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Blood and Body Fluid Exposures

Medical Centre Incidents

All healthcare workers who sustain a blood or body fluid exposure (BBFE) are at risk of acquiring a blood borne viral infection such as HIV, HCV and HBV. BBFE's include needle stick injuries, cuts with sharp objects or contact of mucous membranes or non-intact skin with blood, tissues or other bodily fluids that are potentially infectious.

Immediately report incidents to the Practice Manager or Occupational Safety Officer.

1. apply first aid to injury
2. gently encourage bleeding but do not squeeze or rub the injury site
3. wash thoroughly with soap and water
4. bathe eyes or damaged skin with copious water and/or sterile saline
5. review tetanus status
6. obtain base line bloods from source/donor and recipient as soon as possible and within 24 hours
7. perform risk assessment and provide counselling

Estimated risks for transmission of blood-borne viruses after exposure to infected BBFs.

HBsAg positive (HBeAg positive)	22–31% (if recipient non immune)
HBsAg positive (HBeAg negative)	1–6% (if recipient non immune)
HCVAb positive	1.8% (range 0%–7%)
HIV percutaneous to blood	0.3% (95%CI = 0.2%–0.5%)
HIV mucous membrane to blood	0.09% (95%CI = 0.006%–0.5%)
HIV non intact skin to blood	< 0.09%
HIV fluids/tissues other than blood	< 0.3%

The risk assessment should include

1. assessment of the significance of the exposure
2. status of the source individual
3. status of the recipient (exposed) individual, including vaccination

Careful documentation is required as workers compensation may apply. Confidentiality must be maintained at all times.

Billing

*Pathology tests for recipients and donors can be bulk billed when Medicare eligibility criteria are met.

SOURCE/DONOR	RECIPIENT
Hepatitis B Virus (HBV)	
HBsAg Negative	HBsAb ≥ 10IU/L: immune HBsAb< 10IU/L: commence vaccination if no history or boost if prior history of vaccination and recheck HBsAb in 6 weeks. If source/donor has risk factors (window period), recheck HBsAg in 12 weeks
HBsAg Positive Perform HBeAg, HBeAb HBV viral load	HBsAb ≥ 10IU/L: immune. HBIg or HBV vaccination not required HBsAb < 10IU/L: Documented vaccine responder with current HBsAb < 10IU/L: HBIg or HBV vaccination not required although a booster dose of HBV vaccine is often given HBsAb <10IU/L: No prior vaccination - non immune. Administer HBIg* + HBV vaccination simultaneously but at separate sites HBsAb <10IU/L: Non-responder. Administer HBIg* Consider intradermal injections[2] Check LFTs at 6 weeks; LFTs, HBsAg at 12 weeks and again at 6 months. For detailed information refer to Australian Immunisation Handbook[2]
HBsAg/Donor Unknown#	HBsAb ≥ 10IU/L: immune HBsAb < 10IU/L: Commence HBV vaccination and risk assess for the need for HBIg administration
*HBIg – obtain from Red Cross Blood Transfusion Service (07) 3835 1590 as soon as possible but within 72 hours after exposure	
NOTE: For BBFE's, both HBsAg and HBsAb are performed on all requests as it is frequently unclear which is the source/donor or recipient of the BBFE and results are required urgently	
Hepatitis C Virus (HCV)	
HCVAb Negative	No further action required if no risk factors present for source/donor (window period); if present, recheck HCVAb, HIVAg/Ab in recipient at 12 weeks
HCVAb Positive Check HCV PCR/viral load	Collect baseline LFTs. Follow recipient closely for development of acute HCV with HCVAb and LFTs at 12 weeks and 6 months. HCV PCR may be indicated if abnormal LFTs or symptoms develop
HCV/Donor Unknown#	Risk assess and repeat HCVAb at 12 weeks and 6 months
Human Immunodeficiciency Virus (HIV)	
HIV Ag/Ab Negative	No further action required unless risk factors for source/donor present (window period). if present recheck HCVAb, HIVAg/Ab in recipient at 12 weeks
HIV Ag/Ab Positive Check HIV viral load **CONTACT NUMBERS** **BRISBANE** Sullivan Nicolaides Pathology (07) 3377 8666 (Microbiologist) Princess Alexandra Hospital (07) 3176 2111 Mater Adult Hospital (07) 3163 8111 Royal Brisbane & Womens Hospital (07) 3646 8111 **GOLD COAST** University Hospital (07) 5519 8211 **NAMBOUR** General Hospital (07) 5470 6600 **TOWNSVILLE** General Hospital (07) 4433 1111 **CAIRNS** Base Hospital (07) 4226 0000	Perform risk assessment **HIGH RISK – deep percutaneous injury; large volume of blood; high viral load in donor; not wearing gloves; hollow bore needle** **MODERATE RISK – superficial cutaneous injury; presence of prior skin wound or abrasion and contact with blood; mucous membrane contact with blood** **LOW RISK** – Intradermal injury with noncontaminated needle; mucous membrane surface contact with body fluid other than blood; prior wound or skin abrasion and contact with body fluid other than blood Recommendations for initiation of HIV Post Exposure Prophylaxis (PEP)[1] **HIGH RISK** — **HIV PEP recommended** **MODERATE RISK** — **HIV PEP offered but not actively recommended** **LOW RISK** — HIV PEP not offered Advice provided 24-hours, 7 days by the Infectious Diseases Physician on call. They can be contacted through the switchboard at the facilities listed. If PEP is indicated, it should be prescribed as soon as possible after exposure and within 72 hours. PEP generally is not offered more than 72 hours after exposure. Recheck HIV Ag/Ab at 4–6 weeks and 12 weeks.
HIV/ Donor Unknown#	Perform risk assessment
#Testing of needles or other sharp instruments implicated in an exposure is not recommended	

References:
1. Guidelines for the management of occupational exposure to blood and body fluids 3.0 (CHRISP) 26th June 2014 http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-321-8-1.pdf
2. Australian Immunization Handbook http://www.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-4-5

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☐ PEN ☐ HCC

Medicare number ☐ ✓ if Veterans Affairs

Office use only

LABORATORY COPY

Surname, Given name (including middle initials) | Sex | Date of birth | Your reference

Patient address | Phone (Home) | Phone (Work)

Tests requested

Hepatitis B surface antigen (code HEP)
Hepatitis B surface antibody (code HEP)
Hepatitis C antibody (code HEP)
HIV antigen/antibody (code HIV)

Fasting ☐
Non-fasting ☐
Pregnant ☐
Hormone therapy ☐
LNMP
Gestational age (weeks)

Please supply other patient's detail for episode cross reference:

Name/DOB of Recipient (BBFE) | Name/DOB of Donor/Source (BBFE) | Date/time of exposure

Clinical notes

BLOOD AND BODY FLUID EXPOSURE (BBFE)

Patient Status: Recipient ☐ Donor ☐ **Injury Status:** ☐ Needlestick Injury ☐ Other (please specify) _____

Collection post exposure: ☐ 0 months ☐ 3 months ☐ 6 months

☐ ✓ IF RULE 3 EXEMPTION

URGENT ✓ Phone ☐ Fax ☐ By time:

Phone/Fax no

Private ☐ Schedule Fee ☐ *Bulk Bill ✓

Vet Affairs no

PERSON COLLECTING SPECIMEN(S) TO COMPLETE:
I certify I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen(s) with the patient's details.

Name:

Signature: × COLLECTOR

☐ **PRIVATE AND CONFIDENTIAL**

Name:

Address:

REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE

× DOCTOR

Copy reports to

Requesting Doctor (provider number, surname and initials, address) ☐ ✓ if Self Determine

Requesting Doctor information required for account to be bulk billed

Hospital code | Ward code

HOSPITAL STATUS State the patient's status at the time of service or when the specimen was collected: ☐ a private patient in a private hospital ☐ a private patient in a recognised hospital

SST Tube	EDTA Tube	CIT Tube	Histo Cont	Pap Slide	ThP Thin Prep	Swab	Frozen	Dedicated EDTA Tube	Other

Staff ID/Location code/Collection type (stamp)

ITEM 08532 APRIL 2014

Pay cat **BB** | Con code

Date collected / / | Time collected :

PATIENT ADVISORY STATEMENT
PRACTITIONER TO TICK IF SNP REQUIRED: ☐
Your treating practitioner has recommended that you use Sullivan Nicolaides Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist named on this form on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

CONCESSION

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973):
I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. **ACCOUNT STATEMENT:** I understand that if any of the tests requested are not eligible for a Medicare rebate, I will receive an account, which I agree to pay in full. Patient signature and date:

× PATIENT / /

PRACTITIONER'S USE ONLY (Reason patient cannot sign):

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The Medicare Benefits Schedule is managed by the Department of Health and Ageing and administered by Medicare Australia. Your rebate is the Australian government's subsidy for your tests that are included in the Schedule. If any of your tests are not covered in the Schedule you will not receive a Medicare rebate. You are expected to pay for these tests in full.

Medicare card number

SPECIMEN = 2 X SST

*BILLING INFORMATION

Pathology tests BBFE can be bulk billed when the following criteria is met:

- patient is referred by a doctor who has signed this request form
- patient is eligible for a Medicare rebate
- Medicare number is recorded on the request form
- patient has signed the Medicare assignment.

When Medicare rebate is not available an invoice will be issued to the medical centre for payment.

OFFICE USE ONLY

- Notify Endo lab by phone call to 8748
- Add episode notes

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