



Occupational Exposure to Blood and Body Fluid Procedure

1. Guiding Principles

- 1.1 The purpose of this document is to provide Health Care Workers (HCW) with guidelines for the management of an exposure to another person's blood or body fluids in healthcare settings.
- 1.2 It should be read in conjunction with the Department of Health [Operational Directive 0641/15 Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (Dec 2015)
- 1.3 Confidentiality of both the recipient HCW and source details are to be maintained at all times.
- 1.4 Adherence to standard infection control practices remain the first line of protection for HCW against occupational exposure to human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV).
- 1.5 The risk of transmission of blood-borne virus (BBV) following an occupational exposure is dependent on the type of injury sustained, the extent of the exposure and the current viral status of the source of the exposure.

2. Procedure

- 2.1 Follow the Occupational Exposure to Blood and Body Fluids Flowchart ([Appendix 1](#)).
- 2.2 The **line manager of the recipient HCW coordinates** the management of the occupational exposure.
- 2.3 In accordance with the Occupational Exposure to Blood and Body Fluids Flowchart ([Appendix 1](#)), the recipient is to present **unpaid** invoices from attending their general practitioner (GP) to their line manager. The line manager is to forward this to WACHS South West Finance Department.

3. Definitions

As outlined in the Department of Health [Operational Directive 0641/15 Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (Dec 2015)

4. Roles and Responsibilities

4.1 Immediate Management of Person Exposed - 'Recipient'

- 4.1.1 Wash the wound or skin site thoroughly with soap and water or use a waterless cleanser or antiseptic if water is unavailable. Apply waterproof dressing as necessary, and apply pressure through the dressing if bleeding is still occurring. Do not squeeze or rub the injury site.

- 4.1.2 Rinse the eyes gently but thoroughly (remove contact lenses), for at least 30 seconds, with water or normal saline. If blood or body fluids are sprayed into the mouth, spit out and then rinse the mouth with water several times.
- 4.1.3 If any clothing is contaminated, remove and shower if necessary.
- 4.1.4 The recipient is to inform the appropriate person e.g. supervisor or manager as soon as possible after exposure so a risk assessment and follow-up can be undertaken in a timely manner.

4.2 Line Manager

- 4.2.1 Assist the recipient to complete WACHS [Safety Risk Report Form](#) and submit to the WACHS-South West Occupational Safety and Health (OSH) Unit and **Line Manager** (instructions on the form).

Note: It is the recipient's choice if they wish to lodge a workers' compensation claim under the [Workers' Compensation and Injury Management Act 1981](#) – or not. Contact WACHS-South West OSH Unit on 9752 6308 if further information required.

- 4.2.2 Conduct an incident investigation (in conjunction with the OSH representative). Send completed Safety Risk Form as per the instructions on the form.
- 4.2.3 Contact the source's treating Medical Practitioner to notify them of incident. Request that the source's informed consent be obtained after counselling and document in source's notes. Make every effort to identify the source of the exposure.
- 4.2.4 **Conduct a risk assessment.** This comprises of 2 elements. (Note: there is not a separate form for this process. Appendix A, of [OD0641/15](#), can be used as a guide for the person performing the risk assessment).
 - 4.2.4.1 Exposure
 - the nature of and extent of the injury/exposure
 - the nature of the object causing the exposure
 - the volume of blood or body fluid that the recipient was exposed to.
 - 4.2.4.2 Source (this aspect of the risk assessment to be performed in conjunction with the source's treating Medical Practitioner)
 - BBV status of the source.
- 4.2.5 Refer recipient to the appropriate medical assistance as per the Occupational Exposure Blood and Body Fluid Flowchart ([Appendix 1](#)).
- 4.2.6 Refer to checklist for processing occupational exposure to blood and body fluids ([Appendix 2](#)).

4.3 Medical Doctor Treating Source

- 4.3.1 Obtain informed consent from the source to perform serology testing for: HBsAg, HCV Antibody, and HIV Antibody.

Note: The source may have provided written consent on admission, for BBV testing in the event of an exposure to a HCW. If consent is unable to be obtained from source, then next of kin may provide this.

In the event that consent cannot be obtained at the time of the incident, delayed testing of the source should be considered and discussed with the responsible senior medical officer in the HCF.

- 4.3.2 In the event that the source is known to be positive for a BBV, ensure that appropriate baseline blood serology testing is included in the serology request e.g. known HCV Ab test for HCV-RNA [OD0641/15](#) p. 9
- 4.3.3 Access to PEP is available at Bunbury hospital pharmacy and Bunbury Emergency Department. To access after-hours medication click the [following link Accessing Medications from the WACHS-SW Pharmacy, located at Bunbury Hospital - Outside of Pharmacy Hours Procedure.](#)

4.4 Emergency Department Staff

- 4.4.1 **Perform risk assessment** for the HCW as per [OD0641/15](#) Appendix C Exposure Management Flowchart to determine the need for immediate treatment.
- 4.4.2 Ensure that appropriate counselling is provided to the recipient prior to, and following any testing for BBV.
- 4.4.3 Obtain informed consent from the recipient to perform baseline serology to determine current HBV, HVC and HIV status (HBsAb, HIV Antibody and HCV Antibody).
- 4.4.4 Refusal by the recipient for BBV testing is to be documented in Safety Risk Report.
- 4.4.5 Determine the vaccination status of the recipient for HBV and, if not immunised, commence the recipient on a vaccination schedule.
- 4.4.6 Use standardised pathology for recipient [click here](#). (link TBA)
- 4.4.7 Form Request to be made on pathology form indicating a copy of the source's blood results are made available to the recipient's GP and medical records.
- 4.4.8 Send a copy of the discharge summary to the recipient's GP.
- 4.4.9 Instruct recipient to make an appointment with their GP to receive their results.
- 4.4.10 Direct recipient to make a GP appointment for follow up testing as per the Occupational Exposure to Blood and Body Fluid Flow Chart ([Appendix 1](#)).

4.5 Occupational health staff

Upon receipt of a Safety Risk Report, WACHS-South West OSH Unit will review safety issues surrounding the exposure incident and assist managers to mitigate the risk of an incident occurring to other staff.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

6. Evaluation

- 6.1 All de-identified occupational exposure data is to be analysed and collated by WACHS South West OSH Department and tabled at the Regional OSH Committee.
- 6.2 HCF report de-identified data to Healthcare Infection Surveillance Western Australian (HISWA).
- 6.3 WACHS South West Infection Prevention and Control provides report to the Regional Patient Safety and Quality Committee quarterly.

7. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012) - 3.6, 3.7

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) - 3.13

[Aged Care Accreditation Standards](#) - 4.5

[Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses. Australian Government: Department of Health and Aging 2012](#)

8. Legislation

[Workers' Compensation and Injury Management Act 1981](#)

[Occupational Health and Safety Act 1984](#)

9. References

Department of Health, Western Australia. (2014). *Healthcare Infection Surveillance Western Australia*. [Version 6]. Perth/WA: Author

Department of Health Western Australia.(2007). *Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting*.

10. Related Forms

WACHS [Safety Risk Report Form](#)

11. Related WA Health System Policies

Department of Health [Operational Directive 0641/15 Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#)

12. Appendix

Appendix 1: Occupational Exposure to Blood and Body Fluid Flowchart.

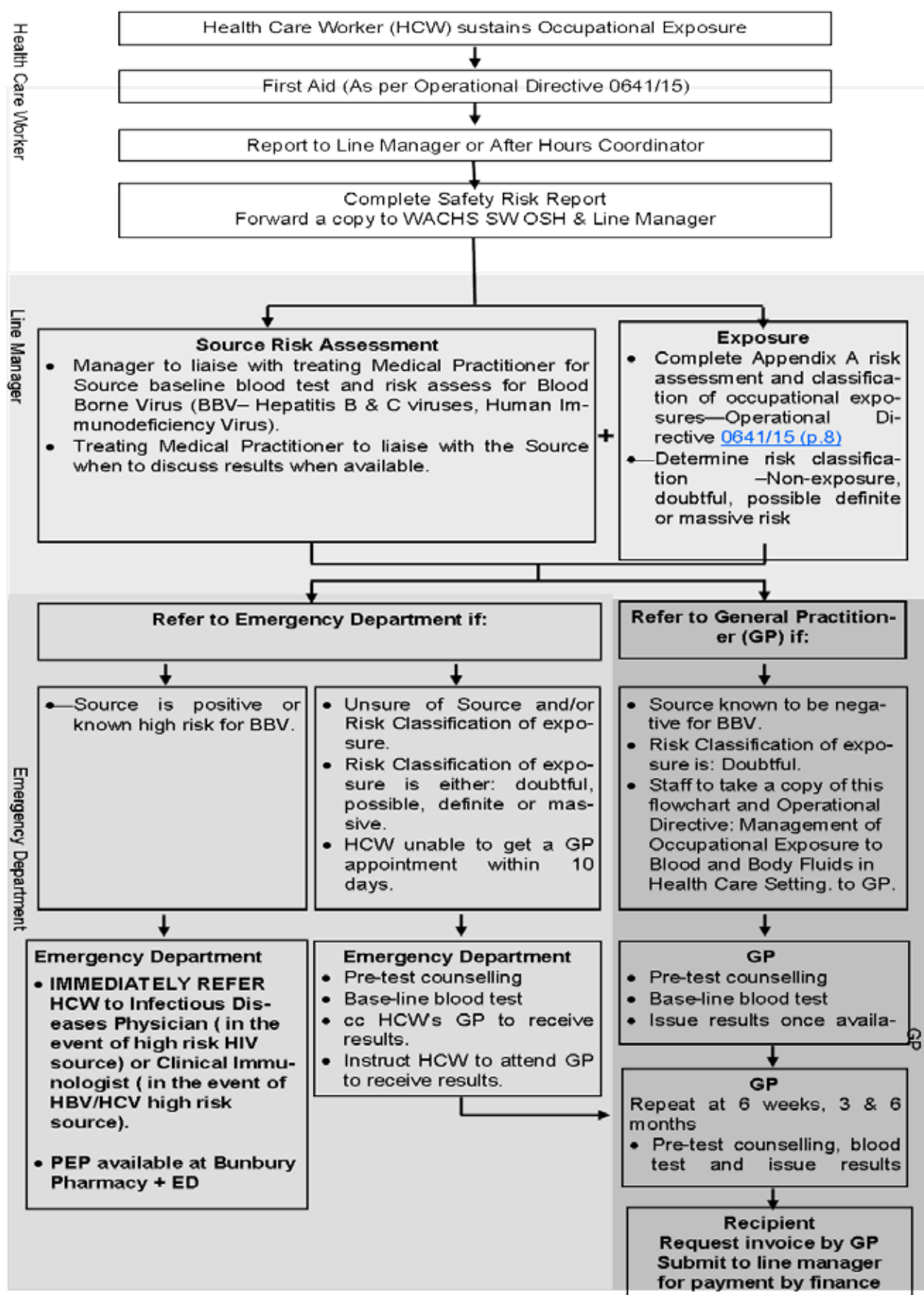
Appendix 2: Line Managers **checklist for processing** an Occupational Exposure to Blood and Body Fluid exposure.

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

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Appendix 1: Occupational Exposure to Blood and Body Fluid Flowchart



Appendix 2: Line Manager's **checklist for processing an Occupational Exposure to Blood and Body Fluid exposure**

1. South West Occupational Exposure to Blood and Body Fluid Procedure.
2. Appendix 1: Occupational Exposure to Blood and Body Fluid Flowchart
3. [Operational Directive 0641/15 Management of occupational exposure to blood and body fluids in healthcare settings](#)
4. [Workers' Compensation and Injury Management Act 1981](#)
5. WACHS [Safety Risk Report Form](#)
6. Standardised **pathology request form for recipient**
7. Use normal pathology form for the source.