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Policy

The risk of transmission of a blood borne virus is recognised following a blood body fluid exposure. Risk is minimised through prompt assessment, investigation, referral and the prescribing of appropriate prophylaxis as required.

Purpose

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

Scope/Audience

All CDHB employees and external students/practitioners involved in patient care and effectively acting under CDHB supervision. This includes security and cleaning staff who are contracted to the CDHB.

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

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, consent is refused or if blood unable to be obtained.

Incompetent source

Refer 1.3 Consent for Testing of Source.

Associated documents

[Blood/Body Fluid Contact Report Form](#) (Ref. QF00240)

Safety 1st electronic incident management system

[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)

[BBFE Instructions \(Ref.1727\)](#)

[CHL Recipient \(BBFR\) /Source \(SBBF\) Laboratory forms](#)

1.1 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.

1.2 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. When water is not available, use of non-water cleanser or antiseptic should replace the use of soap and water for washing cuts or

punctures of the skin or intact skin. Apply a sterile occlusive dressing if necessary. Do not squeeze or rub the injured site.

2. Irrigate Mouth with copious amounts of water.
3. Eyes: rinse well. If contact lenses are worn, eye irrigation should take place before and after removing the lenses. Holding the eyes open, gently rinse 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 may require support in dealing with their exposure
5. The person in charge of the work area should contact either:
 - Duty Nurse Manager, Clinical Team Co-ordinator, the Microbiologist on call or IP&C if further support is required regarding the reporting process, as delays may place the recipient at increased risk.
 - If the recipient has been exposed to a known or probable HIV positive source, contact the Infectious Diseases (I.D.) Physician on call immediately, so that prophylaxis can be discussed.
6. A BBFE exposure pack should be available from the designated location in your work area - follow the instructions inside the pack.
 - Complete the following paperwork and processes
 - **BBFE form** (pink - QF00240)
 - **BBFE Laboratory test request forms** for recipient and source for each blood sample
7. 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

Obtain 4.5mls of blood in a green topped tube and send to Canterbury Health Labs for testing for **Hepatitis B immunity, Hepatitis B, HIV and HCV.**

Source e.g. patient

Obtain 4.5mls of blood in a 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

- Recipient (staff) blood samples
 - The blood sample can be taken by any staff member in the work area who is trained in venepuncture. Alternatively the recipient can attend a Canterbury Health Laboratories blood test centre 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 a blood test centre, the staff member should attend the nearest CDHB 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.
- 8. Send both labelled BBFE Laboratory request forms, both blood samples **and** the pink BBFE Contact Report (QF00240) form (available in the BBFE packs) to Canterbury Health Laboratories immediately.
- 9. An entry should be made in the patient's clinical notes that a BBFE has occurred and that bloods have been obtained for testing.

1.3 Consent for Testing of Source

1.3.1 Requesting consent for 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.”

1.3.2 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 and blood bottle, put in the following order:

- First two letters of surname
- First letter of first name
- Letter M for male or F for female
- Date of birth e.g. Fred Dagg, born on 01/01/01, would read DAFM010101.

1.3.3 Source unable to give consent for testing

If source is, for whatever reason, unable to give consent, consider the following:

- The decision to proceed with blood-borne virus testing is to be made in conjunction with Microbiologist or Infectious Diseases 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 of the team they are currently under.
- 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 newborn babies' blood, a blood sample is to be taken from the mother only.

1.4 Post-exposure follow-up

1.4.1 Recipient (staff member)

- If you have been exposed to a known or probable HIV positive source, the person in charge of the area should 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, however it can be given up to 72 hours post exposure. 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 may require further treatment depending on the risk assessment. 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 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, Infection Prevention & Control Both during standard working hours) or the Microbiologist on-call (out of hours).
- 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.

1.4.2 Patient Information

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

1.5 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)
- Two Canterbury Health Laboratory BBFE forms, (one for recipient person and one for source person)
- Two green topped blood tubes – check regularly for expiry date
- Two disposable tourniquets
- Two Vacutainer hubs and needles
- Two skin antiseptics swabs
- Two plasters
- Two clear Canterbury Health Laboratories specimen biohazard bags
- Blood/Body Fluid Contact Checklist (Ref. 2043)

Measurement/Evaluation

Comparison with exposure events reported through Safety 1st when information made available.

Blood/Body Fluid Exposure statistics are reported at CDHB ICC meetings. An annual summary report is generated which reviews trends in incidents.

Laboratory incidents relating to incorrect requests and/or specimens received

References

Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis. (September 2013) ([Link Here](#))