

Blood/Body Fluid Exposure

Purpose

To provide a reporting methodology and monitoring programme for staff exposed to blood and body fluids.

Scope

All CDHB employees and other students/practitioners involved in patient care and effectively acting under CDHB supervision

Contracted staff, independent practitioners and visitors can receive initial advice/assistance from Infection Prevention and Control, Medical Microbiologist and Occupational Health, with further follow-up provided by their designated healthcare provider as appropriate.

Indications for BBFE reporting

The following types of exposure **MUST** be reported:

- A Contaminated NEEDLESTICK** and other **SHARP OBJECT** injuries.
- B INGESTION** of/or **MUCOUS MEMBRANE** contact with blood, or body fluids of a patient (e.g. blood splashed in the eyes).
- C CONTAMINATION** of a fresh, unhealed cut or burn (generally less than 24 hours old) with blood, serum or body fluids from a patient.
- D 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 bodily fluid contact has occurred where the identity of the source is unknown or consent is refused.

Incompetent source: refer 1.3 Consent for Testing of Source.

Associated Documents

- Canterbury DHB Volume 6, Health and Safety - Occupational Health Immunisation Policy
- Blood/Body Fluid Contact Report Form (Ref. QF00240)
- Staff Accident Report Form (Ref. 0620))
- Occupational Health Blood or Body Fluid Exposure Information pamphlet for the Source (Patient) (Ref. 2024)
- Occupational Health Blood or Body Fluid Exposure Information pamphlet for the Contact (Employee) (Ref. 2025)
- Occupational Health Hepatitis B Immunoglobulin Information for the Contact (Employee) (Ref. 2026)
- Blood and Body Fluid Contact Instructions Poster, Ref 1727

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

1. Wash contact area with soap and water. Splashes in the eyes or other mucous membranes should be irrigated with copious amounts of water or saline. If contact lenses are worn, eye irrigation should take place before and after removing the lenses.
2. Report the exposure to the person in charge of the work area.
 - Contact Infection Prevention & Control, Duty Nurse Manager, Clinical Team Co-ordinator or the Microbiologist on call if further support is required regarding the reporting process, as delays may place you at increased risk.
 - If you have been exposed to a known or probable HIV positive source, contact the Infectious Diseases Physician on call immediately, so prophylaxis can be discussed.
3. Obtain the BBFE exposure pack from the designated location in your work area and follow the instructions inside the pack
 - Complete the following paperwork
 - **BBFE form** (pink - QF00240)
 - **Staff Accident form** (blue – Ref 0620)

- **BBFE Laboratory test request forms x 2** for each blood sample

4. Arrange for blood samples to be taken from the recipient (staff member/injured person) and the patient source.
 - Patient consent **MUST** be obtained by the Registered Nurse, Midwife or Doctor to test blood for blood borne viruses **BEFORE** the sample is taken. See also 1.2 Consent for Testing of Source
 - Consent **MUST** be indicated on the pink BBFE form (QF00240) 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 4.5mls of blood in a light green topped tube and send to Canterbury Health Labs for testing for Hepatitis B immunity, Hepatitis B, HIV and HCV.	Obtain 4.5mls of blood in a light green topped tube and send to Canterbury Health Labs for testing for HIV/Hepatitis B and C. Refer CHL testing for paediatric blood volume requirement

- Staff blood samples
 - The blood sample can be taken by any staff member in the work area who is trained in venepuncture
 - If there is no-one available, the contact person can attend the Blood Test Centre/phlebotomists at Canterbury Health Laboratories or the laboratory normally used by their facility
 - If the exposure occurs out-of-hours, or if the sample cannot be taken in the work area or at the Laboratory, the contact person needs to attend the Emergency Department at Christchurch Hospital 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.
5. Send both labelled BBFE Laboratory request forms, both blood samples and the pink BBFE Contact Report form (available in the BBFE packs) to Canterbury Health Laboratories immediately.

6. An entry should be made in the patient’s clinical notes that a BBFE has occurred and that bloods have been obtained for testing.

1.2 Consent for Testing of Source

1.2.1 Requesting Consent for HIV Testing

- Allow the patient to read the *Occupational Health Blood or Body Fluid Exposure Information for the Source (Patient)* pamphlet (Ref. 2024).
- The following is **suggested wording** when requesting testing for blood borne viruses (Hepatitis B, Hepatitis C and HIV):

“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.”

1.2.2 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. a male, Fred Dagg, born on 010101, would read DAF010101. All blood tubes and forms are to be labelled like this, if the code is used.

1.2.3 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 Microbiologist or Infectious Disease (ID) Specialist.
- 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 (QMR002A) 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 (QMR002A) should accompany the Blood & Body Fluid Contact Report Form (QF00240), lab request forms and blood samples to the laboratory.
- In the event that a healthcare worker is exposed to new born babies' blood, a blood sample is to be taken from the mother only.

1.3 Post-exposure follow-up

1.3.1 Recipient (staff member)

- If you have been exposed to a known or probable HIV positive source, contact the Infectious Diseases Physician on call 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 a Microbiologist / Occupational Health within 72 hrs.
- If you have been exposed to a Hep C positive source, follow-up will be provided by Occupational Health at 3 and 6 months. (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 / 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 who will organise routine follow-up for the contact person or the Microbiologist / ID 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 to arrange the vaccination course.

1.3.2 Patient Information

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

1.4 Exposure Packs

Complete BBFE exposure packs may be purchased via the Oracle system on order code: **151656**

Each pack should contain the following contents:

- One Blood/Body Fluid Contact Report Form (QF00240)
- Occupational Health Blood or Body Fluid Exposure Information for the Source (Patient) pamphlet (Ref. 2024)
- Occupational Health Blood or Body Fluid Exposure Information for the Contact (Employee) pamphlet (Ref. 2025)
- Occupational Health Hepatitis B Immunoglobulin Information for the Contact (Employee) pamphlet (Ref. 2026)
- One Blue Staff Accident Report form (Ref. 0620)
- Two Canterbury Health Laboratory BBFE forms (one for recipient person and one for source person)
- Two light green topped blood tubes (LH PST tubes)

- Two disposable tourniquets
- Two Vacutainer hubs and needles
- Two Alcohol with chlorhexidine swabs and plasters
- Two clear Canterbury Health Laboratories specimen biohazard bags
- Blood/Body Fluid Contact Checklist (Ref. 2043)

References

Updated 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.

Policy Owner	CDHB Infection Prevention & Control Service
Date of Authorisation	11 June 2012

Appendix A: Blood & Body Fluid Contact Report Form – QF00240**BLOOD / BODY FLUID CONTACT REPORT
INCLUDING HEPATITIS AND HIV CONTACT
INSTRUCTION SHEET****ACTION TO BE TAKEN
POST EXPOSURE TO:**

- A - NEEDLESTICK or PENETRATING SHARP OBJECT**
- B - INGESTION OF / OR MUCOUS MEMBRANE CONTACT**
- C - CONTAMINATION OF FRESH UNHEALED CUT / BURN**
- D - PENETRATING BITE WOUND OR SCRATCHES**

IMPORTANT

Report the exposure to the person in charge of your work area immediately.

Contact Infection Prevention & Control / Duty Nurse Manager / Clinical Team Coordinator or Microbiologist on call if further support is required regarding the reporting procedure as delays may place you at risk

- Immediately wash the area with soap and water / irrigate mucous membranes
- Patient consent **MUST** be obtained to test their blood for blood borne viruses prior to blood sample being taken and indicated on the pink copy of the BBFE form
- Arrange for 4.5mls of blood in a light green topped tube from you and the patient source
- Label tubes correctly and fill out separate BBFE laboratory request forms for yourself and the patient source
- On your BBFE Recipient laboratory form –
 - Write your name and whether you have been vaccinated (or not) against Hepatitis B
 - The name of the source
- Send both request forms, both blood tubes together with the completed BBFE Contact Report Form (pink QF00240) to Canterbury Health Laboratories immediately
- Forward the blue Staff Accident Report form via your Line Manager to H&S

If you have been exposed to a known or probable HIV positive source, contact the Infectious Diseases Physician on call immediately, so prophylaxis can be discussed.

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 a Microbiologist / Occupational Health within 72 hrs.

If you have been exposed to a Hep C positive source, follow-up will be provided by Occupational Health at 3 and 6 months. (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 / Microbiologist.

Retain this sheet for your information if required
Infection Prevention & Control Service, CDHB, May 2010

QF00240

Canterbury
 District Health Board
 Te Poari Hauora o Waitaha

BLOOD/BODY FLUID CONTACT REPORT FORM

DETAILS TO BE FILLED IN BY THE RECIPIENT OF THE CONTACT (INJURED PERSON)

Name: _____ DOB: _____

Phone No. (Work) _____ (Home) _____

Occupation: _____ Institution: _____

Base Ward/Dept: _____ Ward / Dept incident occurred: _____

Type of Contact: _____ Date: _____ Time: _____

4.5mls of blood drawn YES / NO

Have you had Hepatitis B Vaccine YES / NO Date: _____

Have you previously had Hepatitis B infection YES / NO Date: _____

Where contact occurred: _____
(be specific, eg sharps box in dispensing room etc)

Site of Contact: _____
(Anatomical site of contact, eg hand, finger, eye, mouth etc)

Describe what happened & how incident might have been prevented:

(If reporting sharps injury, also describe needle / instrument involved, eg butterfly, IV cannulae, straight needle, OT instrument)

Answering the above question will help us to help you and other staff by:

a) Education, b) Recommendations on improving safety & equipment, c) Investigation of any major or frequent problems.

DETAILS OF THE SOURCE

Full Name & DOB _____

Hospital Number / Address _____

Place Hospital Label here

Has informed consent for testing been obtained? YES / NO

Consent obtained YES / NO

Signature & Print Name _____

4.5mls of blood drawn for Bloodborne Virus testing? YES / NO

Copy of results sent to GP? YES / NO GP Name: _____

Source result to be reported in code? YES / NO Code: _____

Hepatitis B / Hepatitis C / HIV status of source if known: _____

Form completed by (signature & print name): _____

Infection Prevention, Control Service, CDHB, March 2009

