

Blood and Body Fluid Exposure Self Assessment

WHAT TO DO IF YOU ARE EXPOSED TO BLOOD OR BODY FLUIDS

1. Clean the site. Immediately wash with soap and water to remove any blood or body fluid. Alcohol hand rub can be on used skin if water is unavailable. Flush eyes, mouth or nose with saline or water.

2. Assess the severity of the exposure and consider prophylaxis.

		NO RISK		HIGH RISK					
		A	B	C	D	E	F		
EXPOSURE		Blood or blood fluid in contact with skin which is not broken (ie no cuts or lesions).	A splash to broken skin, eye or mucous membranes with non-blood stained fluid.	Stick from needle which has been discarded in a public place.	Stick from a needle which has been used for suturing, intramuscular injection, subcutaneous injection or blood sugar monitoring..etc. Stick from a solid sharp - such as a scalpel.	Bites or clenched fist injuries.	i. Injury from a needle which has used to withdraw blood (and injury bled spontaneously). ii. Injection of blood into your vein iii. Prolonged exposure of blood to a large area of non-intact skin or mucous membrane.	EXPOSURE	
	ACTION	No further action is necessary.	Report exposure to your manager. No further action is necessary.	Report exposure to your manager. Assess tetanus status. No further action is necessary.	Report exposure to your manager.	Report exposure to your manager.	THESE INJURIES REQUIRE IMMEDIATE ATTENTION. Report to your manager as soon as possible. After hours it is recommended to attend the emergency department if no one is designated to manage exposure in your health facility or workplace. If you require additional assistance - please call 1 800 804 823, between 7.00am to 11.00pm	ACTION	
	PROPHYLAXIS	None.	None.	If there may have been soil on the needle, consider a tetanus injection, if not had in the last 5 years. See your general practitioner.	HIV- Available but not strongly recommended. HBIG - Available but not strongly recommended. If you are not immune to HBV, consider vaccination.	Broad spectrum antibiotics are recommended for topical infections. HIV - No. If you are not immune to HBV consider vaccination.	HIV prophylaxis to be considered. To be sought urgently. Hepatitis B also to be considered. Prophylaxis should be started as soon as possible - within a few hours. Do not wait for the results of the source testing to start prophylaxis.	PROPHYLAXIS	

3. Report the exposure. Exposures B to F should be reported to your manager and on your workplace health and safety reporting system.

4. Consider baseline testing. Baseline testing (to prove that you are negative at the time of the injury) is recommended for scenarios C to F, but may be requested after any exposure. Baseline testing is NOT urgent and can be done up to a few days after the exposure. Visit your health department or your general practitioner.

NOTE: These recommendations are based on the source being HIV, HCV or HBC positive or of unknown status

For more detailed information, you can read the Blood and Body Fluid Exposure Hotline Procedure for the management of occupation blood and body fluid exposures at : <http://thealbioncentre.org.au/exposure.procedure>

HBIG - hepatitis B immunoglobulin

HBV - hepatitis B virus

HCV - hepatitis C virus

HIV - human immunodeficiency virus