



**HURON PERTH & AREA  
ONTARIO HEALTH TEAM**

**INFECTION PREVENTION AND  
CONTROL POLICY MANUAL**

## **EXPOSURE TO BLOOD AND BODY FLUID POLICY**

Approved by: HPA OHT IPAC Working Group

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### **Scope:**

The documents in the Huron Perth & Area Ontario Health Team (HPA OHT) Infection Prevention and Control (IPAC) Policy Manual are intended to be aligned/adopted by all HPA OHT member organizations. The policies are designed to create a standard and evidence-based approach to IPAC practice resulting in a consistent healthcare experience while minimizing the risk of healthcare-associated infections. They should be reviewed by organizations occupational health and safety and/or infection prevention and control committee(s) for their endorsement, where applicable. These policies are most effective when used in conjunction with organizational policies that address client/patient/resident, facility, and sector-specific needs.

### **Purpose:**

To provide guidance for the management of potential exposures to blood borne pathogens, such as Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV), for anyone in the healthcare environment. To prevent transmission of blood-borne pathogens between healthcare workers (HCW) and patients, clients, residents.

### **Policy:**

Prior to employment

- Offer Hepatitis B vaccine to all healthcare workers who may in the course of their duties come into contact with potentially infectious blood or body fluid (BBF).
  - At least 1 month after completion of a Hepatitis B vaccine series, healthcare workers should complete serology to test for immunity to Hepatitis B. Healthcare workers should be informed of their Hepatitis B immunity status, and a record of the serology should be maintained by the healthcare facility.
  - Refer to the [Canadian Immunization Guide](#), Occupational Health, or Public Health for questions around Hepatitis B immunization and serology.

- Ensure all healthcare workers maintain up to date immunizations. Tetanus-Diphtheria (Td) vaccine must be given at least every 10 years. All adults should receive one dose of Tetanus-Diphtheria-Pertussis (Tdap) in place of Td.
- No routine ongoing serologic screening of any persons carrying on activities in the hospital is needed for HVB, HCV, or HIV, however some professional colleges have specific policies. Healthcare workers must be aware of and follow the requirements of their college.

#### **What constitutes an exposure?**

- Percutaneous injury (needle stick or cut with a contaminated sharp object)
- Mucous membrane exposure (splash o eyes, nose, mouth), or
- Non-intact skin exposure, including human bites that break the skin, and body fluid contact with open wounds, dermatitis, or very dry skin.
  - Contact with intact skin is not considered an exposure, but carefully examine exposed skin to check skin integrity.

#### **What are potentially infectious body fluids?**

- Blood, body fluids containing visible blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and breast milk, as well as other potentially infectious materials.
- Saliva may transmit HBV; it will not transmit HCV or HIV unless there is visible blood.
- Feces, nasal secretions, sweat, tears, urine and vomit are not considered potentially infectious unless visibly contaminated with blood. Therefore, contact with these body fluids, unless there is visible blood, is not considered a significant exposure.

#### **What is the risk if exposed?**

- If exposed to the blood of a positive person, the estimated likelihood of contracting HIV is 0.3%, HCV is 2%, and HBV is 6-30%.
- The actual risk in each situation depends on several factors including:
  - Type of exposure (percutaneous is highest risk, mucous membrane exposure is lower risk)
  - Duration of exposure prior to washing affected area
  - Type of injury – superficial vs deep, hollow needle vs blade
  - Whether the source is positive for HBV, HCV, HIV and the viral load. If the exposed person is vaccinated. A person who is immune to Hepatitis B will not contract HBV from a BBF exposure.

#### **What to do when exposed to blood/body fluid**

- Remove any contaminated clothing
- Encourage the wound to bleed freely
- Wash thoroughly with soap and water, if not available, apply alcohol-based hand rub (ABHR). If mucous membrane exposure, flush thoroughly with clean water.
- Notify your supervisor immediately. Complete an incident report following your organizational requirements.

- In the event of a BBF exposure (see definition above), go to the nearest emergency department, Occupational Health, or Medical Clinic for assessment. Note that you should be seen immediately, ideally with 1 hour of exposure.
- Ask the source person if they know if they have HBV, HCV, or HIV. Ask the source person if they are willing to be tested for HBV, HCV, HIV and to share the results of the testing. Have source person sign a consent form.

### **Post exposure testing and investigations**

- Immediately following exposure to BBF, the exposed person should undergo baseline testing for HCV, HIV, and, if non-immune or immune status unknown, HBV.
- If feasible and consent is provided, the source person should also be tested for HCV, HIV, and if the exposed person is not immune, HBV.
  - In some cases, the Mandatory Blood Testing Act (MBTA) can be used to compel the source person to provide a blood sample. The MBTA applies to healthcare workers and good Samaritans providing emergency health care or first aid, and victims of crime. To apply or to find out if MBTA applies to your situation, contact Public Health or your Occupational Health Service.
- A tetanus (or Tdap) vaccine should be given if the exposed person has not had a tetanus vaccine in the past 10 years.
- The assessing practitioner may recommend and provide Hepatitis B vaccine, Hepatitis B Immunoglobulin, or HIV post-exposure prophylaxis if indicated based on exposure.
  - Healthcare facilities may have additional policies regarding the medical management of BBF exposures.
- Follow up testing for HBV, HCV, and HIV may be required for up to 6 months after the exposure. Follow the recommendations from your physician, Occupational Health, or Public Health.

### **Blood and Body Fluid Precautions**

While waiting for test results from the source person, the exposed person should take precautions to prevent the spread of blood-borne illness to their close contacts.

- Avoid having sex. If you do have sex, use a condom every time.
- Do not donate blood, organs, tissues, breastmilk or sperm
- Do not share toothbrushes, razors, dental floss, or other items that may have blood/body fluid on them.
- Cover open cuts and scratches until they heal.
- Carefully throw away anything with blood on it, such as tampons, pads, tissues, dental floss, and bandages. Put sharp items such as used razors or needles into a container and tape shut. Throw away in the garbage – do not place in a recycling box.
- Do not share drug snorting, smoking or injection equipment such as needles and syringes, straws and pipes.
- Women who are breastfeeding and have been exposed to blood or body fluids should speak with their health care provider to find out if it is recommended that they continue to breastfeed.

### **Ongoing Management of the Exposed Person**

After initial assessment, the exposed person and their family physician are responsible for follow up care and therapy if disease occurs.

Resources:

Application forms for Mandatory Blood Testing Act

[Applicant Report](#)

[Physician Report](#)

Definitions:

**Alcohol-Based Hand Rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time consuming to use than washing with soap and water.

**Exposed Person:** The person who was exposed to the blood and/or body fluid of another person.

**Healthcare Worker:** Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students and home health care workers. In some non-acute settings, volunteers might provide care and would be included as health care providers

**Routine Practices:** The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

**Source Person:** The person whose blood and/or body fluid came into contact with another person

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