

Children's and Women's Health Centre

BLOOD & BODY FLUID EXPOSURE PROTOCOL

If you are accidentally exposed to blood or body fluid by a needle/sharp, or you get body fluids in/on cuts or mucous membranes, **FOR YOUR OWN SAFETY**, it is **IMPERATIVE** that you follow this protocol.

IMMEDIATELY:

1. If you were stuck by a **needle or sharp**:

- Allow the wound to bleed freely, do not force or squeeze the wound.
- Wash the area thoroughly with soap and water.

If the incident was a **splash**:

- Flush eyes and affected mucous membranes with water or normal saline at an eye wash station (approx. 10 minutes)

2. **Notify your supervisor**

3. **Contact the Occupational First Aid Attendant (OFA)** by calling 899

The OFA will provide you with a **BBF Package** containing *two* copies of the Ministry of Health Forms, *HLTH 2339 "Management of Percutaneous Exposure to Blood and Body Fluid/Laboratory Requisition"*

- Complete the **one copy** for **yourself/victim** and
- Leave the **other copy with your supervisor** so that **patient**/source blood samples can be arranged (following consent).

4. **Go directly to BC Children's Hospital Emergency Department**

- Bring your completed copy of the **HLTH2339 requisition** (as per #3)
- Inform them that you are a C&W employee and have had a Blood & Body Fluid exposure.
- The Emergency Physician will further evaluate you

5. **Supervisor or Charge Nurse** (not the exposed person) to arrange with source/patient's attending Physician for verbal consent from source/patient to have blood drawn; **STAT** serology screening test should be ordered within 24 hrs (BBF markers HBV, HIV and HCV)

- Consent must be charted in the source/patient's chart
- HLTH 2339 form, marked "source", to be used for BBF serology

6. **Call the Workplace Health Call Centre at 1-866-922-9464**. Say "Provincial Health". Then say "Workplace Incident" to report the injury. You will then be transferred to an Occupational Health Nurse for follow up and will need to provide the following:

EMPLOYEE FULL NAME, BIRTHDATE AND PHN

LOCATION/DEPARTMENT

DAYTIME CONTACT NUMBER

SOURCE NAME, BIRTHDATE AND PHN (*if known*)

(Leave Clear Voice Message if necessary)

The Occupational Health Nurse will notify you of all blood work results