

## **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**

### **No Risk Exposures**

- 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)
  - ii. The exposure is to clean needles/ sharps
- 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

### **Low Risk Exposures**

- c) These injuries do not need follow up except for tetanus prevention – unless you are sure there has been no possibility of soil contamination. 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. Follow your workplace protocol or see your general practitioner.
  - 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

### **High Risk Exposures**

- e) These injuries require urgent attention. You should report to a service which can provide immediate management and prophylaxis as soon as possible. Call the Blood and Body Fluid Exposure Phonenumber if you need assistance or go to your nearest emergency department.
  - 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. Consider prophylaxis**

- a) If you have a high risk exposure (scenarios 2e above) prophylaxis for HIV may be considered. This needs to be done as soon as possible - within a few hours of the exposure. 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 within 24 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 staff health department or 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 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 Hotline 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>