

BLOOD AND BODY FLUID EXPOSURE GUIDELINES

1. INCIDENT REPORT:

Reported by: _____ Phone: _____ Date: _____

Date and Time of incident: _____

Type of incident:

- Bite (skin is broken)
 Needlestick / Sharps injury
 Blood / bloody body fluid / saliva splash in eye, nose or mouth
 Other _____

Details of incident (how, where): _____

2. PERSON EXPOSED:

Name: _____ DOB (yr/mo/day): _____

Address: _____ Postal Code: _____

Telephone: _____

Physician: _____ Phone: _____

What first aid has been administered? _____

Current immunization status:

Tetanus: Primary series Yes No Date of last booster (yr/mo/day): _____

Hepatitis B Vaccine:

- Yes
 Number of doses _____ AntiHBs titre: _____ IU/L Titre not done / not available
 See Canadian Immunization Guide 2006 (PG. 195-197) for management of vaccinated or unvaccinated individuals after potential exposure to hepatitis B.

- No Depending on assessment of risk, the exposed person may be recommended to see physician to have HBIg (hepatitis B immune globulin, given within 48 hours of exposure) and start hepatitis B series. Note: HBIg can be accessed by the physician through the hospital's blood bank. VPD can supply a physician with 3 doses of Hepatitis B vaccine as soon as possible. In a healthcare setting, the facility supplies vaccine for occupational exposures.

3. SOURCE:

Is source known? Yes No (If no, go to next section)

Name: _____ DOB (yr/mo/day): _____

Address: _____ Postal Code: _____

Telephone: _____

Physician: _____ Phone: _____

Hepatitis B vaccine _____ number of doses AntiHBs titre: _____ IU/L Titre not done/not available

Source risk factors for a bloodborne infection. Check below.

Known to have HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Known to be a hepatitis B carrier	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Known to have hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Known to have haemophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Known history of hemodialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
History of tattoos / piercings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, setting(s) _____
Injection drug use (current or in past)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Man who has sex with men	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Multiple sexual partners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
From country with high disease rates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Past blood transfusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> When? _____
Infant of carrier mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Household contact of hepatitis B carrier	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Other _____				

If the status of the source with respect to bloodborne pathogens is unknown, recommend source testing as soon as possible. On the requisition, mark "Stat" and request that results be called to the physician, and indicate the type of incident e.g. "Needlestick injury." The source must consent to testing and release of results and receive pre-test counselling. If the source refuses, the exposed person may qualify to apply to the MOH for mandatory testing of source under Bill 28*.

Recommended Testing for Source:	Date:	Results:
<input type="checkbox"/> HBsAg	_____	_____
<input type="checkbox"/> Anti-HBs	_____	_____
<input type="checkbox"/> Anti-HBc	_____	_____
<input type="checkbox"/> Anti-HCV	_____	_____
<input type="checkbox"/> HIV	_____	_____

Comments: _____

4. FOLLOW-UP:

The **exposed person** needs to have baseline blood work done:

- Hepatitis B (HBsAg, anti-HBs, anti-HBc)
- Hepatitis C (anti-HCV)
- HIV
- Liver function: ALT (serum alanine aminotransferase)

Note: pre-test counselling is important

The exposed person needs a requisition for the blood work from a physician or optimally should go directly to the hospital emergency department. Prompt medical follow-up is essential because post-exposure treatment, if required, should be started as soon as possible.

* Forms are available at the Ontario Government website at: www.forms.ssb.gov.on.ca/ under form # 008-11-002E

If initial serology is negative, retest:

- Hepatitis B at 6 months
- Hepatitis C at 3 months & 6 months after exposure; ALT at 3 and 6 months
- HIV at 6 weeks, 3 months & 6 months; 12 months if source is co-infected with Hep. C and HIV and exposed person seroconverts to Hep. C positive following the exposure.

Counselling/Health Teaching for the Exposed Person

- Review the risks associated with exposure:

If it is a *needlestick injury*:

- Was a hollow bore needle used?
- Was it a solid sharp?
- Is the injury deep?
- Did the needle or sharp penetrate the source person's vein or artery?
- How long had it been since the needle or sharp was used in the source? _____

Risks associated with needlestick exposure:

- Hepatitis B Virus 6-30%
- Hepatitis C Virus approximately 2%
- HIV 0.3% (1 in 300); (risk of HIV after exposure of eye, nose or mouth 0.1% (1 in 1,000))

If it is a *bite incident*:

- Did the bite break the person's skin?
- Is the exposed person known to have hepatitis B, C or HIV or have risk factors for blood-borne infections?
- Did the biter have blood in his/her mouth at the time of the bite?

Saliva alone is considered to be an infectious fluid for Hepatitis B. For Hepatitis C and HIV, the saliva would have to be bloody to be considered a potential risk. Saliva/bloody saliva may also be a risk if spit or sprayed into the eyes, nose or mouth of the exposed person. Other types of exposure to saliva, including dry kissing, are unlikely modes of transmission. Risk associated with bite injuries is considered much lower than through needlestick injuries. Unbroken skin is considered a barrier.

Precautions (when waiting for complete results):

- Do not donate blood, semen or organs.
- Safer sex issues: condom use advised. Sexual health staff have resources, information, and can provide counselling.
- Do not share toothbrushes, razors, nail files, etc.
- If the person uses drugs, do not share needles or other drug-related equipment. Refer to needle exchange program for supplies.
- Avoid pregnancy or have further consultation especially if high risk for HIV and taking PEP for HIV.

References:

Blood-Borne Disease Surveillance Protocol for Ontario Hospitals, revised October 2008
Canadian Immunization Guide. Seventh Edition, 2006

[Back to Designated Officer home page](#)