



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: Nov. 2022

REVIEW DATE: Mar 2017; Nov 2018; Dec. 2019; Dec. 2020

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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 any employee exposed to blood or body fluids of potentially infected residents and/or sharps injury sustained. One policy will apply to all three bloodborne pathogens: HBV, HCV and HIV.

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 to determine if prophylaxis and surveillance are required.
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)
8. All needlestick, and sharps injuries and near misses are reported (and investigated to determine appropriate follow-up measures)

SUPERVISOR RESPONSIBILITIES:

1. Complete the supervisor section of the Employee Accident/Incident Report form immediately and forward to Human Resources.



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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 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.

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 IPAC program manager/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".
6. First aid treatment available on site.

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:



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



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Labour if PEP is given.

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/Documents/Blood%20Borne%20Diseases%20Protocol%20\(November%202018\).pdf](https://www.oha.com/Documents/Blood%20Borne%20Diseases%20Protocol%20(November%202018).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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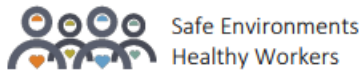
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APPENDIX K—SAMPLE OF EXPOSURE REPORT FORM (SIMPLIFIED VERSION)

Name of Employee:			
Date of Incident:			
Department:			
Employment status of exposed healthcare worker:			
<input type="checkbox"/> Temp	<input type="checkbox"/> Agency Employee	<input type="checkbox"/> Pool Nurse	
<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee	<input type="checkbox"/> Other	
Type of incident (cut, puncture, exposure, etc.):			
Outcome:			
<input type="checkbox"/> Near Miss	<input type="checkbox"/> First aid	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Lost time
Follow-up required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time of Incident:			
Occupation:			
Department or work area where exposure incident occurred:			
Device or item involved in the injury:			
Brand/model of device:			
Was the device a safety device?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose or procedure for which the sharp was intended or used:			
How the incident occurred:			
Recommendations to prevent similar injuries:			



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APPENDIX L—SAMPLE OF EXPOSURE REPORT FORM

Bloodborne Pathogen Exposure Incident Recording Form			
EMPLOYER:		UNIQUE EXPOSURE #:	
EXPOSED WORKER'S NAME (or ID number):		WSIB Reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
STATUS of EXPOSED WORKER: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> Non Employee Practitioner <input type="checkbox"/> Temp / Contract <input type="checkbox"/> Student			TIME WORK SHIFT BEGAN: <input type="checkbox"/> am <input type="checkbox"/> pm
DATE OF INCIDENT / /	TIME of INCIDENT: : am/pm	DATE REPORTED: / /	TIME REPORTED: : am/ pm
TYPE OF EXPOSURE: <input type="checkbox"/> Percutaneous <input type="checkbox"/> Mucous membrane <input type="checkbox"/> Skin Was skin intact?: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> Bite	TYPE OF FLUID: <input type="checkbox"/> Blood / blood products <input type="checkbox"/> Visibly bloody body fluid <input type="checkbox"/> Non-visibly bloody body fluid <input type="checkbox"/> Visibly bloody solution (iv fluid, etc.) <input type="checkbox"/> Non-visibly bloody solution <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown	FOR PERCUTANEOUS DEPTH OF INJURY: <input type="checkbox"/> Superficial <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> Unknown	INJURIES: BLOOD VISIBLE ON DEVICE BEFORE EXPOSURE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
BODY PART INJURED: <input type="checkbox"/> Arm <input type="checkbox"/> Mouth / nose <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Finger <input type="checkbox"/> Other (specify)		PERSONAL PROTECTIVE EQUIPMENT WORN BY WORKER AT TIME OF EXPOSURE: <input type="checkbox"/> Gloves (single pair) <input type="checkbox"/> Eye protection <input type="checkbox"/> Other <input type="checkbox"/> Gloves (double pair) <input type="checkbox"/> Face shield (specify) <input type="checkbox"/> Gloves (triple pair) <input type="checkbox"/> Gown/Garment <input type="checkbox"/> None of the above <input type="checkbox"/> Mask	
OCCUPATION:			
<input type="checkbox"/> Attendant / orderly <input type="checkbox"/> Attending physician <input type="checkbox"/> Central supply <input type="checkbox"/> Clerical / administrative <input type="checkbox"/> Clinical lab technician <input type="checkbox"/> Counselor / social worker <input type="checkbox"/> Dentist <input type="checkbox"/> Dental assistant / tech <input type="checkbox"/> Dental hygienist <input type="checkbox"/> Dental student <input type="checkbox"/> Dietician <input type="checkbox"/> EMT / paramedic	<input type="checkbox"/> Fellow <input type="checkbox"/> Fireperson / First responder <input type="checkbox"/> Food service <input type="checkbox"/> Hemodialysis technician <input type="checkbox"/> Housekeeper <input type="checkbox"/> Intern / resident <input type="checkbox"/> Laundry staff <input type="checkbox"/> Law enforcement officer <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Maintenance <input type="checkbox"/> Morgue technician	<input type="checkbox"/> Medical student <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Nursing Assistant <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nursing student <input type="checkbox"/> OR / surgical technician <input type="checkbox"/> Patient care technician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Physician assistant	<input type="checkbox"/> Physical therapist <input type="checkbox"/> Public health worker <input type="checkbox"/> Psychiatric technician <input type="checkbox"/> Radiologic technician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Researcher <input type="checkbox"/> Respiratory Therapist / tech

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		<input type="checkbox"/> Safety / security <input type="checkbox"/> Transport / messenger <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (specify)
DEPARTMENT OR WORK AREA WHERE EXPOSURE INCIDENT OCCURRED: Select all that apply—Identify specific location (room number, floor etc.):		
<input type="checkbox"/> Ambulance <input type="checkbox"/> Blood bank <input type="checkbox"/> Central sterile supply <input type="checkbox"/> Central trash area <input type="checkbox"/> Clinical chemistry <input type="checkbox"/> Dialysis <input type="checkbox"/> Dental Clinic <input type="checkbox"/> Emergency Department	<input type="checkbox"/> Endoscopy/bronchoscopy/ cytoscopy <input type="checkbox"/> Exam room <input type="checkbox"/> Hematology <input type="checkbox"/> Histology / pathology <input type="checkbox"/> Home health visit (home) <input type="checkbox"/> Hospital grounds	<input type="checkbox"/> Intensive care unit <input type="checkbox"/> Jail unit <input type="checkbox"/> Labor and delivery <input type="checkbox"/> Laundry room <input type="checkbox"/> Medical / surgical ward <input type="checkbox"/> Microbiology <input type="checkbox"/> Morgue / autopsy room <input type="checkbox"/> Nursery
<input type="checkbox"/> Obstetrics / gynecology ward <input type="checkbox"/> Operating room <input type="checkbox"/> Pediatrics <input type="checkbox"/> Procedure room <input type="checkbox"/> Psychiatry ward <input type="checkbox"/> Radiology department <input type="checkbox"/> Other location _____(specify)		
IS THIS THE DEPARTMENT TO WHICH THE WORKER IS REGULARLY ASSIGNED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
IF NO, TO WHICH DEPARTMENT IS THE WORKER REGULARLY ASSIGNED?		
What device or item was involved in the injury?		
Hollow-bore needle <input type="checkbox"/> Biopsy needle <input type="checkbox"/> IV stylet <input type="checkbox"/> Hollow-bore needle, type unknown <input type="checkbox"/> Huber needle	Other sharp object <input type="checkbox"/> Bone chip / chipped tooth <input type="checkbox"/> Bone cutter <input type="checkbox"/> Bovie electrocautery device <input type="checkbox"/> Bur <input type="checkbox"/> Explorer	Suture needle <input type="checkbox"/> Curved suture needle <input type="checkbox"/> Straight suture needle Glass

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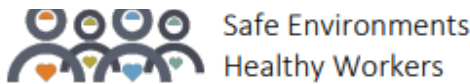
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<input type="checkbox"/> Hypodermic needle attached to a Disposable syringe <input type="checkbox"/> Hypodermic needle Attached to IV tubing <input type="checkbox"/> Prefilled cartridge syringe <input type="checkbox"/> Spinal or epidural needle <input type="checkbox"/> Unattached hypodermic needle <input type="checkbox"/> Winged steel needle <input type="checkbox"/> Winged steel needle attached To a vacuum tube collection holder <input type="checkbox"/> Winged steel needle Attached to IV tubing <input type="checkbox"/> Vacuum tube Collection holder / needle <input type="checkbox"/> Other type Of hollow---bore needle	<input type="checkbox"/> Histology cutting blade <input type="checkbox"/> Lancet <input type="checkbox"/> Laser <input type="checkbox"/> Pin <input type="checkbox"/> Razor <input type="checkbox"/> Retractor <input type="checkbox"/> Scaler / curette <input type="checkbox"/> Scalpel blade <input type="checkbox"/> Scissors <input type="checkbox"/> Sharp object, type unknown <input type="checkbox"/> Tenaculum <input type="checkbox"/> Trocar <input type="checkbox"/> Wire <input type="checkbox"/> Other type of sharp object _____ (specify)	<input type="checkbox"/> Capillary tube <input type="checkbox"/> Medication ampule / vial / IV bottle <input type="checkbox"/> Pipette <input type="checkbox"/> Slide <input type="checkbox"/> Specimen / test / vacuum tube <input type="checkbox"/> Other glass item (specify)
<p>BRAND / MODEL OF DEVICE:</p>		
<p>WAS IT A SAFETY DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p>IF YES, WHEN DID THE INJURY OCCUR?</p>		
<input type="checkbox"/> Before activation of safety feature <input type="checkbox"/> During activation of safety feature <input type="checkbox"/> Safety feature improperly activated	<input type="checkbox"/> Safety feature failed; after activation <input type="checkbox"/> Safety feature not activated <input type="checkbox"/> Passive safety feature, activation not required	<input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown
<p>IF YES, WAS THE WORKER TRAINED IN THE PROPER USE OF THIS SAFETY DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Describe training:</p>
<p>PURPOSE OR PROCEDURE FOR WHICH SHARP WAS USED OR INTENDED:</p>		

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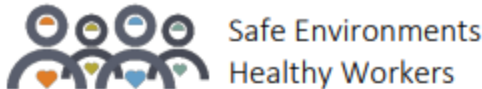
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<p>Line procedures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To insert a peripheral IV line or set up a heparin lock <input type="checkbox"/> To insert a central IV line <input type="checkbox"/> To insert and arterial line <input type="checkbox"/> To connect IV line (intermittent IV / piggy back / IV infusion / other IV line connection) <input type="checkbox"/> To flush heparin / saline <input type="checkbox"/> Other injection into IV injection site or IV port (specify) <input type="checkbox"/> Other line procedure _____ (specify) <p>Blood procedures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Percutaneous venous puncture (e.g. phlebotomy) <input type="checkbox"/> Percutaneous arterial puncture <input type="checkbox"/> Central of peripheral IV line or port <input type="checkbox"/> Arterial line <input type="checkbox"/> Dialysis / AV fistula site <input type="checkbox"/> Umbilical vessel <input type="checkbox"/> Fingerstick / heel stick <input type="checkbox"/> Other blood sampling _____ (specify) 	<p>Other procedures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cutting (e.g. surgery / autopsy) <input type="checkbox"/> During disposal <input type="checkbox"/> Epidural / spinal anesthesia <input type="checkbox"/> Intramuscular (IM) injection <input type="checkbox"/> Subcutaneous / intradermal injection / skin test placement <input type="checkbox"/> Suturing <input type="checkbox"/> Transferring blood / body fluid to another container <input type="checkbox"/> To obtain a body fluid or tissue sample (CFS / amniotic / biopsy) <input type="checkbox"/> To obtain laboratory specimens <input type="checkbox"/> Other procedure (not a line procedure or blood sampling procedure)(specify) <input type="checkbox"/> Unknown 	<p>Dental procedure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> During disposal <input type="checkbox"/> Hygiene (prophy, root plane, curettage) <input type="checkbox"/> Oral surgery <ul style="list-style-type: none"> • Simple Extraction • Surgical Extraction • Fracture Reduction • Other (specify) • Unknown <input type="checkbox"/> Orthodontic procedure <input type="checkbox"/> Periodontal surgery <input type="checkbox"/> Restorative(amalgam, composite, crown) <input type="checkbox"/> Root canal <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown <p>Where did the injury occur?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inside the patient's mouth <input type="checkbox"/> Outside the patient's mouth <input type="checkbox"/> Unknown
<p>HOW DID THE INJURY OCCUR? Choose up to two</p>		

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<ul style="list-style-type: none"> <input type="checkbox"/> Before use of the item <input type="checkbox"/> During use of the item <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp <input type="checkbox"/> Incising <input type="checkbox"/> Manipulating suture needle in holder <input type="checkbox"/> Palpating / Exploring <input type="checkbox"/> Passing or receiving equipment <input type="checkbox"/> Passing or transferring equipment Patient moved and jarred device <input type="checkbox"/> Sharp object dropped <input type="checkbox"/> Suturing <input type="checkbox"/> Tying sutures <input type="checkbox"/> While inserting needle in line <input type="checkbox"/> While inserting needle in patient <input type="checkbox"/> While manipulating needle in line <input type="checkbox"/> While manipulating needle in patient <input type="checkbox"/> While withdrawing needle from line <input type="checkbox"/> While withdrawing needle from patient <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown 	<ul style="list-style-type: none"> <input type="checkbox"/> After use, before disposal <input type="checkbox"/> Activating safety device <input type="checkbox"/> Cap fell off after recapping <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp after procedure <input type="checkbox"/> Disassembling device or equipment <input type="checkbox"/> Decontamination / processing of used equipment <input type="checkbox"/> During clean-up <input type="checkbox"/> Handling equipment on a tray or stand <input type="checkbox"/> In transit to disposal <input type="checkbox"/> Opening / breaking glass containers <input type="checkbox"/> Processing specimens <input type="checkbox"/> Passing or transferring equipment <input type="checkbox"/> Recapping (missed or pierced cap) <input type="checkbox"/> Sharp object dropped after procedure <input type="checkbox"/> Struck by detached I.V. line needle <input type="checkbox"/> Transferring blood / bodily fluids into specimen container <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown 	<ul style="list-style-type: none"> <input type="checkbox"/> During or after disposal of item <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp during / after disposal <input type="checkbox"/> In trash <input type="checkbox"/> In linen / laundry <input type="checkbox"/> In pocket / clothing <input type="checkbox"/> Left on table / tray <input type="checkbox"/> Left in bed / mattress <input type="checkbox"/> On floor <input type="checkbox"/> Over-filled sharps container <input type="checkbox"/> Punctured sharps container <input type="checkbox"/> Protruding from opened container <input type="checkbox"/> Sharp object dropped during / after disposal <input type="checkbox"/> Struck by detached I.V. line needle during / after disposal <input type="checkbox"/> While manipulating container <input type="checkbox"/> While placing sharp in container, injured by sharp being disposed <input type="checkbox"/> While placing sharp in container,
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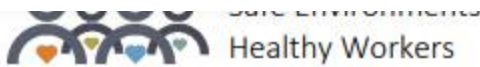
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		<input type="checkbox"/> injured by sharp already in container <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown
Narrative description of the incident:		
What suggestions does the worker have for preventing similar injuries in the future?		
Prepared by:	Date:	
Title:		

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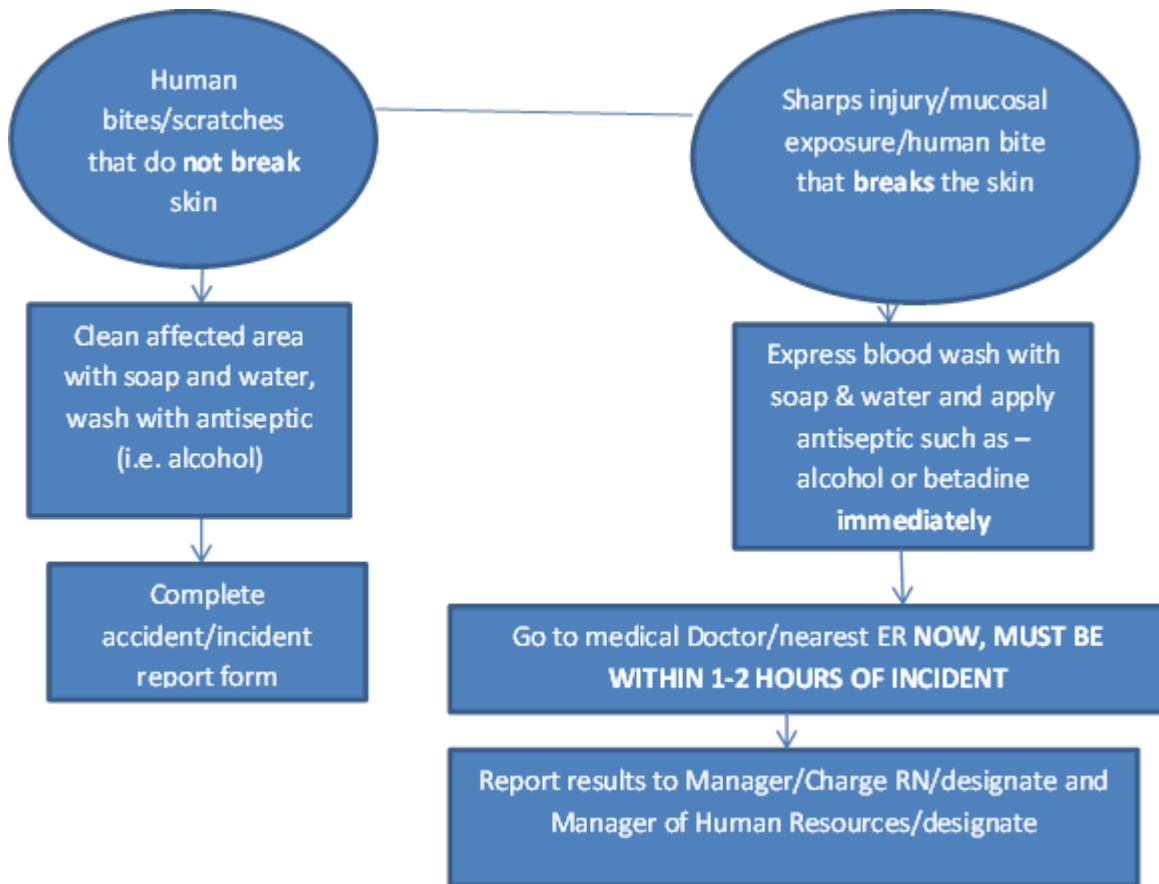
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Plan of Action



References:

Blood Borne Disease Surveillance Protocol for Ontario Hospitals; 2018

CDC Sharps Injury Workbook: <http://www.cdc.gov/sharpssafety/index.html>