

Policy Applies to:

All staff employed by Mercy, Credentialed Specialists, students and contractors 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
- EQuIP Criterion 1.5.2
- EQuIP Criterion 3.2.1

Cultural Considerations:

Requesting consent for the sampling of blood is explained to both parties in a manner that is acceptable and understood by the individuals involved. Patients: Consent is requested before the procedure and the decision is recorded on the procedure consent form.

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.

When a blood and body fluid exposure (BBFE) occurs, a robust reporting methodology and monitoring programme will support staff and patients.

Objectives:

To minimise the risk of transmission of infectious pathogens and to manage blood and body fluid exposures after they have occurred through:

- The use of sharp safety equipment.
- Adherence to safe handling and disposal practices.
- The provision and use of personal protective equipment.
- Staff immunisation.

Indications for BBFE reporting:

The following types of exposure MUST be reported:

- Contaminated NEEDLESTICK and other SHARP OBJECT injuries.
- INGESTION of /or MUCOUS MEMBRANE contact with blood, or body fluids of anyone (e.g. blood splashed in the eyes, sputum in the eye).
- CONTAMINATION of a fresh, unhealed cut or burn (generally less than 24 hours old) with blood, serum or body fluids from a patient.
- BITE wounds, where the skin is penetrated, or SCRATCHES where blood, serum or body fluid contamination from a patient is present.

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.

Implementation

- Staff education – orientation session
- H&S representative update – meetings
- Departmental meetings
- Standard Precautions education – New staff orientation, Contractor orientation, Clinical staff- Annual IPC competency education
- Blood and Body Fluid exposure management education- Clinical orientation, Student orientation

Evaluation

- Biological category audit
- Waste management reporting
- Incident review and trend analysis
- Staff health files
- Blood/Body Fluid Exposure statistics clinical indicator benchmark reporting, Australian Healthcare Standards

Associated Appendices

Appendix One - Blood and Body Fluid Exposure Lab form

Appendix Two - Blood and Body Fluid Exposure Management Checklist

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
- Consent form
- By-Laws for Credentialed Specialists
- Biological category audit tool

External References

Cheetham, S., Ngo, H., Liira, J., Lee, E., Pethrick, C., Andrews, A., & Liira, H. (2019). Education and devices to prevent blood and body fluid exposures. *Occupational Medicine*, 70(1), 38-44. doi: 10.1093/occmed/kqz156

Health Practitioners Competence Assurance Act 2003

Kuhar, D.T., Henderson, D.K., Struble, K.A., Heneine, W., Thomas, V., Cheever, L.W., Gomaa, A., & Panlilio, A.L. (2018). Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. USPHS Working Group on Occupational Postexposure Prophylaxis.; National Center for Emerging Lippincott 2019, Accidental exposure to blood or body fluids, OR

Murphy, E. (2000). Hepatitis B, Vaccination and Healthcare Workers. *Occupational Medicine*, 50(6), 383-386. doi: 10.1093/occmed/50.6.383

and Zoonotic Infectious Diseases (U.S.). Division of Healthcare Quality Promotion.; Centres of Disease Control and Prevention, <https://stacks.cdc.gov/view/cdc/20711>

Process:

Action to be carried out immediately following a blood or body fluid exposure.

1. Wash wounds and skin sites in contact with blood or body fluid with soap and water. Apply a sterile occlusive dressing if necessary.
2. Irrigate mucous membranes with copious amounts of water or saline. Eye wash stations are available in areas of high risk blood and body fluid exposure.
3. Rinse well. If contact lenses are worn, eye irrigation should take place before and after removing the lenses. Rinse eyes gently, holding open with water or saline for at least 30 seconds
4. Report the exposure to the person in charge of the work area who should assist in coordinating the process. The exposed person should not be left to deal with the process alone.
5. The person in charge of the work area should contact as soon as practicable:
 - Infection Prevention & Control Nurse (leave a phone message if not available this may be designated to another staff member)
 - **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 the SDHB **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 ED.
6. A BBFE exposure pack is available from the designated location in your work area (lab sampling supplies area such as the clean utility rooms in ward areas and the lab sampling supplies cupboard in the theatre corridor, by the decontamination room)- follow the instructions inside the pack. Complete the following paperwork
 - Blood and body fluid exposure lab form for Mercy Hospital (this is to scanned and attached to the online incident form, actual form to go with the blood samples)
 - Staff incident notification form- online incident system
7. 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 the Southern Community Laboratory.
- 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 Southern Community 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 SDHB 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 Southern Community Laboratory Clinical Microbiologist, Infectious Diseases physician, SDHB 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 / SDHB 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.

BBFE Packs

BBFE packs in designated work areas: Theatre (Chemical cupboard), McAuley (Nurse's office), DSU (forms cabinet), and Manaaki (Recovery). 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 for Mercy Hospital

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.