

Blood and Body Fluid Occupational Immediate Response Reference

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 used on skin if water is unavailable.

2. Assess the severity of the injury

- a) No further action is necessary if:
 - i. Blood or body fluids come in contact with skin which is not broken (ie no cuts or lesions)
- b) These injuries should be reported to your manager and on your workplace health and safety reporting system , but do not need other follow up
 - i. A splash to broken skin, eye or other mucous membranes with non-blood stained fluid
- c) These injuries do not need follow up except for tetanus prevention. They should also be reported to your manager and on your workplace health and safety reporting system if they occur when you are at work
 - i. Stick from a needle which has been discarded in a public place
- d) These injuries should be reported to your manager and on your workplace health and safety reporting system and followed up on the next working day. See your general practitioner or staff health department.
 - i. Stick from a needle which has been used for suturing, intramuscular injection, sub-cutaneous injection, blood sugar monitoring, etc ii. Bites or clenched fist injuries
- e) These injuries require urgent attention. You should report to a health worker as soon as possible. After hours it is recommended to attend the emergency department if no one is designated to manage exposures in your health facility. Call the Exposure Management Hotline if you need assistance.
 - i. Injury from a needle which has been 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

3. Discuss prophylaxis

- a) For scenario 2e (above) prophylaxis for HIV may be considered. This needs to be done urgently. NONE of the other scenarios warrant HIV prophylaxis so do not need to be assessed as a medical emergency
- b) If you are not immune to hepatitis B, prophylaxis may be considered for scenarios in the categories 2d and 2e. It is recommended that you visit staff health or your general practitioner during working hours.
- c) If you are stuck by a sharp object which has come into contact with soil, you may need to consider a tetanus injection, if you have not had one within the last 5 years. See your general practitioner during working hours.

4. Consider baseline testing

- a) Baseline testing (to prove that you are negative at the time of the injury) is recommended for scenarios 2c-e, but may be requested after any exposure. Baseline testing is NOT urgent and can be done up to a week after the exposure. Visit your staff health department or your general practitioner.

5. Report the exposure

- a) All exposures (except contact with intact skin) should be reported to your manager and on your workplace health and safety reporting system. This can be done on the next working day.

For more detailed information, you can read the Blood and Body Fluid Exposure Phonenumber Procedure for the management of occupational blood and body fluid exposures at:

<http://thealbioncentre.org.au/wp-content/uploads/2018/07/BBFE-MOE-procedure2015.pdf>