

Blood or Body Fluid Exposure Self-Assessment Tool

A3 POSTER

WHAT TO DO IF YOU ARE EXPOSED TO BLOOD OR BODY FLUIDS Including Sharps Exposures

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. Flush eyes, mouth, or nose for a splash exposure with saline or water.

2. Assess the severity of the exposure and consider prophylaxis by working through each of the below 3 steps:

- i. **EXPOSURE** - determine the risk level of your exposure with **one** of the A to G risk column categories below.
- ii. **ACTION** - Initiate the recommended action as soon as possible for the category selected.
- iii. **PROPHYLAXIS** - Follow the recommended prophylaxis treatment if applicable.

| | NO RISK A | LOW RISK B | LOW RISK C | MODERATE RISK D | MODERATE RISK E | MODERATE RISK F | HIGH RISK G | |
|-------------|---|---|---|--|---|--|--|-------------|
| EXPOSURE | Blood or body fluid in contact with skin which is not broken (i.e. no cuts or lesions). | A splash to eye or mucous membranes with blood or body fluid. | Exposure to broken skin with non-blood stained body fluid. | Stick from needle which has been discarded in a public place. Exposure to broken skin with blood or blood stained fluid. | Stick from a needle which has been used for suturing, intramuscular injection, sub-cutaneous injection or blood sugar monitoring...etc. Stick from a solid sharp - such as a scalpel. | Bites or clenched fist injuries. | <ul style="list-style-type: none"> Injury from a needle which has used to withdraw blood from a vein or artery- such as venipuncture or arterial blood gasses Insertion of a needle into a vein, such as cannulating Prolonged exposure to a large amount of blood to an area of non-intact skin or mucous membrane | EXPOSURE |
| ACTION | 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. No further action is necessary. | If exposure to - Eye: irrigate or wash the eye with clean water or normal saline. Mouth: rinse out the mouth with clean water. Report incident to manager. | Immediately wash with soap and water to remove any body fluid. Report to manager. | Sharps exposure 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. If the site is bleeding allow it to bleed. Do NOT squeeze the site to make it bleed if it is not bleeding. Assess tetanus status. Broken skin Exposure to blood or blood stained body fluid. Immediately wash with soap and water to remove any blood or body fluid. Report to manager. Baseline and follow up exposure serology recommended. | 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. If the site is bleeding allow it to bleed. Report to manager. Baseline and follow up exposure serology recommended. | 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. | ACTION |
| PROPHYLAXIS | None. No further action recommended. | None. No further action recommended. | None. No further action recommended. | HIV- Available but not recommended. HBIG - Available but not recommended. If you are not immune to HBV, consider vaccination. 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 recommended. HBIG - Available but not recommended. If you are not immune to HBV, consider vaccination. | HIV- Available but not recommended. HBIG - Available but not recommended. If you are not immune to HBV, consider vaccination. Broad spectrum antibiotics are recommended for topical infections. | Prophylaxis should be started as soon as possible - within a few hours and no later than 72 hours. HIV prophylaxis to be considered. Hepatitis B immunoglobulin also to be considered if not immune. Do not wait for the results of the source testing to start prophylaxis. | PROPHYLAXIS |

3. Report exposure. Exposures categories from B to G 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 categories C to G, 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. Baseline testing proof is important for any possible workcover insurance claims.

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

For more detailed information refer to the following Australian National / NSW guidelines:

NSW Health Policy Directive. *HIV, Hepatitis B and Hepatitis C – Management of Health Care workers Potentially Exposed*

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_010.pdf

National policies for HIV testing, hepatitis B testing and hepatitis C testing. See tabs at <https://testingportal.ashm.org.au/>

!HIGH RISK EXPOSURES: After hours it is recommended to attend the emergency department for Post Exposure Prophylaxis review within 72 hours of exposure!