## Description

If a staff member sustains an exposure to blood or body fluids by needle-stick, cut or splash to mucosa or damaged skin the organization has a duty of care to provide adequate counselling and post exposure follow up.

## Procedure Applies To

Agency Wide/ All Staff

## Purpose and Scope

Occupational exposure will be managed as per DHS Guidelines

### Procedure Standards

Initial and immediate steps to be taken:

- Immediately wash the wound and area with soap and water or rinse eyes thoroughly and gently with large amounts of water.

- The staff member who receives a needle-stick or body fluid splash must immediately report the incident to the unit/area manager and the unit responsible for post exposure management in the facility. This must be done within one hour of exposure. An incident report must be completed.

- Note: It is important that, in order to maintain confidentiality of the staff member and source person, individual records be kept securely.

Consult with recipient

- Type, time, source and risk of the exposure is ascertained
- State of health is ascertained
- Immune status including immunisation status *for Hepatitis B* is ascertained
- Consideration, according to circumstances, given to determine the risk of tetanus to the individual.

Consult with source of blood/ body fluid- the medical officer co-ordinates consultation with the source

- Ascertain their state of health.
- Life style, risk factors will be explored with the source
- Consent obtained for screening following appropriate counselling

Determine risk to staff member

- Prophylaxis will be offered if appropriate. A plan is devised in conjunction with an Infectious Diseases Physician.
- H.I.V prophylaxis, if appropriate, is best administered within two hours of exposure.
- Hepatitis B prophylaxis, if appropriate is best administered within 72 hours of exposure.

Following consultation with source (and with specific informed consent after receiving pre-test counselling)
Bloods are taken for Hepatitis B surface antigen, Hepatitis C antibody and H.I.V. antibody. Arrangements made for post test counselling and informing person of results.

**Note:** While it is best practice to obtain informed consent prior to testing, there are provisions for compulsory testing which may be used in specific circumstances outlined in GUIDELINES ON DIVISION 2A, PART 6 OF THE HEALTH\ ACT 1958 THE COMPULSORY TESTING PROVISIONS October 2005 published by the Department of Human Services

(Public Health) page 10 of these guidelines state "Where the source. . . "

- Does not have the capacity to consent to testing, and is not expected to regain capacity within a reasonable time frame, and the incident occurs at a health service that has an authorised senior medical officer, it is expected that the matter be referred to that senior medical officer for rapid internal management.

- Does not have the capacity to consent to testing, and is not expected to regain capacity within a reasonable period of time, and the incident occurs at a health service that does not have an authorised senior medical officer, an application may be made to the Chief Health Officer requesting an order or authorisation for testing.

- Refuses to consent for testing, an application is made to the chief health officer requesting an order or authorisation for testing. An authorised senior medical officer cannot order or authorise testing where a person involved in an incident refuses to consent for testing.

Unconscious source. If the source is unconscious or otherwise does not have the capacity to consent to be tested, a risk assessment should be undertaken to determine if the testing needs to be conducted immediately rather than waiting for the person to regain capacity. An order can only be made under these provisions if it *is necessary* to enable rapid diagnosis and treatment. e.g. If the incident occurs during surgery and the source is expected to regain capacity within a reasonable period of time and it is believed that waiting this period of time would not prejudice the health of the care giver, then is would be appropriate to wait until the person regains capacity and seek informed consent.
*COMPULSORY TESTING PROVISIONS are available at* www.health.vic.gov.au/ideas/regulations/comptes

Following consultation with staff member and appropriate pre-test counselling and obtaining specific informed consent
Bloods are taken for Hepatitis B surface antibody, Hepatitis C antibody, and HIV antibody (some units may only test for Hep B antibody & store serum at this time.

De-identification and notification of HIV and pathology process
To maintain strict confidentiality coding of name, date of birth and sex should be used on pathology slips requesting HIV antibody test. Coding: use first two initials of family name and first two initials of given name followed by date of birth and sex. Client to be made aware of their code for result identification.
All documentations to remain confidential and be stored securely.

A Guide to Risk Assessment
This is intended as a guide to risk assessment with a known HIV (+ve) source. The decision on risk and use of triple therapy should be made in conjunction with an Infectious Diseases Specialist.

The Infection Control Coordinator will be aware of availability of starter packs of HIV prophylaxis within your region.

| EXPOSURE | RISK | TRIPLE THERAPY |
|---|---|---|
| **PERCUTANEOUS** | | |
| Blood - deep injury visible blood on device, device in vein/artery of source | HIGH | Recommended Triple |

| | | |
|---|---|---|
| Fluid containing visible blood or other potentially infectious fluid or tissue | MEDIUM | Offer Triple |
| Other body fluid eg. urine | LOW | No offer |

**MUCOUS MEMBRANES/EYES**

| | | |
|---|---|---|
| Blood | HIGH | Recommended Triple |
| Fluid containing visible blood or other potentially infectious fluid or tissue. | MEDIUM | Offer Triple |
| Other body fluid eg. urine | LOW | No offer |

**SKIN (NON-INTACT)**

| | | |
|---|---|---|
| Blood | MEDIUM | Offer Triple |
| Fluid containing visible blood or other potentially infectious fluid or tissue. | MEDIUM | Offer Triple |
| Other body fluid eg. urine | LOW | No offer |

**TRANSMISSION RATES (A GUIDE ONLY)**

**Average Risk for HIV infection -**
Percutaneous exposure to HIV (+)ve blood (0.3%)
Mucous Membrane exposure (0.1%)
Skin (<0.1%)

**Hepatitis B Infection -**
If not protected from immunisation (30%)

**Hepatitis C Infection** - (3%- as high as 10% when source HCV RNA + ve by PCR)

**EFFECTIVENESS OF TRIPLE THERAPY FOR HIV PROPHYLAXIS:**

80% effectiveness if early introduction that is within 1-2 hours of exposure.

**SIDE EFFECTS OF TRIPLE THERAPY - 40%**

**Can Include:**

- GIT symptoms/headaches/fatigue (short term toxicity)
- Pancreatitis (rarely)
- Kidney Stones (from prolonged use only 0.8%)
- Liver Toxicity (from prolonged use)
- Bone marrow depression (from prolonged use)

Limited data available on the toxicity of these drugs during pregnancy.

**POST EXPOSURE FOLLOW-UP FOR EXPOSED PERSON**

Arrangements made for person to receive post-exposure counselling and be given results of blood tests.
Follow up blood tests are arranged at recommended intervals for HIV & HCV antibodies.
If the source is unknown it is suggested that further blood tests for HIV antibody and HCV antibody is undertaken at 6 weeks post exposure. (NB: HBV serology to be included if non-immune)

## Key Aligned Documents

## Key Legislation, Acts & Standards

## References


- Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Healthcare Setting. Australian Department of Health and Ageing, 2004.
- Australian Government Department of Health & Ageing – National HIV Testing Policy 2006.
- Infection Control Guidelines for the Prevention of Transmission if Infectious Diseases in the Health Care setting Setting. Communicable diseases Net work. Australia. Department of Ageing. January 04
- Rural Infection Control Practice Group, RICPRAC,(Vic ). Infection Prevention and Control Manual September 2008 3rd edition .


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## Keywords