Fraser Health is committed to minimizing the potentially serious health risks associated with exposure to blood borne pathogens by ensuring that all staff, physicians, students and volunteers receive appropriate medical assessment, treatment and follow-up in the event of an exposure to blood and/or body fluids. Fraser Health will update the post exposure protocol regularly to ensure that it reflects the most up-to-date scientific information supplied by the British Columbia Centre for Disease Control and the British Columbia Centre for Excellence in HIV/AIDS. Fraser Health will also ensure the protocol is compliant with the Workers’ Compensation Board Regulation. The post-exposure protocol will be promoted and communicated through regular communication channels and educational materials. Health care workers will be provided with assistance and support to work through the post exposure protocol procedure.

DEFINITIONS

BLOOD AND BODY FLUID (BBF) EXPOSURE
An event where blood or other potentially infectious body fluid comes into contact with skin, mucous membranes or subcutaneous tissue (via percutaneous injury).

PERMUCOSAL EXPOSURE
Blood or body fluid from one person is introduced into the bloodstream of another person through permucosal contact (i.e. contact with the mucous membranes lining body cavities such as the eyes, nose, mouth, vagina, urethra or rectum).

PERCUTANEOUS EXPOSURE
Blood or body fluid from one person is potentially introduced into the blood stream of another person through the skin via needle stick or other sharps injury, tattooing, body piercing, electrolysis or acupuncture. Bites are considered an exposure to either person involved if there is blood in the mouth of the biter or in the wound of the person bitten.

SKIN EXPOSURE

NON - INTACT SKIN EXPOSURE
Blood or body fluid comes into contact with a wound less than three (3) days old or with skin having compromised integrity (i.e. dermatitis, abrasions, scratches, burns).

INTACT SKIN EXPOSURE
A large amount of blood or body fluid comes in contact with intact skin for a prolonged period of time.
**POLICY TITLE**

**BLOOD AND BODY FLUID (BBF) EXPOSURE**

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<tr>
<th>AUTHORIZATION</th>
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<td>Vice President, Human Resources and Organization Development</td>
<td>March 2004</td>
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**BLOODBORNE PATHOGENS**

Pathogens (i.e. Hepatitis B or C or HIV) can be transmitted from one person to another via blood and body fluids. The risk of transmission varies depending on the pathogen and the type of body fluid.

**POST-EXPOSURE PROCEDURE**

**Exposed Employee**

1. Seek assistance from fellow staff member.
2. Cleanse the injury immediately on site ~
   - **Mucous Membrane or Eye** ~ Rinse well with water and/or normal saline.
   - **Skin** ~ Wash well with soap and water.
   - **DO NOT** promote bleeding of percutaneous injuries by cutting, scratching, squeezing or puncturing the skin.
   - **DO NOT** apply bleach to the wound or soak the wound in bleach.
3. Notify your manager or supervisor that you have had an exposure.
4. Report to the nearest FH Emergency immediately and identify yourself as an exposed employee.
5. Contact the Occupational Health Nurse (OHN) for your site - leave a message.

**First Aid Attendant** (Emergency Department Triage)

1. Access wound;
2. Complete WCB First Aid Treatment Record;
3. Assist exposed employee to complete BBF paperwork package;
4. Refer exposed employee to ER physician.

**ER Nurse or Unit Clerk**

1. Process physician’s orders on a Ministry of Health requisition entitled “Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Laboratory Requisition” - Form 2339.
2. Contact the Laboratory to have blood work drawn on exposed person.
3. Ensure immunizations, if ordered, are given.
4. Ensure the re-order form from the Anti HIV drugs starter kit is completed and returned to Pharmacy if the kit is used.
**ER Physician**

1. Assess the wound and provide treatment if required.
2. Assess the exposure risk.
3. Consult reference materials found in Blood and Body Fluid Exposure Binder for guidelines in assessment of risk for HCV, HBV and HIV and for up to date, detailed prophylaxis protocols.
4. Order blood work. Add follow-up physician's name, telephone number and MSC number, if available, to Laboratory Requisition Form 2339.

   If **significant-risk exposure** (as per Centre for Excellence and BCCDC guidelines), order **Rapid HIV** test (see Laboratory Section #1 below) on **source person**.

   Read Rapid HIV report as soon as available and **communicate** results to exposed employee.

5. Counsel the exposed employee using the guidelines in the Blood/Body Fluid Exposure Management Protocol from BCCDC. Discuss follow up with Occupational Health Nurse/Family Physician if appropriate.
6. Order required immunizations (HBIG, Hepatitis B, Td, Tetanus Immune Globulin) and/or anti-retrovirals if recommended.
7. Order appropriate baseline lab work if anti-retroviral starter kit is issued.
   - Stat pregnancy test if appropriate
8. Complete the Anti HIV drugs reorder form.

Should you require further clarification contact **Centre for Excellence Physician Hotline at 1-800-665-7677** or **Centre for Excellence Hotline Pharmacy at 1-888-511-6222**.

**Laboratory**

1. Draw **Source Person** blood (ensure HIV consent is signed). Use the Ministry of Health Form 2339. For all Source Person blood work indicate **STAT/Employee Exposure**.
PHYSICIAN ORDERED RAPID HIV TESTING ONLY

- Draw three (3) tubes ~ one for Surrey Memorial Hospital, two for BCCDC Laboratory.
- Send RAPID HIV to Surrey Memorial Hospital by taxi for four (4) hour testing.
- Phone the Surrey Memorial Hospital Laboratory (604-588-3324) to advise them that the specimen is coming.

2. Draw Exposed Employee blood using the Ministry of Health Form 2339. Send employee blood to BCCDC Lab marked STAT/Employee exposure (do not send to Surrey Memorial Hospital). When possible, send blood from source person and exposed person to BCCDC Lab in same bag including white copies of Form 2339.

3. Contact the Occupational Health Nurse (OHN) - leave message with name and birthdate of exposed employee and source person.

Immediate Supervisor

1. If source person known, contact the applicable nursing unit manager/or designate to do the source person risk assessment.

Nursing Unit Manager or Designate

1. Assess the source person using the Source Person Risk Assessment. (See Appendix A) If necessary contact the Contracted Language Service.
2. Report the source person risk assessment to the ER physician. **NB** - This must be reported while the exposed person is still in ER.
3. Obtain source person’s consent and write order for Hepatitis B, C and HIV testing.
4. Contact the Laboratory to have blood work drawn STAT on the source person.

Occupational Health Nurse

1. Contact the exposed employee to discuss the follow-up process.
2. Inform the exposed employee of his/her and source person’s laboratory results.
3. Counsel and provide treatment as necessary.
4. Ensure that the exposed employee has follow up blood work and counseling as appropriate.
5. Document lab results (obliterate the source person’s name and birthdate before filing in the Occupational Health files).
POLICY TITLE
BLOOD AND BODY FLUID (BBF) EXPOSURE

AUTHORIZATION
Vice President, Human Resources and Organization Development

DATE APPROVED
March 2004

DATE REVISED

REFERENCES
- Blood and Body Fluid Exposure Management
- British Columbia Centre for Disease Control (April 2003)
- British Columbia Centre for Excellence in HIV/AIDS (December 2001)
- British Columbia Ministry of Health Services
- Management of Accidental Exposure to HIV
- Occupational Health and Safety Regulation
- Worker's Compensation Board of British Columbia (April 1998)
APPENDIX A

Source Person Risk Assessment

A health care worker has had an exposure to your blood (or body fluid). In order to protect the worker, the hospital requests that you have blood tests done for Hepatitis B and C and HIV. The test results will go on your chart and the worker will be informed of the results. If there is already blood available in the Laboratory, it will be used. If not, a health care worker will come to draw some blood. Would you consent to this?

Following blood exposure, certain medications may be used to protect the worker from infection. To help the worker decide whether or not to take the medication, we would like to ask you the same type of questions as you would be asked if you were donating blood. Without saying which apply to you, if you have any of these risk factors, say "yes". The risk factors for Hepatitis and HIV are:

- Blood transfusions prior to 1992;
- Multiple blood products prior to 1992;
- Intravenous Immunoglobulin products prior to 1997;
- High-risk sexual behaviour (i.e. multiple sex partners, anal sex, etc.);
- Intravenous drug use;
- Prisoner (past or present);
- History of dialysis;
- Diagnosis of other sexually transmitted diseases;
- Blood contact with a known case of Hepatitis B or C or HIV;
- A sexual partner who has Hepatitis B or C or HIV, is an intravenous drug user or who has a history of multiple transfusions of blood or blood products prior to 1992 or intravenous immunoglobulin products prior to 1997.