



2019 May TOPIC # 4 – How effective is your immediate response for occupational exposure to body fluids?

Regardless of your policy ensure all staff know the protocol for immediate response

- 1. Wash the site with soap and water (no evidence squeezing or use of disinfectants is beneficial. Avoid bleach.**
- 2. It is mandatory to report to your manager who should direct the source for an assessment - stop work.**
- 3. If you are referred for Post Exposure Prophylaxis, for a significant injury (eg a needlestick), this occurs the same day. Counselling is mandatory in Australia prior to relevant blood testing.**

1. From the Blue Book (DHS) for immediate response

When What

Immediately after exposure - First aid, Relief from duty, Risk assessment, Post exposure prophylaxis (PEP) if significant injury (source body fluid makes contact with your non intact tissues, mucous membranes e.g needlestick) As soon as possible (same day) - Source assessment, Documentation of exposure, Prevention of transmission and exposure/pre-test counselling, Baseline serology if agreed to, Referral to specialist physician - if PEP commenced, Support of significant others. Expert counselling on the implications of the event, PEP (post exposure prophylaxis) and appropriate long-term follow-up should be offered.

2. From the 5th ed RACGP IPC standards Management of blood or body fluid exposure

Steps for managing an exposure to blood or body fluid include:

1. Decontaminate the exposed area and treat the wound.
2. Report the exposure to the infection prevention and control coordinator so that appropriate investigations and treatment are initiated immediately.
3. Test the source for HBV, hepatitis C virus (HCV) and HIV.
4. Test the exposed person for HBV, HCV and HIV.
5. Assess risk of transmission of infection to the exposed person.
6. Initiate treatment according to risk.
7. Document exposure to allow investigation of the cause to take place.
8. Refer to an infectious diseases consultant if the exposure is high risk.

3. From (CDC 2003)

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. HIV Treatment should be started as soon as possible, preferably within hours as opposed to days, after the exposure.

4. From the NHMRC IPC guidelines 2010

Each healthcare facility requires a policy on the management of needlestick injuries, and on providing immediate post-exposure advice for sharps injuries and other blood or body substance incidents involving healthcare workers, as generic policies may not be relevant to individual settings (e.g. access to care, especially after hours).

Treatment protocols include removal of contaminated clothing, thorough washing of the injured area with soap and water; and flushing of affected mucous membranes with large amounts of water. Healthcare workers should be aware that they must report occupational exposures immediately.

5. Post-exposure prophylaxis ((WHO 2008).

Post-exposure prophylaxis (PEP) is the medical response given to prevent the transmission of bloodborne pathogens following a potential exposure. PEP includes first aid, counselling including the assessment of risk of exposure to the infection, testing, and depending on the outcome of the exposure assessment, the prescription of antiretroviral drugs, with appropriate support and followup