

# OCCUPATIONAL AND ENVIRONMENTAL SAFETY & HEALTH OPERATIONAL PROCEDURE

**Subject:** Blood and Body Fluid – Post Exposure Management

**Effective Date:** September 2011      **Supersedes:** WRHA Policy 20.20.100 Level 2A

**Review Date:** 3 years or legislation or job changes

**Original Signed by:** Shaun Haas, Director, WRHA Occupational and Environmental Safety & Health

*Note: The WRHA Blood and Body Fluid – Post Exposure Management Procedure is currently under review. This Operational Procedure reflects the contents of WRHA Policy 20.20.100 dated April 2009 (supersedes March 2005 Policy 20.10.100) signed by Dr B. Postl.*

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## 1.0 PURPOSE:

- 1.1 To ensure urgent response of occupational exposures to blood and body fluids for all WRHA staff.
- 1.2 To prevent and manage the occupational transmission of three blood-borne pathogens: Hepatitis B virus (HBV), Hepatitis C virus (HCV) and, human immunodeficiency virus (HIV).

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## 2.0 DEFINITIONS:

- 2.1 **Blood-borne pathogens (BBP)** – Infectious organisms that lives in the blood stream including HIV, HEP B and HEP C.
- 2.2 **Exposed** – The person who has been exposed to blood and/or body fluids of another person.
- 2.3 **High Risk Body Fluid Exposure** – An exposure which involves:
  - 2.3.1 A large-bore needle and/or
  - 2.3.2 A deep puncture and/or
  - 2.3.3 Visible blood on device and/or
  - 2.3.4 A needle used in source patient's artery or vein
  - 2.3.5 One of the above risk factors as well as a risk factor identified on the source history form must be present in order to call the exposure a high risk body fluid exposure.
- 2.4 **High Risk Body Fluids** - Body fluids most at risk for transmitting blood-borne diseases.
  - 2.4.1 These include blood, tissue, semen, vaginal secretions, cerebrospinal, synovial, peritoneal, pleural, pericardiac fluid, amniotic fluid and breast milk.

- 2.4.2 Feces, urine, nasal secretions, saliva, sputum, sweat, tears and vomitus are considered at risk if they contain visible blood.
  - 2.4.3 Laboratory specimens that contain HCV, HBV or HIV.
  - 2.5 **Informed Consent** – A process involving dialogue, understanding and trust between the patient/resident/client or Substitute Decision-Maker and the Responsible Party or Authorized Designate. Informed Consent requires the patient/resident/client or Substitute Decision-Maker to have Decision-Making Capacity, requires disclosure of the Information, and requires the consent to be given freely and voluntarily, with our undue promise of favourable outcome or threat of penalty for non-compliance.
  - 2.6 **Post Exposure Follow-up** – Assessments and interventions taken to ensure the exposed person receives appropriate and timely care and/or treatment if required.
  - 2.7 **Post Exposure Prophylaxis** – Medications that are given after an exposure has occurred which may reduce the risk of acquiring an infection from the exposure.
  - 2.8 **Significant Exposure** – This is an injury during which one person’s blood or other high risk body fluid comes in contact with another person’s body cavity; subcutaneous tissue, or non-intact, chapped, abraded skin or mucous membrane.
  - 2.9 **Source** – The person whose blood or body fluids were inoculated or splashed onto the exposed person. The source may not always be identifiable.
  - 2.10 **Staff** – All persons employed or contracted by a Health Care facility as well as members of the medical staff, volunteers, agency workers and students who have access to patients/clients and residents.
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### 3.0 POLICY:

- 3.1 Staff must report all exposures to blood and body fluids using the WRHA regional injury/near miss form.
  - 3.2 Post exposure follow-up shall be offered to all Staff. This includes agency workers and students for initial follow-up.
  - 3.3 All incidents of Blood and Body Fluid Exposures shall be documented and analyzed as to type and precipitating causes in an effort to identify prevention strategies.
  - 3.4 Confidentiality of the source and exposed person’s assessment, treatment plan and/or results shall be maintained in accordance with Personal Health Information Act, Freedom of Information & Protection of Privacy Act and Personal Information Protection & Electronic Documents Act.
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### 4.0 PROCEDURE:

- 4.1 A risk assessment of the severity of the exposure shall be completed by an individual duly trained to do so to determine the risk of BBP transmission.

- 4.2 Informed consent must be obtained prior to all testing. Consent may be verbal or written but it should be recorded. The exposed should not become involved in obtaining consent from the source.
    - 4.2.1 If source refuses to consent to testing, known risk factors and severity of the exposure shall be considered when determining post exposure follow-up. Consultation with a medical physician as PEP may be required.
  - 4.3 If the exposure is a significant exposure, testing of the source blood for
    - 4.3.1 Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) shall be completed once source consent has been obtained.
  - 4.4 Source testing shall be obtained according to site specific process.
    - 4.4.1 If the exposure is identified as significant and is a high risk body fluid exposure, an urgent referral to an Emergency Department or Urgent Care Centre is required.
  - 4.5 In facilities that have Occupational Health Departments and during available hours, the exposed shall contact the Occupational Health Department first and be assessed for further treatment and or referral.
  - 4.6 The WRHA Body Fluid Exposure Worksheet shall be used in the assessment and administer treatment for the exposed person.
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## **5.0 REFERENCES:**

- Centers for Disease Control and Prevention. Update U.S. Health Service Guidelines For Occupational Exposures to HBV, HCV and HIV and recommendations for post-exposure prophylaxis. MMWR2001; 50(RR-11): 1-52.
  - NIOSH ALERT – Preventing Needlestick Injuries in Health Care Settings.
  - Integrated Post Exposure Protocol, Guidelines for Managing Exposures to Blood/Body Fluids. October 2002, Manitoba Health
  - Calgary Regional Health Authority Calgary Regional Health Blood and Body Fluid – Post Exposure Management (1989).
  - WRHA Post Exposure Prophylaxis Protocol and Charting Guidelines November, 2003
  - WRHA Body Fluid Exposure Worksheet W-00015 Part A, Part B, November 2003
  - Confidentiality – Personal Health Information WRHA Policy (10.40.020)
  - Respectful Workplace WRHA Policy (20.10.090)
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## **6.0 Policy Developers:**

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