitioner. Thank you for your help."

Coding

The source may wish to have the result reported in code. Indicate this with the consent and use the coding below.

Under name on the Laboratory Requisition Form, put in the following order:

- First two letters of surname
- First letter of first name
- Date of birth e.g. Fred Dagg, born on 01/01/01, would read DAF010101. All blood tubes and forms are to be labelled like this, if the code is used.

Incompetent Source and Consent for Testing

If source is incompetent, unconscious or otherwise unable to give consent:

- The decision to proceed with blood-borne virus testing is to be made in conjunction with responsible Specialist and/ or Infection Prevention and Control Nurse.
- Information relating to the history of the source and the circumstances of the exposure will be taken into account when making this decision.
- If the source is temporarily incompetent, then it may be appropriate to delay blood-borne virus testing until he/she regains competence.
- If it is decided to proceed with blood-borne virus testing and there is someone legally empowered to give consent, then that person should be approached.
- In the absence of such a person, then any decision made to proceed to test for blood-borne viruses without consent is to be documented in the clinical records by the responsible Specialist (or designated other) making the decision to proceed.

- If the source is temporarily incompetent, he/she is to be informed about the incident and the testing that has occurred and the test results at the earliest opportunity by the consultant.
- Patients undergoing anaesthetic for a surgical procedure, sign a Consent to Treatment by Operation/Procedure form consenting to a blood sample being taken from them in the event that a healthcare worker is exposed to their blood or body fluids during the procedure. Where possible, a copy of the signed form should accompany the Blood & Body Fluid Contact Report Form lab request forms and blood samples to the laboratory.

Post-exposure follow-up

Recipient

- If you have been exposed to a known or probable HIV positive source, contact the Infectious Diseases Physician at the Te Whatu Ora Southern immediately, so prophylaxis can be discussed. Any prophylactic antiviral treatment required would need to be administered as soon as possible (within 4 hours of the exposure is optimal but there is some benefit up to 48 hours). This is arranged via the Infectious Diseases Physician on call at Dunedin Public Hospital.
- If the source of your injury is Hepatitis B positive, and you are non-immune, you will require further treatment. This will be facilitated through the Infection Prevention Control Nurse or designated staff member within 72 hours.
- If you have been exposed to a Hepatitis C positive source, follow-up will be facilitated through the Infection Prevention and Control Nurse or designated staff member at 4, 10 and 26 weeks. (The same follow-up will be offered in the situation of an unknown source or nil patient consent).
- Further advice as required may be obtained from the Awanui Laboratory, Clinical Microbiologist, Te Whatu Ora Southern Infectious Diseases Physician, and the Infection Prevention and Control Nurse.
- The subsequent follow up of your injury will be dependent upon these test results and risk assessment. Staff members will be contacted as required by the Infection Prevention and Control Nurse who will organise routine follow-up for the contact person or by the Microbiologist / Te Whatu Ora Southern Infectious Disease Physician if prophylaxis is required.
- *NB: All staff in direct patient care are strongly advised to undergo a Hepatitis B vaccination course because of the degree of risk of exposure to the blood/body fluids of patients. Identified at risk staff with no Hepatitis B immunity will be contacted by the Infection Prevention and Control Nurse and offered vaccination.*

Patient Information

- It is the responsibility of the Specialist or delegated authority to inform the patient of their test results

Yellow Box - BBFE Packs

BBFE packs in designated work areas: Theatre (Chemical/ Awanui Sampling cupboard), McAuley (Nurse's office), DSU (forms cabinet), Manaaki (Recovery), Lower Ground (main hospital building), and Callaghan (Nurses station in shelves to right of the Ward Map/screen). Packs are made by the Health and Safety Representative of each area or a designated staff member of the work area.

Each pack should contain the following contents:

- Blood and Body Fluid Exposure Management Checklist
- Specimen biohazard bags
- Blood and Body fluid exposure lab form (Awanui)
- Blood and body fluid incident form (Awanui)
- Staff Information – BBFE guide to follow up testing

To ensure validity of blood samples, vacutainers for blood sampling may not be contained within BBFE packs. Two yellow topped vacutainers will be required for blood sampling. One each for the recipient and the source. If the blood samples are separated, photocopy the Awanui Blood Test and Incident forms, to ensure that a copy of these details is with each sample.