



2016 e newsletter # 7 - August

Your Body Fluid Exposure Management Policy

In each of the 10 e newsletters for 2016, I am previewing a policy template - how does yours compare? Each of the policy templates includes: procedures, resources, contacts, references and further notes. All except cleaning are \$44.

1. PREAMBLE

- 1.1 When staff or patients are injured or splashed such that the source body fluid could enter the exposed blood or tissues, there is potential for transmission of a blood borne virus infection (BBVI), i.e. Hepatitis B, Hepatitis C or Human Immunodeficiency Virus (HIV). Prophylaxis is available for HIV and is best given the day of the exposure.
- 1.2. An exposure occurs when a body fluid is injected through the skin/mucous membrane or is splashed onto a mucous membrane or non-intact skin. This may include a human bite.
- 1.3 Immediate reporting of exposures enables treatment or prophylaxis or both to be provided in a timely manner.
- 1.4 There are current Australian national and state guidelines¹ to inform on management of exposures.

2. POLICY

- 2.1 Staff must report all exposures and as soon as they occur. All staff including cleaners are informed at induction on the 3 simple steps to take immediately after an exposure and know that prompt treatment may be lifesaving.
- 2.2 Staff are supported in following the immediate response protocol, which is displayed in the treatment room.
- 2.3 Staff are aware they may be required to attend the nearest casualty for assessment and counselling by a certified professional. For reasons of privacy, the exposed staff is advised not to seek this from a colleague.
- 2.4 Staff are aware of the importance of Hepatitis B protection and how it is transmitted. All staff are provided with free Hepatitis B immunisation and are strongly advised to be protected or face restriction in duties. While immunisation is not mandatory, staff who do not have protection for Hepatitis B (whether natural or artificial) do not perform venepuncture/glucose/cholesterol/INR testing or manage body fluid spills.
- 2.5 The manager ensures a clinic GP is available to assess a source for risk of BBVI. This GP may wish to liaise with the Infectious Diseases physician at the hospital casualty the exposed staff attends for further discussion and advice. Follow up of the exposed is handled by the treating facility.
- 2.6 All staff know that anyone who has a blood test for HIV must receive counselling as required by legislation both prior to blood testing and when receiving results – this is done in person by a qualified person (includes all GPs).
- 2.7 An incident report form is completed at a time that does not delay prophylaxis. A look back is done later to ascertain whether the exposure could be avoided.
- 2.8 Procedures, resources, references and notes to assist policy interpretation for timely response and management of body fluid exposure are found attached to this policy.

¹ Australian Guidelines for the prevention and control of infection in healthcare (NHMRC 2010).