

Post-Blood-borne Exposure Risk-Assessment Tool

Step 1: Complete First Aid

For Needlestick or Laceration:		For Splash to Skin:		Fo	For Splash to Mucous Membrane:	
	ow wound to bleed freely (do tapply pressure to wound)	•	Remove contaminated clothes and/or PPE	•	Flush area generously with water for 15 minutes	
	ash area thoroughly with soap	•	Wash affected area with soap and	•	Use eyewash station if available to	
and	d water		water		rinse any mucous membrane	

Step 2: Ensure consent is obtained from the Source Patient (by their Physician) to screen for baseline Blood-borne disease status

Step 3a: Complete Assessment Check List:

Question #	Assessment Question	Next steps based on answer		
1	The fluid you came in contact with was blood, serum, plasma,	☐ YES: continue to question # 3		
	any fluid from a body cavity, semen, breast milk, or saliva	□ NO: continue to next question		
2a	The fluid you came in contact with was tears, vomit, feces	☐ YES: continue to next question #2b		
	(stool), or urine	□ NO: continue to Step 3b Box # 1		
2b	Was the vomit, tears, feces (stool), or urine contaminated	☐ YES: continue to next question #3		
	with blood?	□ NO: continue to Step 3b Box # 1		
3	Did the injury break the skin or did fluid come in contact with	☐ YES: continue to next question		
	your eyes, nose, or mouth, or broken skin	□ NO: continue Step 3b, Box # 1		
4	Is the patient high or moderate risk or is the source	☐ YES: continue to Step 3 Box # 4		
	unknown?	□ NO: continue to next question		
5	Did a body fluid enter your vein or artery?	☐ YES: continue to Step 3b Box # 4		
	Did you sustain a deep injury to your muscle?	□ NO: continue to next question		
	Were you exposed to a massive amount of body fluid?			
6	Are you up-to-date with your tetanus and hepatitis B	☐ YES: continue to Step 3b Box # 2		
	vaccination?	□ NO /Unsure: continue to Step 3b Box # 3		

Step 3b: Follow-up Required Based on Assessment Questions (above)

Box #	Actions to be taken				
1	The type of exposure you had is one that does not require any blood tests or treatment. Please complete an incident report on-line & contact Occupational Health at ext. 4611, if you have further questions or concerns				
2	It is important to have bloodwork completed, but you do <u>not</u> need to be seen by an emergency room physician. Please complete an incident report on-line and contact Occupational Health at ext. 4611. They will arrange for your baseline bloodwork to be done in the out-patient lab (Mon-Fri, 0800 – 12:00 noon)				
3	Please complete an Incident Report on-line. Proceed to Occupational Health if Mon to Fri (0800-1600) for immunization reviews.				
4	Proceed Immediately to Emergency Department for assessment by a Physician Please ensure you complete your Incident Report on-line.				

If you are unsure of what to do, have any questions or require assistance, please call Employee Health Services at extension 4611 Monday to Friday 0800 – 1600. After hours, please visit the Emergency Department.

^{*}Meditech Order Set **EXPS** (See Connections\Departments\OHS\Occupational Exposures\Meditech Order Sets)



Post-Blood-borne Exposure Risk-Assessment Tool <u>Explanations</u>

Step 2: It is *more important* to obtain the Source-Patient's bloodwork STAT. The Employee's baseline is not urgent.

→ Go to Connections\Departments\OHS\Occupational Exposures\Meditech Order Sets

Step 3: Assessment Check List

Questions 1 to 3 Explained:

In order for a person to require prophylactic treatment, the exposure must be a <u>significant one</u> (moderate to high risk – see Table below). The body fluid has to be one containing **blood contents** that <u>could</u> be infected with HIV, Hepatitis B virus (HBV) or Hepatitis C virus (HCV); **and** potentially entered your body.

- Vomit, tears, feces (stool), and urine <u>do not</u> contain any of these viruses; therefore you cannot acquire a blood-borne disease from the exposure, unless they are contaminated with blood.
- You cannot get the virus if the fluid comes in contact with intact skin.
- For a blood-borne virus to get inside your body, there must either be an injury where the skin is broken or the bloody fluid comes in contact with your eyes, nose, or mouth (through mucous membranes).

High-Risk Blood-borne Exposures

- 1. Break in the skin by a sharp object (including hollow-bore, solid-bore, cutting needles, broken glassware or a nail scratch) that is contaminated with blood, visible bloody fluid, or other potentially infectious material, or that has been in the source patient's blood vessel
- 2. Bite from a patient with visible bleeding or break in the skin in the mouth that causes bleeding to the exposed worker
- 3. Splash of blood, visible bloody fluid, or other potentially infectious material to a mucosal surface (mouth, nose, or eyes)
- 4. A non-intact skin (e.g., dermatitis, chapped skin, abrasion, or open wound) exposure to blood, visible bloody fluid, or other potentially infectious material.
- 5. Anal, vaginal or oral penetration without condom, condom broke or condom status unknown or sexual assault/sexual abuse.

Question 4 Explained:

The reason why you would go to the emergency department in situations where the source (patient) was high or moderate risk is to *possibly* receive treatment to prevent you from getting the hepatitis B virus and/or HIV. In situations where the source (patient) is low risk, these medications are not generally recommended. <u>NOTE</u>: There is currently no treatment to prevent the hepatitis C virus.

Question 5 Explained:

In low-risk situations, these types of injuries are the only ones which could mean you *might* require treatment.

Question 6 Explained:

- Although Tetanus is not a disease that is part of an exposure, it is included in the follow-up because the tetanus vaccine is part of first aid for some types of exposures.
- It is important to know whether or not you have had the hepatitis B vaccine and that the vaccine worked for
 you. If you do not know this for sure, then you should check with Occupational Health as soon as possible if it
 is Monday to Friday 0800-1600

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