**NAME OF DOCUMENT**
Occupational Exposure: Health Care Workers Potentially Exposed to Human Immunodeficiency Virus, Hepatitis B and/or Hepatitis C - Management of

**TYPE OF DOCUMENT**
Procedure

**DOCUMENT NUMBER**
SESLHDPR/217

**DATE OF PUBLICATION**
June 2014

**RISK RATING**
Medium

**LEVEL OF EVIDENCE**
National Safety and Quality Health Service Standard No. 3 ‘Preventing and Controlling Healthcare Associated Infections’ (Criteria 3.1 and 3.7)
NSW Ministry of Health Policy Directives

**REVIEW DATE**
June 2017

**FORMER REFERENCE(S)**
Former ‘Occupational Exposure: Health Care Workers Potentially Exposed to Human Immunodeficiency Virus, Hepatitis B and/or Hepatitis C - management of’ SESLHDPD/108

**EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR**
Prof George Rubin
Director Clinical Governance

**AUTHOR**
Infection Prevention Control Working Party
SESLHDInfectionControlDL@sesiahs.health.nsw.gov.au

**POSITION RESPONSIBLE FOR THE DOCUMENT**
Infection Prevention & Control Manual Working Party
SESLHDInfectionControlDL@sesiahs.health.nsw.gov.au

**KEY TERMS**
Occupational Exposure, Exposure prone procedures, percutaneous exposure, non-percutaneous exposure, source patient, needle stick injury

**SUMMARY**
To outline the procedure for the management of staff (employees and other personnel) who receive a potential occupational exposure to Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and/or Hepatitis C (HCV) or other blood borne infection.
1. POLICY STATEMENT
To provide health care workers (HCWs) with a confidential service following an occupational exposure to blood and/or body fluids that meets Policy Directive and legislative requirements. Staff (employees and other personnel) must be managed as per this procedure.

2. BACKGROUND
To outline procedure for the management of staff (employees and other personnel) who receive a potential occupational exposure to Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and/or Hepatitis C (HCV) or other blood borne infection.

3. RESPONSIBILITIES
3.1 Employees will:
- Report an incident to their manager/in-charge and seek immediate assessment from an appropriately trained risk assessor

3.2 Facility or Service Managers will:
- Ensure all staff are educated on immediate management and reporting of occupational exposures
- Ensure qualified staff are responsible for assessing and managing occupational exposures

3.3 Directors of Operations/ Directors of Services will:
- Ensure appropriately educated staff are available to manage occupational exposures
- Ensure occupational exposure data is reported as per Ministry of Health/legislative requirements

3.4 Staff Health or responsible service
- Ensure occupational exposure is risk assessed and ongoing management is provided
- Ensure appropriate referral as required
- Maintain confidential records
- Report de-identified confidential facility data to nominated organisation

4. DEFINITIONS
- **Body substance**: includes all body substances, secretions and excretions other than sweat.
- **Cutaneous**: pertaining to the skin.
- **Employee**: includes all persons permanently or temporarily employed by the LHD.
- **Exposure prone procedures (EPPs)**: a subset of invasive procedures and are characterised by the potential for direct contact between the skin (usually finger or
5. PROCEDURE

5.1 Immediate Care of the exposed worker

After exposure to blood or body substances staff should, as soon as possible, do the following:

- Percutaneous exposure if bleeding allow to bleed
- wash the exposure site with soap and water or, if unavailable, use non-water cleanser or antiseptic
- If eyes are contaminated rinse them, while they are open, gently but thoroughly with water or normal saline
- If blood or other body substances get in the mouth, spit them out and then rinse the mouth with water several times. Do not swallow
- If clothing is contaminated, remove clothing and shower if necessary
Then
- Manage as per safety card attached to identification card (ID)
- **Report the incident** to your supervisor.
- Do not enter incident details directly into IIMS
- Complete the incident form provided by your facility and send to the Staff Health or responsible service

5.2 Risk Assessment
- This includes the assessment of the significance of the injury and the status of the source and staff member with respect to blood borne pathogens
- Other factors which should be considered include:
  - The HBV immunity status of the victim (Hepatitis B surface Antibody titre and when last tested)
  - The nature and extent of the injury
  - The nature of the item/procedure that caused the injury (for example the gauge of the needle)
  - The nature of the body substance involved
  - The volume of blood and body substance to which the staff member was exposed

5.3 Classification of Exposures
- Reference can be made to NSW Ministry of Health PD2005_311
- Only in the case of percutaneous, significant percutaneous, significant mucous membrane or significant skin exposures is further assessment of the staff member required.

5.4 Source Patient
- In the case of percutaneous, significant percutaneous, significant mucous membrane or significant skin exposures every effort should be made to ascertain the HIV, HBV and HCV status of the source
- Consent should be obtained by an appropriate practitioner *(not the victim)* from the source patient if their status is unknown at the time of the exposure. Testing should include HIV antibody, HBsAg and HCV antibody respectively
- Testing of the source patient must follow the guidelines as per NSW Ministry of Health PD2005_311 or the recommendations of Infectious Disease Department/Microbiologist on call in the case of other blood borne infection exposure

**Note:** Pre test counselling **must** be provided and informed consent obtained before testing can proceed. If the source patient is a minor then parent/guardian consent must be obtained. This process should be documented in the source patient’s clinical notes.
5.5 Pre and Post-test discussion
Discussion must occur as soon as practicable. If a 24 hour occupational exposure service is not available on site, the injured worker can contact the NSW Needlestick Injury Hotline - 1800 804 823.

5.6 HIV Exposure
Refer to NSW Health Department PD2005_311 Section 5.

5.7 Guidelines for HIV Prophylaxis
- Consultation with Infectious Diseases or Sexual Health or nominated Emergency Department Physician(s).

- The guidelines for when to recommend HIV prophylaxis are contained in NSW Health Department PD2005_311.

- For the location of an emergency supply of the recommended prophylactic drugs, refer to hospital management.

- The decision to accept or decline treatment is that of the staff member and should be documented.

- To maximise the benefit of prophylaxis it is important to give the first dose as soon as possible after exposure, preferably in the first 1-2 hours. Treatment should be considered within 24-36 hours of exposure.

- Follow-up of HIV prophylaxis medication must be undertaken in consultation with an expert HIV practitioner.

- If antiviral therapy is given, testing for HIV antibody should be continued up to and including a 6 month follow-up following the exposure as therapy may delay conversion to seropositive status.

5.8 Hepatitis B
- Follow-up arrangements for the exposed staff member should be as per NSW Ministry of Health PD2005_311.

- HBV prophylaxis should be offered to non-immune staff in accordance with the recommendations of the current edition of the NHMRC document “The Australian Immunisation Handbook”.
5.9 **Hepatitis C**

Follow-up arrangements for the exposed staff member should be as per NSW Ministry of Health Policy Directive ‘**HIV, Hepatitis B and Hepatitis C – Management of Health Workers Potentially Exposed**’ PD2005_0311

5.10 **Other blood borne infection**

Follow-up arrangements for the exposed staff member should be as per the recommendation from the Infectious Diseases Department / Microbiologist on call.

5.11 **Follow up Procedure**

- Staff should follow-up their exposure to co-ordinate ongoing counselling and receipt of results.
- Options may include:
  - Staff Health/Vaccination Clinic
  - Sexual Health Clinics
  - Staff member’s Local Medical Officer
  - Nominated hospital
  - Expert clinician

5.12 **Confidentiality**

All pathology samples must be identified by a unique coding system to maintain confidentiality.

When an injured worker agrees to testing following occupational exposure there must be the assurance that:

- the health record of the employee shall be confidential with access restricted to staff directly involved in care, and
- Notification of status will be given in person to the injured worker
- The injured worker must be informed and give consent for the transfer of confidential information to another party.

6. **DOCUMENTATION**

A record of management of the exposure must be kept in a secure and confidential file (locked filing cabinet in a locked office) and include:

- Risk assessment of the exposure
- Designation of the injured worker
- When and where the incident occurred
- Details of any device/product being used at the time of the incident
- Vaccination consent forms
- Record of test results
- EpiNet database
7. Reports
De identified summary reports will be provided to the Infection Prevention and Control and the WH&S Committees.

8. REFERENCES
- NSW Ministry of Health Policy Directive ‘Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases’ PD2011_005
- NSW Ministry of Health ‘Code of Conduct’ PD2012_018
- National HIV Testing Policy 2011, Australian Government Department of Health and Ageing, is available online at:
- NSW Ministry of Health Information Bulletin ‘Notification of Infectious Diseases under the Public Health Act 1991’ IB2013_010
- SESLHD Procedure ‘HIV Testing’ SESLHDPR/305
- Public Health Act 2010 No 127 – NSW legislation
- NSWNA 2012 Policy HIV/AIDS And Other Blood Borne Pathogens

9. REVISION AND APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2004</td>
<td>1</td>
<td>IAHS Infection Control Committee</td>
</tr>
<tr>
<td>Nov 2005</td>
<td>Draft</td>
<td>Previous IAHS Infection Control Procedure Section O1 Reviewed by D Fyfe (SNM) in consultation with SESIAHS Area Infection Control Co-ordinators</td>
</tr>
<tr>
<td>March 2006</td>
<td>2</td>
<td>D Fyfe in consultation with SESIAHS Area Infection Control Co-</td>
</tr>
</tbody>
</table>
## Occupational Exposure: Health Care Workers
Potentially Exposed to Human Immunodeficiency Virus, Hepatitis B and/or Hepatitis C - Management of

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ordinators. Approved for release by the Executive Management Committee 14 March 2006</td>
</tr>
<tr>
<td>Sept 2006</td>
<td>3</td>
<td>Minor changes to Section 5 point 2 as indicated approved by combined meeting Staff Health / Infection Control Consultants.</td>
</tr>
<tr>
<td>Sept 2008</td>
<td>4</td>
<td>Renumber from Infection Control Manual Section O-O1 to SESIH PD 189. No changes made to content.</td>
</tr>
<tr>
<td>Jun 2014</td>
<td>6.5</td>
<td>Approved by Executive Clinical Sponsor, Prof George Rubin, Directory of Clinical Governance.</td>
</tr>
</tbody>
</table>
Appendix 1
Reporting de-identified confidential data from EpiNet (by Staff Health/Infection Control Consultant)

Confidential de-identified extract 6 monthly (January & July)

Send to Australian Council of Healthcare Standards (ACHS)
Send to NSW Ministry of Health (Centre for Epidemiology & Evidence)

Deidentified statewide report sent to NSW Workcover

Collate NSW and LHD data and send to nominated person in SESLHD (Clinical Governance Unit)

Copies of reports sent back to facility Staff Health/Infection Control Consultant

Reports are on NSW Ministry of Health PopNet (password protection)