



Occupational Exposure to Blood and Body Fluids Procedure

1. Guiding Principles

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 health care settings.

This document is to be read in conjunction with the WA Health [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (2015).

Confidentiality of both the recipient HCW and source details are to be maintained at all times.

Adherence to standard infection control principles remain the first line of protection for HCW against occupational exposure to human immunodeficiency virus (HIV) hepatitis B virus (HBV) and Hepatitis C virus (HBC).

The risk of transmission of blood borne virus (BBV) following an occupational exposure is dependent on the injury sustained, extent of the exposure and the current viral status of the source of exposure.

2. Procedure

Follow the Occupational Exposure to Blood and Body Fluids Flowchart ([Appendix 1](#)).

The line manager of the recipient HCW coordinates the management of the occupational exposure in collaboration with the site or regional infection control nurse.

3. Definitions

As outlined in the WA Health [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (2015).

4. Roles and Responsibilities

4.1 Immediate management of HCW 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 i.e. line manager or in their absence, shift coordinator as soon as possible after exposure so a risk assessment and required follow-up can be undertaken in a timely manner.
- 4.1.5 Attend the Emergency Department for assessment of risk, required investigation and management following exposure.
- 4.1.6 Complete **Occupational Exposure to Body Fluid and Needlestick Injury Form** ([Appendix 2](#)) and a WA Country Health Service (WACHS) [Safety Risk Report Form](#).

4.2 Line Manager/Shift coordinator

- 4.2.1 Ensure immediate first aid / management has occurred in accordance with the exposure received.
- 4.2.2 Refer recipient to the appropriate medical assistance as per Occupational Exposure to Blood and Body Fluids Flowchart ([Appendix 1](#)).
- 4.2.3 Conduct a risk assessment. Refer to Appendix A, of the WA Health [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (2015).

This comprises of two elements:

- **Exposure**
 - The nature of and extent of the injury/exposure.
 - The nature of the object causing the exposure.
 - The volume of blood/body fluids that the recipient was exposed to.
- **Source**
 - BBV status of the source.
 - This aspect of the risk assessment to be performed in conjunction with the sources treating medical officer.

- 4.2.4 Assist the recipient to complete the WACHS [Safety Risk Report Form](#) and relevant Risk Cover forms (i.e. [2B Employee Claim Form](#), employee statement, general authority form [Witness Statement 5A Form](#) and forward to the [WACHS Wheatbelt Occupational Safety and Health Unit](#).

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. Please contact the WACHS Wheatbelt Occupational Safety and Health Coordinator on 9881 0406 if further information is required.

- 4.2.5 Inform recipient with regard to available confidential counselling (Employee Assistance Program contact number 1300 667 700) and facilitate where required.
- 4.2.6 Conduct an incident investigation in conjunction with the OSH representative and undertake remedial actions as identified. Complete WACHS [Safety Risk Report Form](#) and forward as per process.

4.3 Emergency Department Staff

- 4.3.1 Complete triage / MR1 as per standard procedure.
- 4.3.2 Perform HCW risk assessment as per Appendix C: Exposure Management Flowchart of the WA Health [Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#) (2015) to determine the need for immediate treatment.
- 4.3.3 Ensure the appropriate counselling is provided to the recipient prior to, and following any testing for BBV.
- 4.3.4 Obtain informed consent from the recipient to perform baseline serology to determine current HBV, HBC and HIV status (HBsAG and HCV antibody, and HIV antibody).
- 4.3.5 Refusal by the recipient for BBV testing is to be documented on the MR1.
- 4.3.6 Determine vaccination status of the recipient for HBV and, if not immunised, commence the recipient on a vaccination schedule.
- 4.3.7 Ensure a copy of the sources' blood results are made available to the recipient's General Practitioner (GP) and medical records.
- 4.3.8 Send a copy of the Emergency Department (ED) discharge summary to the recipient's GP.
- 4.3.9 Instruct recipient to make an appointment with their GP to receive their results and follow-up testing as per Occupational Exposure to Blood and Body Fluids Flowchart ([Appendix 1](#)).

4.4 Medical officer treating source patient

- 4.4.1 Obtain informed consent from the source and perform serology testing to determine current HBV, HBC and HIV status.

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 the source then next of kin (NOK) may provide this in accordance with the WA Health [Consent to Treatment Policy](#). In the event that consent cannot be obtained at the time of the incident, delayed testing of the source is to be considered and discussed with the responsible medical officer in the health care facility (HCF).

4.5 Occupational Health and Safety Coordinator

- 4.5.1 Upon receipt of a safety risk report form, review safety issues surrounding the exposure incident and assist managers to mitigate the risk of further incidents occurring in the future.

5. 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 [Discipline 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.

6. Evaluation

- 6.1 All de-identified occupational exposure data is to be analysed and collated by WACHS Wheatbelt Occupational Safety and Health and tabled at the Regional / District OSH committee and Regional Infection Prevention Network meetings.
- 6.2 The WACHS Wheatbelt Regional Infection Prevention Network is to consider investigation of the incident and identified infection control issues and system improvements required.
- 6.3 The HCF report de-identified data is to be provided to Healthcare Infection Surveillance WA (HISWA).

7. Standards

[National Safety and Quality Health Care Standards: 3.7.1](#)

8. Legislation

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

9. References

1. Department of Health WA (2014) *Healthcare infection surveillance western Australia* (version 6) Perth, WA
2. Department of Health WA (2007). *Management of occupational Exposure to Blood and body fluids in the health care setting*
3. WACHS Southwest (2016). *Occupational exposure to blood and body fluids procedure*
4. WACHS Pilbara (2015). *Needle stick and body fluid exposure procedure*
5. WACHS Great Southern (2015). *Occupational exposure to blood and body fluids procedure*

10. Related Forms

WACHS [Safety Risk Report Form](#)

11. Related Policy Documents

WACHS [Safety Risk Reporting Procedure](#)

12. Related WA Health Policies

[Management of Occupational Exposure to Blood and Body Fluids in the Health Care Setting](#)

[Consent to Treatment Policy](#)

13. WA Health Policy Framework

[Public Health Policy Framework](#)

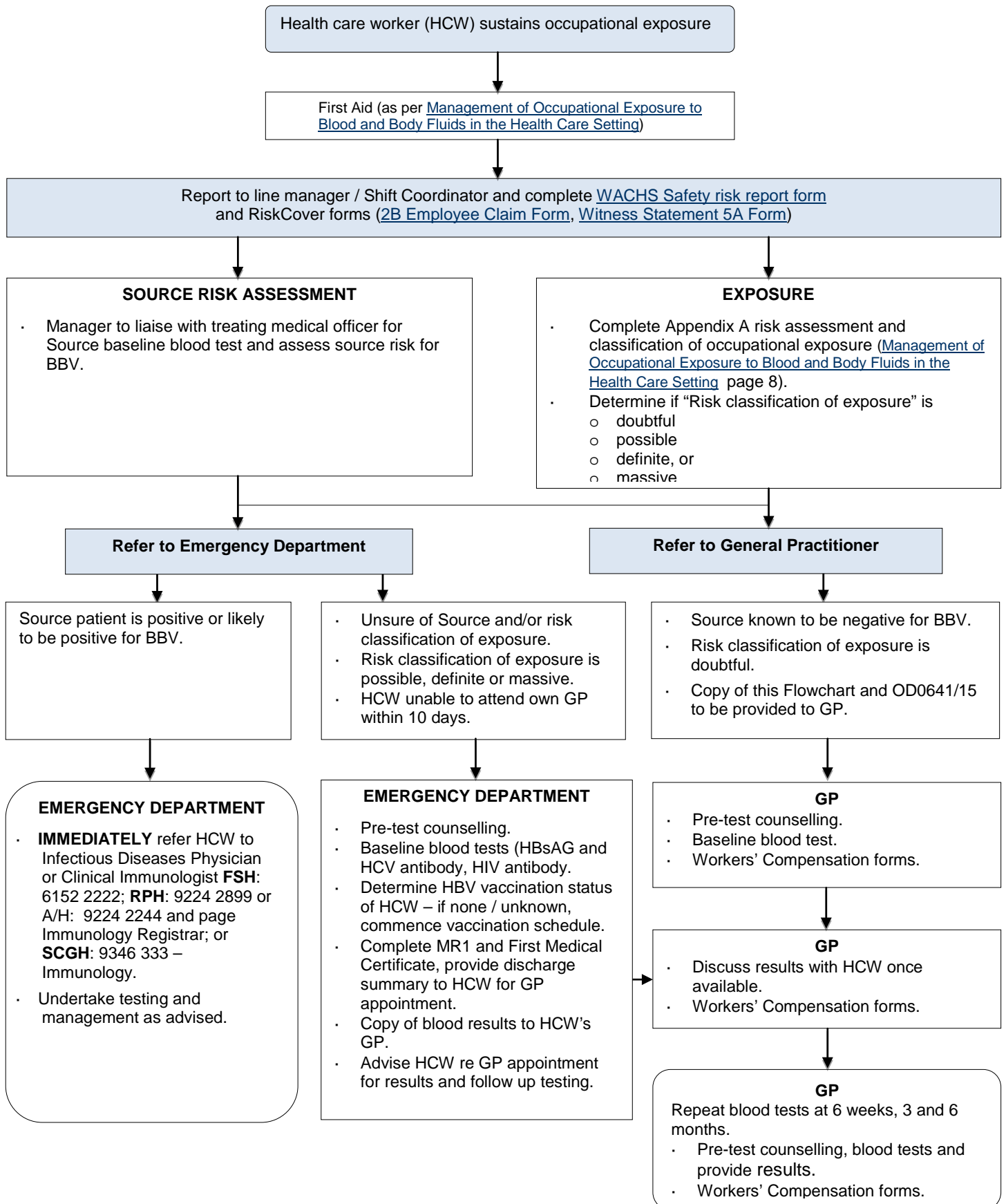
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Appendix 1

Wheatbelt Occupational Exposure to Blood and Body Fluids Flowchart



Appendix 2

Wheatbelt Occupational Exposure to Body Fluid and Needlestick Injury Form

Health Care Worker	Patient
Last Name:	Last Name:
First Name:	First Name:
DOB:	DOB:
Tel No:	UMRN:
Work Site:	Source NOT identified: <input type="checkbox"/>
Work Area:	

Exposure Details	
Exposure Date:	Exposure Time:
Date Exposure Reported:	Type of exposure: Blood <input type="checkbox"/> Body Fluid <input type="checkbox"/> Specify: Needlestick <input type="checkbox"/>
Description of Incident (including where exposure occurred e.g. Ward, Laundry, Theatre):	

Personal Protective Equipment			
Indicate what PPE was worn at the time			
<input type="checkbox"/>	Gloves: Single	<input type="checkbox"/>	Gown
<input type="checkbox"/>	Gloves: Double	<input type="checkbox"/>	Protective Eyewear: Glasses / Face Shield
<input type="checkbox"/>	No PPE used at time of exposure	<input type="checkbox"/>	Mask
<input type="checkbox"/>		<input type="checkbox"/>	Boots / Shoe Covers / Other Specify:

Percutaneous			
What type of sharps caused the injury?			
<input type="checkbox"/>	Hollow bore needle	<input type="checkbox"/>	Other sharp not glass
<input type="checkbox"/>	Glass	<input type="checkbox"/>	
<input type="checkbox"/>	<i>Specify type of hollow bore:</i>	<input type="checkbox"/>	<i>Indicate type of non-glass:</i>
<input type="checkbox"/>	<i>Indicate type of glass involved:</i>	<input type="checkbox"/>	
<input type="checkbox"/>	Biopsy needle	<input type="checkbox"/>	Scalpel blade
<input type="checkbox"/>	Cannula	<input type="checkbox"/>	Scissors
<input type="checkbox"/>	Butterfly needle	<input type="checkbox"/>	Suture needle
<input type="checkbox"/>	Diabetic pen needles	<input type="checkbox"/>	Haemostat / artery forceps
<input type="checkbox"/>	Disposable syringe needle	<input type="checkbox"/>	Razor
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Specify:	<input type="checkbox"/>	Specify:

Occupational Exposure to Blood and Body Fluids Procedure - Wheatbelt

What was the needle gauge size?			
Did the sharp have a safety features? Yes <input type="checkbox"/> / No <input type="checkbox"/> / Unknown <input type="checkbox"/>			
When did the injury occur?			
<input type="checkbox"/>	During use	<input type="checkbox"/>	After disposal
<input type="checkbox"/>	After use and before disposal	<input type="checkbox"/>	Disassembly / cleaning
<input type="checkbox"/>	During disposal	<input type="checkbox"/>	Recapping
		Sharp left in inappropriate place	
		Other:	
		Specify:	
How deep was the injury?			
<input type="checkbox"/>	Superficial; surface scratch	<input type="checkbox"/>	Moderate; penetrated skin
<input type="checkbox"/>	Actual injection of blood or body fluid		Deep; puncture or wound
Was the injured person the original user of the sharp device? Yes <input type="checkbox"/> / No <input type="checkbox"/> / Unknown <input type="checkbox"/>			
Was the sharp that caused the injury contaminated?			
<input type="checkbox"/>	Visibly blood stained	<input type="checkbox"/>	Not contaminated
<input type="checkbox"/>	Contaminated with body fluid but not visibly blood stained		Unknown
Non-Percutaneous			
How did the blood or body fluid splash/contamination occur?			
<input type="checkbox"/>	Assault or bite	<input type="checkbox"/>	Removing IV lines
<input type="checkbox"/>	Cough, haemorrhage, vomit	<input type="checkbox"/>	Removing tube / drain
<input type="checkbox"/>	Leakage from IV cannula/tube	<input type="checkbox"/>	During specimen collection
		Contaminated equipment	
		Other:	
		Specify:	
What volume of blood?			
<input type="checkbox"/>	Small - less than 5 ml	<input type="checkbox"/>	Medium - 5 to 50 ml
<input type="checkbox"/>			Large - greater than 50 ml
How long was the exposure?			
<input type="checkbox"/>	Brief - up to 5 minutes	<input type="checkbox"/>	More than 5 minutes
<input type="checkbox"/>			Unknown
Which body surface was involved?			
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Mouth
<input type="checkbox"/>	Nose	<input type="checkbox"/>	Intact skin
		Non intact skin	
		Other	
To which Substance / Body Fluids were you exposed?			
<input type="checkbox"/>	Blood or Blood products	<input type="checkbox"/>	Saliva / Sputum
<input type="checkbox"/>	CSF	<input type="checkbox"/>	Urine
		Vomit	
		Other / Specify:	
<i>If body fluid, was it visibly blood stained?</i> Yes <input type="checkbox"/> / No <input type="checkbox"/> / Unknown <input type="checkbox"/>			

Please complete and return this form to the Infection Control Nurse and Manager at your Site, who will submit it to the Occupational Health and Safety Coordinator