



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.3

DEPARTMENT: *Infection Control*

SUBJECT: *Sharps Injury or Mucosal Exposure to Blood or Bodily Fluids*

APPROVAL DATE: April 2004

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

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PURPOSE:

To decrease the risk of transmission of blood-borne pathogens, specifically Hepatitis B, Hepatitis C and/or HIV, after a sharps injury or mucosal exposure to blood or body fluids. This policy is intended to provide guidance about the appropriate follow-up recommendations for HCWs exposed to the blood or body fluids of potentially infected residents. Because HBV, HCV and HIV are spread by similar means, one policy will apply to all three diseases.

PROCEDURE:

EMPLOYEE RESPONSIBILITIES:

1. The employee will allow the wound to bleed freely.
2. Cleanse the wound thoroughly with soap and water and apply antiseptic (e.g. alcohol, betadine, etc.) or flush the exposed mucous membrane or eye with copious amounts of water.
3. Remove any contaminated clothing.
4. Employee is to report incident to his/her immediate supervisor as soon as possible.
5. After consulting with supervisor the employee shall seek medical assessment through a personal physician or nearest emergency department within 1-2 hours.
6. The employee shall follow-up with the protocol/advice suggested by the MD consulted and will return to work as directed. It is the employee's responsibility to adhere to any treatment/advice and or follow-up from the treating physician.
7. Complete an Employee Accident/Incident Report form
 - Including the device involved in the injury, the brand/model, whether or not it is a safety device, name of source person (i.e. resident)

SUPERVISOR RESPONSIBILITIES:

1. Complete the supervisor section of the Employee Accident/Incident Report form immediately and forward to Human Resources.
2. The supervisor/designate shall direct the employee to **immediately** report to EITHER:
 - a. Personal physician (if an immediate appointment can be secured).
 - b. Nearest hospital emergency department for medical assessment and counselling on



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blood work for Hepatitis B, C and HIV screening and counselling regarding the risks of blood-borne pathogens.

The treating physician will be responsible for risk assessment initiating any post-exposure prophylaxis (PEP) and any necessary referrals. **Prophylaxis should begin within 1-2 hours post-exposure.**

The employee will advise the health care provider (personal physician or ER physician) that the injury is occupationally acquired for WSIB reporting requirements.

3. If necessary the supervisor will arrange to have the remainder of the employee's shift covered.
4. The supervisor will also notify the Manager of Resident Care as well as the Human Resources Manager or designate of the incident for recording purposes.
5. See attached sample checklist for "Initial Assessment & Treatment Following a Sharp Injury".

FOR A KNOWN SOURCE EXPOSURE:

1. The supervisor shall notify the Registered Staff of the incident so that the resident's primary physician can be called in order to obtain orders for the following resident blood work:
 - Hepatitis B surface antigen (HBsAg)
 - Hepatitis C antibodies (anti-HCV)
 - HIV antibodies (anti-HIV)

Consent must be obtained from the resident or substitute decision maker for this testing to be performed. Staff will complete the lab requisition for blood to be drawn on the next business day.

ADDITIONAL INFORMATION:

Suggested screening *may* include blood work for the following:

- Hepatitis B; HBsAg and anti-HBV baseline;
- Hepatitis C; anti-HCV baseline (and repeated at 6 months and 12 months post exposure);



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- HIV; anti-HIV baseline (and repeated at 3 months and 6 months post exposure).

Additionally, counselling *may* include information on:

- Hepatitis B vaccination;
- Hepatitis B immune globulin (HBIG) administration if needed;
- HIV post-exposure prophylaxis if deemed necessary.

If a contract worker or student suffers possible exposure to a blood-borne disease in the facility, occupational health and safety designate must notify the supplying agency/school:

- That the person has been exposed; and
- That the agency/school must follow up the case.
- If a contract worker or student suffers possible exposure to a blood-borne disease in the facility and has no supplying agency, occupational health and safety must inform the HCW of the need for follow-up.
- If required, the Medical Officer of Health will provide advice.

REPORTING ILLNESS AFTER EXPOSURE

Occupational health and safety (or designated alternate) must inform all exposed persons of the symptoms of blood-borne diseases and advise them to report these, if they should occur.

Whenever such symptoms are reported, the person must be referred to his/her personal physician for medical investigation and treatment. Suspect or confirmed reportable diseases (as per Ontario Reg 559/91 and amendments under the Health Protection and Promotion Act) must be reported to the local Medical Officer of Health. In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide written notice within 4 days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or has filed a claim with the Workplace Safety Insurance Board (WSIB) with respect to an occupational illness, to the:

- Ministry of Labour,
- Joint Health and Safety Committee (or health and safety representative), and
- Trade union, if any.

The employer must report an occupational BBP exposure to the WSIB and to the Ministry of Labour if PEP is given.



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For additional information about following-up exposed HCWs, refer to the “Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals”, available online at <https://www.oha.com/Services/HealthSafety/Documents/Blood%20Borne%20Diseases%20Protocol%20-%20Reviewed%20and%20Revised%20March%202015.pdf>

Definition

Exposure requires both an injury (i.e. percutaneous injury from a needle or other sharp object, a splash of blood or other body fluid onto a mucous membrane or non-intact skin, or a human bite that breaks the skin) and contact with blood or body fluid capable of transmitting HBV, HCV and/or HIV.

Exposed person definition: Any person carrying on activities in a work environment who has had a potential exposure to blood borne pathogens. This exposure may be through injury from a contaminated needle or other sharp object, a splash onto mucous membrane or non-intact skin, or a human bite that breaks the skin.

Occupational transmission of HIV, HBV and HCV in health care is most commonly the result of an injury from a contaminated needle stick or other sharps or infected fluids coming into contact with mucous membranes or non intact skin.

Personal protective equipment (PPE) serves as a barrier against direct contact with blood borne pathogens. PPE includes gloves, masks, gowns and eye protection.

The evaluation of a significant exposure is based on the type of body fluid and type of exposure. Exposure on intact skin does not represent significant exposure.

Feces, nasal secretions, sputum, tears, urine and vomit are not implicated in the transmission of HIV, HBV and HCV unless visibly contaminated with blood.

Any reported lab work is strictly confidential.

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Appendix A – Checklist – Initial Assessment & Treatment Following A Sharp Injury

Name: _____
 Department: _____
 Time of Injury: _____

	Yes	No	Comments
Injured Employee			
Received first aid			
Reported incident to supervisor			
Completed Exposure Report form			
Reported to designated treatment centre			
Received counselling for risk factors			
Signed consent form for blood work			
Signed consent form for treatment			
Received a follow-up appointment			
Manager/Supervisor			
Completed a source-patient risk assessment and provided information to attending physician			
Assisted the injured employee to complete the Exposure Report form			
Arranged for injured worker to be assessed and treated ASAP (notification, transportation if required)			
Sent completed documentation to designates			
Attending Physician			
Assessed hepatitis B immunization status and hepatitis B titre			
Assessed TD status			
Conducted HIV PEP assessment according to protocol			
Reviewed source patient exposure info			
Provided education regarding hepatitis B, hepatitis C and HIV			
Ordered blood work			
Prescribed medication, discussed side effects			
Arranged for initial doses of medication			
Arranged for follow-up, referred if necessary			
Completed documentation of assessment and treatment			

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PLAN OF ACTION

