



Occupational Exposure to Blood and Body Fluid Procedure

Effective: 27 March 2017

1. Guiding Principles

To prevent Occupational Injury with Blood or Body Fluids and to monitor and manage risks to Great Southern staff related to Occupational Exposure.

2. Procedure

This procedure is to be used in conjunction with the contents of the Great Southern Occupational Exposure Pack.

Packs are kept in each Emergency Department (ED) of WACHS Great Southern facilities and inpatient wards in the Albany Health Campus. It is the responsibility of the Infection Control Link Nurses to ensure packs are available. All documents can be accessed on the GS Infection Control intranet page under Staff Health.

[Great Southern Intranet: Staff Health](#)

Additional information is contained in the Department of Health Operational Directive [OD 0641/15 Management of Occupational Exposure to Blood or Body Fluids in the Healthcare Setting](#).

2.1 Immediate Management for Health Care Worker (HCW) or recipient to complete

Sharps Injury/Parenteral Exposure

- Wash the skin thoroughly with soap and water and apply a waterproof dressing.
- Alcohol-based hand gel is to be used if water is not available.
- If still bleeding, apply pressure through dressing, do not squeeze or rub the injury site.

Splash/Non-Parenteral Exposure

- Wash the skin well with soap and water irrespective of whether there are cuts or abrasions.
- If blood or body fluids splash into the eyes, rinse the eyes gently and thoroughly with running water or with normal saline.
- If blood or body fluid splashed into the mouth, spit out the blood or body fluid and then rinse mouth thoroughly with running water.
- Remove contaminated clothing and shower if necessary.

NB: When the recipient or exposed person is a patient, the same requirements as for occupational exposures to healthcare workers should be applied. The Initial Manager completes CIMS reporting for exposures to patients.

2.2 Subsequent Actions of HCW

- **Report** exposure immediately to: Your immediate Manager that shift.
- **Call** the CNS Infection Prevention and Control on 98922211: Leave a message if after hours with your details and a contact number.
- **If the source is known take** a patient identification sticker from the patient notes to assist you completing the GS Staff Occupational Exposure Questionnaire.
- **Open** a GS Occupational Exposure Pack (OE Pack) and complete the WACHS – GS Staff Occupation Exposure Questionnaire.
- **Be advised by the** initial manager and the ED Medical Practitioner on risk classification and whether further injury management is required.
- **Complete** the Safety Risk Report Form and return it to your immediate manager.

2.3 Initial Managers Actions

The initial manager is the manager that the HCW reports to on a shift by shift basis and is to:

- **Complete** the Risk Classification Form from the OE Pack to determine whether further injury management is required.
- **Review** and assist HCW/Recipient with Staff Occupational Exposure Questionnaire. Scan the completed form to gs.infectioncontrol@health.wa.gov.au.
- **Notify** the departmental manager (if this is a different individual from the initial manager) by the end of the next working day
- **Ensure** the completed Safety Risk Report form is scanned to WACHS.OSHGreatSouthern@health.wa.gov.au.

If the HCW/Recipient has suffered a non-parenteral/doubtful exposure:

- Complete Safety Risk Report Form and relevant sections of WACHS GS Staff Occupational Exposure Questionnaire and forward to gs.infectioncontrol@health.wa.gov.au for the CNS Infection Prevention and Control and to WACHS.OSHGreatSouthern@health.wa.gov.au for the Regional OSH Coordinator.
- In this situation, there is no risk to HCW of blood borne virus transmission.
- Immediate management of the source individual or the recipient/exposed individual as outlined below (i.e. medical review and serological testing) is not required.
- Reports are to be submitted within 24 hours.

If the HCW/Recipient has suffered a possible parenteral, definite parenteral or massive exposure the following steps must be taken by the initial manager:

- **Ensure** the HCW/Recipient seeks medical review.
 - The HCW/Recipient is to attend the hospital's ED and present to triage and identify themselves as a staff member who has had a needle stick or body fluid exposure. If the ED is not staffed with a doctor, the HCW is to make an appointment to see their General Practitioner (GP) within 18 hours of injury.
 - If the HCW/Recipient would then prefer to have their GP manage their care they can arrange subsequent follow up with their GP.
- The ED doctor contacts the treating doctor of the source patient to advise them of the incident so that the treating doctor can assist with risk assessment, and arranging consent and serology. The treating doctor of the source patient is responsible for relaying subsequent serology results to the source patient.
- Give the Source the "Patient Information Sheet" from the OE Pack.
- Give HCW the "HCW Information Sheet" from the OE Pack.
- Confirm that bloods are taken from both the source and the HCW.
- Manager to inform the HCW that blood results will be available within 48 hours from the **CNS Infection Prevention and Control** or their own designated GP.

2.4 Medical Practitioners Actions

- Review and assess the health care worker, providing advice as required. Further specific clinical information can be obtained from the [OD 0641/15 Management of Occupational Exposure to Blood or Body Fluids in the Healthcare Setting](#).
- Obtain informed consent for HCW/Recipient blood to be taken for the following tests:
 - Hep B Antibody (HBsAb)
 - Hep B Antigen (HBsAg)
 - Hep C Antibody (HCV)
 - HIV Antibody

Blood is to be taken as soon as convenient at Pathwest, or by treating Doctor. Pathology form is to be clearly marked 'recipient baseline' with copies to the HCW's GP (if consented by HCW), CNS Infection Prevention and Control and the HCW.
- Any possible or definite exposure associated with the source positive for a blood borne virus or likely to be positive is to be discussed with the clinical immunologist on call for Royal Perth Hospital. Administration of urgent vaccination and/or immunoglobulin or post exposure prophylaxis is not to be given without discussion with a specialist medical practitioner with relevant expertise. See Appendix D of OD 0641/15.
- If HBV or HIV post exposure prophylaxis is required, Albany Health Campus Pharmacy has limited stock.

2.5 Departmental Manager

- Departmental managers (i.e. managers with overall OSH responsibility for the location where the injury occurred) are responsible for reviewing the Safety Risk Report Form in liaison with OSH Representative and addressing the cause of the incident in order that similar incidents can be avoided in the future, including consideration given to necessary equipment and / or training.
- Departmental managers in collaboration with Infection Control Link Nurses are responsible for ensuring their staff have access to the OE Packs.

2.6 CNS Infection Prevention and Control

- Review and collate Staff Occupational Exposure Questionnaires.
- Ensure follow-up screening of exposed HCW as per Appendix C Exposure Management Flowchart OD 0641/15.
- Maintain a register of occupational exposures, reporting incidents to the GS Regional Infection Control Committee (RICC) and Healthcare Infection Surveillance Western Australia (HISWA) as required for mandatory surveillance programs.
- Provides a line list of occupational exposure incidents quarterly to the Regional OSH Coordinator.
- Provides an annual Sharps Safety Program report which is tabled at Regional Executive.

2.7 The Regional Occupational Safety and Health Coordinator is responsible for tabling occupational exposure incident information at OSH committees, reviewing safety risk reports and supporting OSH representatives and managers to take appropriate investigation and risk mitigation strategies, including use of root cause analysis tools and action plans.

3. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Evaluation

Occupational exposure rates are monitored and reported annually via the WACHS Great Southern Sharp Safety Program Annual Report due within two months of the end of the financial year.

6. Standards

Standard 3 Preventing and Controlling Healthcare Associated Infections

3.1.1. A risk management approach is taken in policies, procedures and/or protocols.

7. Legislation

- *Biosecurity Act 2015 (Cwlth)*
- *Contaminated Site Act 2003*
- *Emergency Management Act 2005*
- *Food Act 2008*
- *Public Health Act 2016*
- *Health Professionals (Special Events Exemption) Act 2000*
- *Hospitals and Health Services Act 1927*
- *Medicines and Poisons Act 2014*
- *National Health Security Act 2007 (Cwlth)*
- *OHS Act 1984*
- *Pharmacy Act 2010*
- *Poisons Act 1964*
- *Radiation Safety Act 1975*
- *Tobacco Products Control Act 2006*
- *Waste Avoidance and Resource Recovery Act 2007*

8. Related Forms

WACHS [Safety Risk Report Form](#)

9. Related Policy Documents

WACHS [Safety Risk Reporting Procedure](#)

10. Related WA Health Policies

OD 0641/15 [Management of Occupational Exposure to Blood and Body Fluids](#)

11. WA Health Policy Framework

[Public Health Policy Framework](#)

12. Appendices

[Appendix 1: Occupational Exposure Pack](#)

[Appendix 2: Staff Occupational Exposure Questionnaire](#)

[Appendix 3: Initial Manager's Checklist](#)

[Appendix 4: Risk Classification Form](#)

[Appendix 5: Health Care Worker Information Sheet](#)

[Appendix 6: Patient Information Sheet](#)

[Appendix C : Exposure Management Flowchart ,](#)

see page 14 of Operational Directive 0641/15

[Appendix D : HIV Specialist and HIV Post Exposure Prophylaxis,](#)

see page 15 of Operational Directive 0641/15

This document can be made available in alternative formats on request for a person with a disability

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1. WACHS GS Occupational Exposure to Blood and Body Fluid Procedure
2. Staff Occupational Exposure Questionnaire, Risk Classification Form & Initial Manager’s Checklist (all go to Infection Control)
3. WACHS Safety Risk Report Form (goes to WACHS OSH GS)
4. Recipient Information Sheet (goes to exposed person)
5. Source Information Sheet (goes to source person)
6. Employee Assistance Program Information Brochure

Roles and Responsibilities

Recipient (Healthcare Worker or Patient* *circle one*) if Patient* Initial Manager to complete CIMS

<input type="checkbox"/>	Apply first aid, report occupational exposure to Immediate Shift Manager
<input type="checkbox"/>	Complete Staff Occupational Exposure Questionnaire; use a patient UMRN sticker as appropriate
<input type="checkbox"/>	Complete Safety Risk Report Form
<input type="checkbox"/>	Be advised by Emergency Doctor or GP regarding further injury management
<input type="checkbox"/>	Keep Recipient Information Sheet
<input type="checkbox"/>	If recipient is a HCW; keep the Employee Assistance Program brochure for your information
<input type="checkbox"/>	Use this envelope to return completed forms to Immediate Shift Manager

Emergency Doctor

<input type="checkbox"/>	Evaluate, assess risk, assess recipient’s immunisation status and provide pre-test counselling
<input type="checkbox"/>	Obtain informed consent from recipient and perform baseline serology
<input type="checkbox"/>	Identify source and coordinate serology with treating clinician (NB: treating clinician responsible for relaying serology results to source)
<input type="checkbox"/>	Arrange for recipient to receive post exposure prophylaxis if indicated, see Appendix D
<input type="checkbox"/>	Return this envelope and remaining enclosed forms to recipient

Immediate Shift Manager

<input type="checkbox"/>	If parenteral exposure, ensure recipient seeks medical review at onsite ED
<input type="checkbox"/>	Complete Safety Risk Report Form Section B
<input type="checkbox"/>	Scan and email completed Staff Occupational Exposure Questionnaire, Risk Classification form and Immediate Manager’s Checklist to gs.infectioncontrol@health.wa.gov.au
<input type="checkbox"/>	Scan and email WACHS Safety Risk Report Form to WACHS.OSHGreatSouthern@health.wa.gov.au
<input type="checkbox"/>	Give Source Information Sheet to source, if known
<input type="checkbox"/>	Notify Recipient’s departmental manager of occupational exposure

CNS Infection Prevention and Control

<input type="checkbox"/>	Contact recipient as soon as practicable; give further explanation of risk, offer support and outline follow up plan. Clarify how results will be delivered, preference in-person
<input type="checkbox"/>	Receive baseline serology results; inform recipient of result
<input type="checkbox"/>	Follow up exposed person as per Appendix C from OD 0641/15 Management of Occupational Exposure to Blood and Body Fluids in the Healthcare Setting

Departmental Manager (as directed by OSH Coordinator)

<input type="checkbox"/>	Review Safety Risk Report Form
<input type="checkbox"/>	Investigate occupational exposure with area OSH Representative
<input type="checkbox"/>	Complete Safety Risk Report Form Section C, return completed form to OSH Coordinator

Reference:

WA Health [OD 0641/15 Management of Occupational Exposure to Blood and Body Fluids in the Healthcare Setting](#)

Staff Occupational Exposure Questionnaire

Please scan and email completed form to gs.infectioncontrol@health.wa.gov.au

General Details (use UMRN sticker if available)

Health Care Worker/Recipient		Source of Exposure	
MRN:		MRN:	
Last Name:		Last Name:	
First Name:		First Name:	
DOB:		DOB:	
Contact Number:		Source NOT identified <i>tick</i>	
Exposure details			
Exposure date: ____ / ____ / ____		Time: ____ : ____ (24 hr clock)	
Date reported: ____ / ____ / ____		Reported to whom?	
Where did the exposure occur? (eg general ward, laundry, theatre)			
Description of Incident:			
Which body fluid were you exposed to:			
If blood, was it visible? Yes / No (please circle)			
Personal Protective Equipment (Please indicate what personal protective equipment you were wearing at the time of the injury)			
<input type="checkbox"/>	Gloves (single layer)	<input type="checkbox"/>	Gown or protective clothing
<input type="checkbox"/>	Gloves (double layer)	<input type="checkbox"/>	Mask (surgical type)
<input type="checkbox"/>	Protective eyewear	<input type="checkbox"/>	No PPE

Please continue on other side 

Staff Occupational Exposure Questionnaire (continued)

Please scan and email completed form to gs.infectioncontrol@health.wa.gov.au

Was your injury: (Please tick appropriate boxes)

Parenteral (Needle Stick)		Non Parenteral (Splash)	
1) What type of sharp caused the injury?		1) What volume of fluid were you exposed to?	
<input type="checkbox"/>	Hollow bore needle; gauge	<input type="checkbox"/>	Small (<5mls)
<input type="checkbox"/>	Suture needle	<input type="checkbox"/>	Medium (5-50mls)
<input type="checkbox"/>	Glass	<input type="checkbox"/>	Large (>50mls)
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Unknown
2) Did the sharp have safety features? (i.e. retractable or safety needle)		2) For what period were you exposed?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Brief <5 minutes
<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
3) Did the injury occur?		3) Which part of your body surface was involved?	
<input type="checkbox"/>	During use	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	During disposal	<input type="checkbox"/>	Mouth
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Nose
4) How deep was the injury?		<input type="checkbox"/>	Intact skin
<input type="checkbox"/>	Superficial surface scratch	<input type="checkbox"/>	Non-intact skin
<input type="checkbox"/>	Moderate, penetrated skin		
<input type="checkbox"/>	Deep, puncture wound		
<input type="checkbox"/>	Actual injection of blood/bodily fluid		

1) Where are you employed?	
<input type="checkbox"/>	Albany Health Campus
<input type="checkbox"/>	Katanning Health Service
<input type="checkbox"/>	Denmark Health Service
<input type="checkbox"/>	Ravensthorpe Health Service
<input type="checkbox"/>	Kojonup Hospital
<input type="checkbox"/>	Gnowangerup Hospital
<input type="checkbox"/>	Plantagenet Health Service
<input type="checkbox"/>	Other:
2) Are you;	
<input type="checkbox"/>	Full time
<input type="checkbox"/>	Part time
<input type="checkbox"/>	Casual
<input type="checkbox"/>	Non-WACHS Employee
<input type="checkbox"/>	Other
3) Classification (Nurse, PSA, Doctor etc.):	
4) Have you lost any time from the workplace?	
Date reported to Infection Control: ____ / ____ / ____	
By Whom:	
Thank you for completing this questionnaire. Please be assured that your information will be treated with strict confidence.	

Initial Manager's Checklist (Send to Infection Control)

HCW Risk Classification form completed? Yes No

HCW Risk Classification/ Exposure?

Non-parenteral Exposure Doubtful Possible Definite Massive

Parenteral Exposure Doubtful Possible Definite Massive

HCW counselling by ED doctor/GP prior to blood taken?

Yes No No blood taken

Informed consent of HCW for baseline serology (HBV - Sab and Sag, HCV and HIV)

Yes No No blood taken

Have any of these immediate post exposure treatments been given:

Hep B Immunoglobulin	Yes <input type="checkbox"/> No <input type="checkbox"/>
HBV Vaccination	Yes <input type="checkbox"/> No <input type="checkbox"/>
HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the Recipient received their Information Sheet? Yes No

Has the Recipient (if HCW) received the EAP brochure? Yes No

Is the source known? Yes No

Informed consent of source for baseline serology? Yes No

Patient information sheet given to patient? Yes No

Name of Source's treating clinician: _____

Completed Safety Risk Report form emailed to OSH

WACHS.OSHGreatSouthern@health.wa.gov.au Yes No

Date: _____ Comment: _____

Completed Staff Occupational Exposure Questionnaire, Risk Classification form and Initial Manager's Checklist emailed to gs.infectioncontrol@health.wa.gov.au

Yes No Date: _____ Comment: _____

Please Note: If a patient has been exposed to a Health Care Worker's blood/body fluids a CIMS form must be completed.

Date CIMS completed: _____ CIMS Number: _____ Not Applicable

Initial Manager's Name: _____ Date: _____

Signature: _____ Position: _____

Risk Classification Form

Risk assessment of occupational exposure to blood or body fluids is conducted on the basis of the type of exposure and the amount of infectious material involved.

<p>Non-Parenteral Exposure:</p>	<p>Intact skin visibly contaminated with blood or any body substance.</p>
<p>Doubtful Exposure Tick here</p> <input data-bbox="151 683 406 757" type="checkbox"/>	<ul style="list-style-type: none"> (i) Intradermal (superficial) injury with a needle considered not to be contaminated with blood or body substance (ii) Superficial wound not associated with visible bleeding, caused by an instrument considered not to be contaminated with blood or body substance. (iii) Prior wound or skin lesion contaminated with a body substance other than blood, e.g. urine. (iv) Mucous membrane or conjunctiva contact with a body fluid other than blood.
<p>Possible Exposure: Tick here</p> <input data-bbox="151 1108 406 1182" type="checkbox"/>	<ul style="list-style-type: none"> (i) Intradermal (superficial) injury with a needle contaminated with blood or body substance. (ii) A wound not associated with visible bleeding, produced by an instrument contaminated with blood or body substance. (iii) Prior wound or skin lesion contaminated with blood or body substance. (iv) Mucous membrane or conjunctiva contact with blood or body substance.
<p>Definite Exposure: (Moderate Risk) Tick here</p> <input data-bbox="151 1527 406 1601" type="checkbox"/>	<ul style="list-style-type: none"> (i) Skin penetrating injury with a needle contaminated with blood or body substance. (ii) injection of blood/body substance < 1ml (iii) Laceration or similar wound which caused bleeding, and is produced by an instrument that is visibly contaminated with blood or body substance. (iv) In laboratory settings, any direct inoculation with HIV tissue or material likely to contain HIV, HBV or HCV not included above.
<p>Massive Exposure: (High Risk) Tick here</p> <input data-bbox="151 1803 406 1877" type="checkbox"/>	<ul style="list-style-type: none"> (i) Transfusion of blood. (ii) Injection of large volume of blood/body substance (>1ml). (iii) Parenteral exposure to laboratory specimens containing high titre of virus.

Initial Manager's Name: _____

& Signature: _____ Date: ____/____/____

Health Care Worker Information Sheet

What Are The HCW's Risks?

Generally someone who sustains an occupational exposure to blood or body fluids has a low risk of contracting a Blood-borne virus (BBV). The highest risk of BBV acquisition results from exposure to a Hepatitis B virus (HBV) positive source (10-40%). However with near universal uptake of hepatitis B vaccination amongst HCWs, there has been a sharp decline in occupationally acquired HBV.

The risk of occupationally acquired hepatitis C is relatively low in comparison to HBV. The average incidence of seroconversion after accidental parenteral exposure is estimated at 1.8%. (Range: 1-10%). Transmission rarely occurs from mucous membrane exposures.

The risk of acquiring HIV infection is extremely low and is estimated at 0.3% following parenteral exposure and 0.09% after mucous membrane exposure from a positive source. The highest risk of transmission for any BBV is associated with:

- deep injury with a device visibly contaminated with blood
- injuries associated with contaminated hollow bore needles
- source patient with late stage HIV infection or high viral load
- source patient with HBV who is HBeAg positive/HBV DNA detectable/high viral load
- source patient with HCV who is HCV RNA/PCR detectable.

What If I'm Not Immunised Against Hepatitis?

Seek medical authorisation to receive Hepatitis B immunoglobulin within 72 hours
and

Commence Hepatitis B vaccination course within one (1) week.

How Are Costs For Tests At Ed And/Or My Gp Attendance Paid For?

Where a Worker's Compensation claim has not been lodged and on advice by email from the health care worker, the OSH Unit advises Finance to recode any attendance at an Emergency Department serviced by WACHS-GS Doctors.

When Do I Have Blood Tests?

It is recommended to have a blood test for HIV, Hepatitis B and C immediately following exposure as a baseline. This testing can be completed through your GP or Path West. Depending on whether the source is known or not will determine when further serology is required. The CNS Infection Prevention and Control will discuss this with you, contact you at the appropriate time intervals and ensure you receive the results.

What Is The Patient Tested For?

Hepatitis B, Hepatitis C and HIV.

What If The Patient Is Known To Have Or Is At High Risk Of Having A Blood Borne Virus, Or If The Patient’s Blood Test Comes Back Positive?

Counselling and treatment (following advice from a Clinical Immunologist) will be offered by the ED doctor, or your designated GP.

Where Are The Blood Results And Injury Form Stored?

Blood test results are kept with your GP and Infection Control. Completed Safety Risk Report Forms received by the OSH Unit are stored in line with the *State Records Act 2000* legislative requirements.

Who Will Know My Results?

The medical practitioner who ordered the tests, your GP (only with your consent) and Infection Control. Other personnel will only be informed if they require the information to assist in your management.

Will The Patient Know My Results? No

Will I Be Told The Patient’s Results? Yes

What Counselling Will Be Offered?

The checklist will show that you have received pre-test counselling. You should be fully aware of what you will be tested for, and any implications that may ensue. Please ask the person providing the counselling any question at this time. Employee Assistance Program counselling is also available at any time. There is a brochure included in the OE Pack for your information.

What Paperwork Do I Fill Out?

[WACHS Safety Risk Report Form](#)

[Staff Occupational Exposure Questionnaire](#)

Do I Need To Fill Out Paperwork For Worker’s Compensation?

All staff are entitled to lodge a workers compensation claim for an injury sustained in the workplace, occupational exposure can cause the affected person undue concern, please contact the Regional OSH Coordinator if you have any questions surrounding occupational exposure and workers compensation on (08)9892 2349.

Workers Compensation documents are available [Worker's Compensation](#)

Who Can Authorise The Pathology Request Form?

Any accredited medical practitioner can sign the pathology request form.

Where Do I Go To Get The Blood Taken?

Go to the Emergency Department, Path West, or through your GP.

How Will I Get My Results?

Your baseline results will be sent to your GP and Infection Control, therefore you need to make an appointment approximately one (1) week after the injury date if you have elected to be followed up by your GP, otherwise Infection Control will ensure you receive your results.

How Will I Get The Patient’s Results?

Your results will be given to you by your doctor or Infection Control. The patient’s results will be discussed with you by the CNS Infection Prevention and Control, if relevant to your exposure.

How Will The Result Affect My Job?

Job modification may have to be considered in cases where because of the Health Care Worker’s role “there is a potentially high risk of transmission of blood borne disease from health care worker to patient during exposure prone procedures”. Every case will be considered individually.

What Else Should I Know?

Please read the Operational Directive - medical assessment: [OD 0641/15 Management of Occupational Exposure to Blood and Body Fluids](#)

For My Records

Type of Occupational Exposure: _____

Date of exposure: _____ Reported to: _____

WACHS GS Contact for further follow up

CNS Infection Prevention and Control
p) 98 922 211 f) 98 426 037
m) 0428 086 062
gs.infectioncontrol@health.wa.gov.au

Patient Information Sheet

Why Is My Blood Being Tested?

Your blood/body fluids were involved with a sharps/splash injury to a Health Care Worker.

What Is It Being Tested For?

Hepatitis B, C and HIV. If you know/suspect you have one of these blood borne viruses please inform your treating doctor.

Who Will Know My Results?

Your treating doctor, general practitioner and the Health Care Worker who sustained the injury. A copy of your results will also be placed in your medical records.

Who Will Discuss The Results With Me?

Your treating doctor or elected general practitioner.

How Long Will The Results Take?

Five (5) to seven (7) days.