

Hazardous Exposure to Blood and Other Body Fluids

Last Update: 6 November 2009

Owner: Manager OHS

Key Responsibilities

- 1 Local managers and supervisors must ensure that where staff and students are at risk from accidental contact with human blood or other body fluids during their work or study that staff and students are aware of emergency procedures.
- 2 Local managers and supervisors are responsible for managing any accidental exposure and ensuring that the management procedures have been followed through.
- 3 Local managers and supervisors, including Laboratory Managers and Course Coordinators are responsible for:
 - ensuring staff and research students where relevant are aware of this procedure
 - ensuring demonstrators and other staff responsible for the supervision or teaching of students are aware of this procedure
 - ensuring support is provided to persons undergoing testing, treatment and counselling.

General Operational Response

- 4 Where accidental contact occurs with human blood or other body fluids, immediately:
 - remove contaminated clothing
 - wash hands, lower arms and any other bodily parts in contact with, or splashed by the material. Thorough washing with soap or water is adequate
 - if the eyes are contaminated, rinse eyes gently but thoroughly for up to five minutes with warm water or normal saline solution while the eyes are open
 - if the material gets in the mouth, spit it out and then rinse the mouth with water several times.
- 5 Where an open wound is involved (for example from a needle stick injury or other sharps), immediately:
 - remove contaminated clothing
 - immediately flush the wound under running water
 - wash the wound using warm water and liquid soap (except where it involves the eyes, mouth and nose). Alcohol-based hand rinses/foams [60-90% alcohol by weight] should be used when water is not available.
 - rinse the eyes, mouth and nose (if affected) thoroughly with warm water (without soap) or saline
 - thoroughly pat-dry the area
 - apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and applying pressure through the dressing if profuse bleeding is still occurring
 - seek medical advice.
- 6 If a needle, syringe or other sharp was involved, carefully place it in a rigid-walled container and take it with you to the campus nurse or doctor. Do not attempt to cover the needle or sharp because you run the risk of further injury.
- 7 Report the incident immediately to your supervisor or the campus nurse. Complete an Accident/Hazard Report form. Include the name of the source individual (if known), the date and time of exposure and how the incident occurred

Risks with Exposure

- 8 The following exposures are classified as serious and appropriate care and follow up must be provided.

Massive Exposure	<ul style="list-style-type: none">• transfusion of blood• injection of large volume of blood/body fluids (> 1ml)• parenteral exposure to laboratory specimens containing high titre of virus
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Definite Parenteral Exposure	<ul style="list-style-type: none"> • intramuscular penetrating injury with a needle contaminated with blood or body fluid • injection of blood or body fluid not included under 'Massive Exposure' • laceration or similar wound that causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid • any direct inoculation with HIV/ Hepatitis B / Hepatitis C not included above - this refers to accidents in research settings.
Possible Parenteral Exposure	<ul style="list-style-type: none"> • intradermal ('superficial') injury with a needle contaminated with blood or body fluid • a wound not associated with visible bleeding produced by an instrument contaminated with blood or body fluid • prior (not fresh) wound or skin lesion contaminated with blood or body fluid • mucous membrane surface contact with blood.

9 The following are classified as possible exposures:

Doubtful Parenteral Exposure	<ul style="list-style-type: none"> • intradermal ('superficial') injury with needle considered not to be contaminated with blood or body fluid • a superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid • prior wound or skin lesion contaminated with body fluid other than blood and with no trace of blood • mucous membrane surface contact with body fluid other than blood.
Non-Parenteral Exposure	<ul style="list-style-type: none"> • Intact skin visibly contaminated with blood or body fluid.

Supervisor of Affected Person

- 10 When an staff member or student has suffered a serious exposure or has any concerns about the exposure, the supervisor or manager of the area shall:
- ensure the person is assessed and managed as in paragraphs 4 and 5
 - ensure the exposed area has been washed thoroughly
 - find out whether a known source individual is involved in the incident
 - arrange for the person to see the campus doctor or nurse immediately
 - accompany the affected person to the nurse/doctor and ensure, if applicable, the nurse/doctor is provided with the sealed contained with the sharp inside
 - ensure an Accident/Hazard Report [link] with details of date and time of the incident and how the incident happened has been completed. A copy of the report must be kept in the local accident register and a copy provided to the campus nurse or treating doctor
 - complete a Manager Accident Analysis Report [link]
- 11 If the campus doctor/nurse is not available then arrange as soon as possible for the affected person to arrange medical assessment and counselling at either:
- Geelong Hospital STD Unit, (03) 5226 7111
 - Box Hill Hospital Accident and Emergency, (03) 9895 3333
 - Royal Melbourne Accident and Emergency (03) 9342 7000
 - Alfred Hospital Accident and Emergency, (03) 9276 2000
 - South West Health Care - Warrnambool campus, (03) 5563 1666.
- (the affected person may chose to consult their own general practitioner)

- 12 Reassure the affected person that only a small proportion of accidental exposures to blood result in infection.

Campus Nurse (Treating Doctor)

- 13 If a staff member or student has suffered a serious exposure, it is important that you make sure immediate steps are taken to reduce the risk to the person of contracting a serious illness. The role of the campus nurse is to:
- ensure that the exposed area has been washed thoroughly
 - arrange a referral of the affected person to a medical expert as soon as possible for HIV/Hepatitis serology, treatment as appropriate and counselling
 - ensure an Accident/Hazard Report [\[link\]](#) has been completed with source individual details if known, date and time of exposure and how the incident occurred (for example, whether affected person had been stabbed by a syringe or other sharp or had been splashed)

Records

- 14 All parties must ensure that the confidentiality of affected and source persons' records are maintained.
- 15 Records must only contain additional information regarding resulting disorders and required treatments if the persons involved disclose the information.
- 16 Regardless of other arrangements, all medical, testing and counselling records must be kept for 30 years.

Source Individual

- 17 It is important that the source individual be identified and informed consent gained so that they can be tested for HIV, Hepatitis B and Hepatitis C.
- 18 If the source individual is found to be negative, then no further action regarding testing is generally necessary. This may not be true where the source individual was at high risk of infection at the time of the exposure due to the delay between exposure and detection.

Post Exposure Follow-up

- 19 Where the source tests positive or is unknown:
- the person concerned should be counselled regarding the risk of infection and should be clinically and serologically evaluated for HIV antibody, Hepatitis B surface antigen and Hepatitis C antibody
 - for suspected HIV exposure, immediate commencement of prophylactic treatment should be considered by the treating medical officer. Further testing and counselling may be necessary depending on the initial results
 - for suspected Hepatitis exposure, the immunisation status of the person needs to be assessed and appropriate action taken. Appropriate counselling should also be offered.

University Responsibility for Financial Costs

- 20 If the affected person is a staff member and the exposure incident was work related and resulted in an injury, then all medical and like expenses will be paid under the WorkCover scheme. The University will bear the cost of any post incident monitoring of the affected staff member if the work related incident is not covered by the WorkCover or Medicare schemes.
- 21 In the case of a student suffering exposure as a result of a University activity, the Faculty concerned will bear the cost of any post incident monitoring of the affected student not covered by the Medicare system or the relevant student association insurance policy.
- 22 Where affected parties are neither staff members nor students the matter may come under the University's Public Liability Insurance. The Manager, Strategy and Risk must be notified.

STANDARDS

- Australian Government, Department of Health and Ageing: [Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting](#)
- Victorian Government, Department of Human Services: [Blue book - Guidelines for the control of infectious diseases](#)
Revised edition 2005
 - [Appendix 3: Standard and additional precautions](#)
 - [Appendix 4: Procedure for managing an exposure to blood/body fluids/substances](#)
 - [Appendix 5: Procedure for managing spills of blood and body fluids/substances](#)
 - [Appendix 6: Cleaning and waste disposal procedures](#)
 - [Tetanus; Influenza, Hepatitis A; Hepatitis B; Hepatitis C; Hepatitis D; Hepatitis E; HIV/AIDS: Your questions answered; Tuberculosis](#)
- Victorian Government, Department of Human Services: [Immunisation for health care workers](#)
- Victorian Government, Department of Human Services: [Notifying cases of infectious diseases within Victoria](#)
- Victorian Government, Department of Human Services - [Procedure for dealing with spills of blood and body fluids](#)
- Safe Work Australia [National Code of Practice for the Control of Work Related Exposure to Hepatitis and HIV \(blood-borne\) Viruses](#) [NOHSC: 2010 (2003)]

OTHER SUPPORTING DOCUMENTS

- NSW Health Department Circular 2003/39 (5 June 2003): [Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B or Hepatitis C](#)