



Purpose:	Island Health is committed to providing and maintaining a safe and healthy work environment. This includes provision of services to all Health Care Workers who have sustained a blood and body fluid exposure (BBFE). All exposures are managed using the guidelines established by the BC Centre for Disease Control (BCCDC).
Cultural Safety and Humility:	<p>Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw Peoples.</p> <p>As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.</p> <p>The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.</p>
Scope:	<ul style="list-style-type: none"> • Audience: All Island Health Staff and Medical Staff. • Environment: <ul style="list-style-type: none"> ○ Island Health-wide ○ All care environments where Health Care Workers are working directly with sharps and/or risk exposure to blood and body fluids. • Indications: To be used if a Health Care Worker (HCW) has sustained a blood and body fluid exposure (BBFE) such as a dirty needle stick injury, other sharp injury involving blood, a splash or other related incident. • Exceptions: Not to be used if a health care worker sustained a clean needle stick injury, or splash on clothing or intact skin.
Outcomes:	<p>To minimize transmission of bloodborne pathogens by providing an appropriate risk assessment, followed by clinical management in persons exposed to BBF.</p> <p>Key elements include:</p> <ol style="list-style-type: none"> 1. Assessment of the risk of exposure; 2. Laboratory testing on the exposed person and the source person; 3. Administration of PEP treatment when appropriate to prevent the development of infection; and 4. Counseling the exposed person to address anxiety, ensure follow-up testing and modify behavior to prevent transmission to contacts.

1.0 Procedure

1.1 Health Care Worker (HCW) and Medical Residents:

- **Physical Assessment**
 - **Needlestick/wound:**
 - Allow the wound to bleed freely.
 - Do not squeeze the wound, this may promote bleeding, damage the tissues and increase uptake of any pathogen(s).
 - Wash well with soap and water (*do not apply bleach or disinfectants to wound*).

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PROCEDURE

Blood & Body Fluid Post Exposure

14.6PR

Procedures are a series of required steps to complete a task, activity or action



- Mucous membrane or eye:
 - Rinse well with water or normal saline.
- Skin:
 - Wash well with soap and water (*do not apply bleach or disinfectants to wound or mucosa*).
- **Risk Assessment**
 - A risk assessment should be performed on the exposed HCW within two hours of exposure. This is performed at the nearest hospital emergency department (ER) by the Emergency Room Physician (ERP).
 - The HCW should receive a Needlestick/BBFE package in the ER outlining post exposure follow-up.
 - The exposed HCW may have baseline post exposure blood work done in the ER, as assessed and ordered by the ERP, as per BCCDC guidelines.
 - The initial counselling will be provided by the ERP.
 - The HCW should bring the BBFE package back to the unit where the source patient is located and give the package to the Most Responsible Nurse/Manager/Supervisor to have Physician obtain informed consent and order patient/source exposure serology and determine source risk as high or low.
 - Immediately following the ER visit, the HCW should report their exposure to the Provincial Workplace Health Call Centre (PWHCC), at 1-866-922-9464, to receive further direction and counselling.
 - The HCW should participate with their Manager/Supervisor in the timely completion of the Accident Investigation, to review safe work practices and the use of personal protective equipment.

1.2 Managers and Supervisors:

- Should have BBFE posters and follow-up information accessible to all employees.
- Should direct their exposed HCW to follow-up at the nearest ER department within two (2) hours of exposure.
- Should ensure that the exposed HCW will contact the Provincial Workplace Health Call Centre following their ER visit.
- Should ensure source blood work is arranged and confirm source risk.
- Should discuss source risk with exposed employee.
- Should ensure that the Accident Investigation is started and submitted within 48 hours of receipt and completed within 28 days following.
- All medical aide and/or time loss incidents require the participation of a Worker Representative to complete an Accident Investigation.
- Should ensure that all corrective measures and precautions are put in place to decrease the risk of repeat incident or injury.
- The Manager/Supervisor may contact an Employee Health Advisor in Health, Wellness, Safety and Ability Management for direction and support.

1.3 Medical Staff and all Healthcare Students

- Should follow the guideline described above in *1.1 Physical Assessment*.
- Should report to the ER for initial post exposure follow-up within two (2) hours of exposure.
- Should receive the Public BBFE package.

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- Should refer to the BBFE package contact information for the Infection Prevention & Control Medical Microbiologist for further direction, counselling and follow-up.

2.0 Definitions

- **Bloodborne pathogen:** Any pathogen transmitted from one person to another via blood. These pathogens may also be transmitted by other body fluids. This varies depending on the pathogen, the type of body fluid and the nature of the exposure.
- **Blood or body fluid (BBF) exposure:** An event where a person is exposed to potentially infectious blood or bodily fluids through the following:
 - **Percutaneous** exposure through puncture of skin by needlestick or another sharp object;
 - **Per mucosal** exposure through contact with mucous membranes; or
 - **Non-intact skin exposure** through eczema, scratches, and damaged skin.
- **Clean needle stick injury:** An event where a person has been poked with a clean needle that has not been in contact with the blood or body fluid of another person.

3.0 Related Island Health Standards

- [Employee Immunization Assessment Procedure](#)

4.0 References

- BC Centre for Disease Control, Communicable Disease Control Manual, Chapter 1, [Blood and Body Fluid Exposure Management](#), October 2017. Retrieved January 24, 2019.

5.0 Resources

- Exposure Control Plan for Blood and Body Fluids, January 2017
<https://intranet.viha.ca/pnp/pnpdocs/exposure-control-plan-blood-body-fluids.pdf>
- Staff Blood and Body Fluid Exposure Algorithm
<https://intranet.islandhealth.ca/safety/Documents/staff-blood-bodily-fluid-exposure-algorithm.pdf>

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