

Policy Applies to:

All staff employed by Mercy;

Credentialed Specialists, Allied Health Professionals, students and contractors will be supported to meet policy requirements.

Related Standards:

- Health and Safety at Work Act, 2015
- Infection Prevention and Control Standards NZS 8134.3:2008
- EQuIP Criterion 1.5.2
- EQuIP Criterion 3.2.1

Rationale:

Mercy Hospital is committed to providing a safe work environment to eliminate (where possible) and minimise the risk the blood and body fluid exposures through use of sharp safety equipment, adherence to safe handling and disposal practices and the provision and use of personal protective equipment and staff immunization.

When a blood and body fluid exposure (BBFE) occurs, to provide a reporting methodology and monitoring programme that supports staff and patients.

Objectives:

To minimize the risk of transmission of infectious pathogens and to manage blood and body fluid exposures after they have occurred.

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 a patient (e.g. blood splashed in the eyes).
- 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 skin is penetrated, or SCRATCHES where blood, serum or body fluid contamination from a patient is present.

Definitions:

Recipient

The injured/exposed person, usually a staff member.

Source

Person whose blood or body fluid had contact with the injured/exposed person, usually a patient.

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
- Sharps disposal audit
- Environmental audit

Evaluation

- Sharp disposal system audit reports
- Service area environmental audit reports (PPE, waste management, sharp disposal)
- Incident review and trend analysis
- Sharp safety education, waste management education
- Blood and Body Fluid exposure management education,
- Staff health files
- Blood/Body Fluid Exposure statistics clinical indicator benchmark reporting, Australian Healthcare Standards

Appendix:

Appendix One - Blood and Body Fluid Reporting Pack Information Checklist

Appendix Two - Southern Community laboratory Blood and Body Fluid report form

Internal References

- Standard Precautions Policy
- Hazard Management Policy
- Incident Policy
- Personal Protective Equipment Policy
- Staff Immunization Policy
- First Aid Policy
- Waste Management Policy
- Consent Policy
- Consent form
- By-Laws for Credentialed Specialists
- Service Area environmental audit tool
- Sharp disposal systems audit tool

External References

- US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post-exposure Prophylaxis. MMWR September 30, 2005. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- Health Practitioners Competence Assurance Act 2003
- Lippincott 2017, Accidental exposure to blood or body fluids

Acknowledgements

- Southern District Health Board, Blood and Body Fluid Exposure policy
- Canterbury District Health Board, Blood and Body Fluid Exposure policy

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. Do not squeeze or rub the injured site.
2. Irrigate mucous membranes with copious amounts of water or saline.
3. Mouth and Eyes: 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:
 - Infection Prevention & Control Nurse (leave a phone message if not available)
 - Manager, Clinical Co-ordinator, Executive Manager, out of hours the Senior Nurse on Call
 - If you have been exposed to a known or probable HIV positive source, contact the Infectious Diseases Physician on call at the SDHB immediately, so prophylaxis can be discussed.

A BBFE exposure pack is available from the designated location in your work area - follow the instructions inside the pack. Complete the following paperwork

- BBFE form
- Staff incident notification form
- BBFE Laboratory test request forms x 2 (for each blood sample)

Arrange for blood samples to be taken from the recipient (staff member/injured person) and the patient source. Refer below for process

Patient consent **MUST** be obtained by the Registered Nurse or Doctor to test blood for blood borne viruses **BEFORE** the sample is taken.

Consent **MUST** be indicated on the BBFE form (by the person who obtained consent.)

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

Recipient (injured person) e.g. staff	Source e.g. patient
Obtain 4.5 mls blood in a red topped tube and send to the Southern Community Laboratory for testing for Hepatitis B Immunity, Hepatitis B, HIV and HCV	Obtain 4.5mls of blood in a red 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.
- 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 both labelled BBFE Laboratory request forms, both blood samples and the BBFE Contact Report form (available in the BBFE packs) 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 for HIV Testing

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 (staff member)

- 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.

- 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 Occupational Health Nurse within 72 hrs.
- If you have been exposed to a Hepatitis C positive source, follow-up will be provided by Occupational Health Nurse 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 via Occupational Health and / or Infection Prevention & Control Nurse and Southern Community Microbiologist.
- 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 Occupational Health Nurse who will organise routine follow-up for the contact person or 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. Please contact Occupational Health Nurse to arrange the vaccination course.*

Patient Information

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

BBF Exposure Packs

BBFE exposure packs in designated work areas: Theatre (Chemical cupboard), McAuley (Nurse's office), DSU (Utility Room), and Manaaki (Recovery) and also are available from the Occupational Health / Infection Prevention Nurse.

Each pack should contain the following contents:

- Blood/Body Fluid Contact Checklist
- Staff Incident Report form
- Southern Community Laboratory Blood and Body Fluid report form (one for recipient person and one for source person)
- Two Southern Community Laboratory specimen biohazard bags