



Policy Name EXPOSURE TO BLOOD AND BODY FLUIDS	Policy Number: 0155
	Effective Date: October 31, 2007
Approved By: Management Committee	Date Revised: February 15, 2012
Classification: Delivery of Care to Residents and Families	Page No: Page 1 of 4

DEFINITION OF EXPOSURE

Blood and body fluid exposure occurs when there is exposure of one person's body fluids to another person. Exposure can consist of:

- . A splash to the mucous membranes of the eye, nose or mouth;
- . Contact with non-intact skin such as chapped, abraded skin, open dermatitis or eczema;
- . A needle stick, laceration or puncture;
- . A human bite that punctures the skin.

TYPES OF BODY FLUID

Types of body fluids include blood, body fluids containing visible blood, seminal or vaginal secretions, cerebral-spinal, synovial, pleural, peritoneal, pericardial and amniotic fluid.

Unless visibly contaminated with blood, feces, nasal secretions, sputum, tears, urine and emesis are not implicated in the transmission of Hepatitis B, Hepatitis C, and HIV.

POLICY

Universal precautions will be practiced with all resident care. If a staff member or volunteer suffers an injury causing a break in the skin and/or is exposed to body fluids the incident must be reported to Management immediately. All necessary precautions and follow-up will be done, including the testing of the person presumed to be the source of the exposure.

STAFF RESPONSIBILITIES

1. The staff will cleanse the skin exposure site with soap and water. Normal saline should be used for exposure to mucous membranes.
2. Report the injury immediately to the appropriate Manager or the Manager-on-Call.
3. Get prompt medical attention at the **Sheldon Chumir Health Centre, 1213-4th Street SW, Telephone number 403-955-6200**, or your family physician, as you should be seen by a Doctor as soon as possible following the incident. Employees will be allowed to leave work so this can be done.
4. When you arrive at the Sheldon Chumir Health Centre inform them you are a health care worker and that you are there for assessment and treatment of blood and body fluid exposure/needle stick injury.



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5. Complete an Incident Report and a Workers Compensation Report within 24 hours of the incident.
6. During weekday hours of 0800-1630, staff should contact Communicable Diseases at 403-955-6750 to inform them of the exposure, the pending blood work and where they were assessed so the necessary follow-up can be completed. After hours, on weekends and holidays, notify the On-Call Medical Officer of Health (MOH) at 403-264-5615 or contact Health Link at 403-943-5465, and they can page the On-Call MOH.

MANAGER OR MANAGER-ON-CALL RESPONSIBILITIES

1. Ensure first aid is or has been administered:
 - 1.1 - remove contaminated clothing
 - 1.2 - allow immediate bleeding of the wound
 - 1.3 - cleanse wound with soap and water
 - 1.4 - apply antiseptic if wanted and/or available
 - 1.5 - flush exposures to the nose, mouth or skin with large amounts of flowing water
 - 1.6 - irrigate eyes with sterile water, saline or buffered Eye-Lert located in the nursing station, the kitchen and the laundry room.
2. Ensure staff seeks immediate medical attention.
 - 2.1 - Arrange for transportation to the Sheldon Chumir Health Centre at **1213 – 4th Street, SW**, open 24 hours a day or to their family physician.
3. Follow through with Resident source testing procedure.
 - 3.1 - Advise staff, resident and/or their family/health advocate, and the attending Physician of Agapé Hospice's policy regarding testing of the source.
 - 3.2 - Ensure that consent for testing of blood borne pathogens was signed on admission. If consent was not obtained on admission, the resident/family/health advocate should be approached now for consent. The consent should be obtained by someone other than the injured staff member. Resident testing will not be done if consent is not obtained. The source will be considered to have unknown risk factors.
 - 3.3 - Complete Provincial Laboratory requisition for Hepatitis B (HBsAg), Hepatitis C (anti-HCV) and HIV (Appendix A). All blood requisitions should be marked "STAT".**
 - 3.4 - Fax laboratory requisition to Calgary Laboratory Service (CLS) Mobile Lab, Fax number 403-777-5222 then notify CLS by telephone at 403-770-3351 that STAT blood work is required.
 - 3.5 - Ensure blood is drawn within 24 hours of the incident.
 - 3.6 - Document all actions on the resident's health record.



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The Sheldon Chumir Health Centre provides the assessment, treatment and follow up required for exposure to blood and body fluids. Staff can choose to see their own family physician but need to keep in mind that this is a time sensitive situation.

EXPOSURE OF RESIDENT TO BLOOD OR BODY FLUIDS OF STAFF

In the event that a resident has been inadvertently exposed to the blood or body fluids of a staff member or volunteer, the incident will be reported to the Director of Resident Care, the Clinical Care Coordinator or the Manager-on-Call. The resident and/or their family/health advocate will be notified of the incident. Agapé Hospice will follow the resident's and/or their family/health advocate's wishes regarding post-exposure laboratory testing (HBsAg, anti-HB, Anti-HBC, anti-HCV and HIV antibodies). If post-exposure testing is to be completed on the resident, the staff member, with his/her consent, will be tested for Hepatitis B (HBsAg), Hepatitis C (anti-HCV) and HIV. Staff members who do not consent to post-exposure testing will be classified as an "unknown source".

CONFIDENTIALITY OF INFORMATION

All information obtained during the course of the investigation and follow-up will be maintained in strict confidence. Laboratory results will be forwarded to the Medical Director and then placed on file in Human Resources.

TREATMENT PROTOCOL

Within **2 hours** of a known HIV+ exposure, blood work needs to be completed and prophylaxis started. Hepatitis "B" and Hepatitis "C" prophylaxis treatment ideally should be started within **48 hours**, but no later than 7 days post exposure. The AHS, Calgary Zone, Occupational Health and Safety Procedure and Guidelines, Action Following Exposure to Hepatitis "B", Hepatitis "C" and HIV are attached as a reference for treatment (Appendix C).



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CROSS REFERENCE

[Policy 0108a - Admission to Hospice - Memorandum of Understanding](#)

[Policy 1701 - Infection Prevention and Control](#)

REFERENCES

[Appendix "A" - Provincial Laboratory Requisition](#). Staff / Resident requisition

[Appendix "B" – Alberta Health Services \(AHS\), Calgary Zone, \(formerly Calgary Health Region\) Occupational Health and Safety Procedure and Guidelines, Action Following Exposure... Appendix "A", "B", "C", and "D"](#)

AHS, Calgary Zone, (formerly Calgary Health Region) Policy 1465-Post Exposure Management of Occupational Exposure to Blood and Body Fluids.

Carewest - April 2008 - Staff Guide - How to Handle a Needlestick and/or Sharps Injury.

Public Health Agency of Canada -1997- An Integrated Protocol to Manage Health Care Workers Exposed to Blood borne Pathogens.

AHS, Calgary Zone, (formerly Calgary Health Region) – Admission, Assessment, Treatment and/ or Specific Procedure Consent.

AHS, Calgary Zone, (formerly Calgary Health Region) – Community Standard Practice & Isolation Precautions.