

Blood or other body fluid exposure (BBFE) management

Who: This guideline is intended for use by employees and specialists who work in our hospital

What: it sets out the process to follow after a BBFE event to ensure incidents are appropriately investigated and managed and reduce the risk of transmission of blood or body fluid (BBF) borne viruses to employees and patients and reduces the risk of disease developing.

Why: The blood borne viruses (BBV) that pose a risk in the healthcare setting are Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

Exposures occur through needle sticks or cuts from other sharp contaminated instruments or through contact of the eye, nose, mouth, mucous membrane or open skin with blood or other body fluids.

The highest risk exposure is from a deep penetrating injury with a large hollow needle containing blood. Lower risk exposure is injury with small needle containing fluid other than body fluid and no visible blood e.g accidental inoculation of pain relief with a small needle.

Definitions

- **RECIPIENT:** exposed person (e.g employee, medical specialist, patient, contractor)
- **SOURCE:** person who the blood/body fluid came from, if known

Procedures and guidelines:

The following forms and leaflets are available to guide the response and may be placed in a pack for quick access following an injury:

- [Blood Body Fluid Exposure \(BBFE\) checklist](#), which outlines the process to be followed
- [BBFE source information leaflet](#) - to be given to the patient/source of the exposure
- [BBFE recipient information leaflet](#)- to be given to the exposed person
- [BBFE worker health monitoring form](#) – to be completed for follow-up blood test results

Open disclosure

Where possible, the individual leading the open communication should be the most senior health care team member who is responsible for the care of the patient. This will usually (but not always) be the treating medical practitioner or anaesthetist.

Refer: [Guidelines for continuous open communication/disclosure to patients](#)

Reviewing results

Note: a decision must be made in each hospital about who handles these events and who the results of tests will be sent to e.g. Health and Safety Coordinator, Infection Prevention Coordinator or a senior manager. All results **MUST** be treated as confidential and held in secure location. The patient's/source results are to be sent onto the General Practitioner

Recipient/Employee:

- The recipient's results are filed in the employee record
- The employee is informed of results and these are documented on BBFE worker health monitoring form. This is also retained in the employee personnel file.
- If the results of the source are **POSITIVE** refer to the BBFE recipient information leaflet as further follow-up of the employee will be required.
- Follow-up monitoring should be documented using the BBFE worker health monitoring form. *Note: Additional monitoring is required for those exposures with an 'unknown' source.*
- If required, advice can be sought from IPC Lead/consultants or Clinical Microbiologist/Infectious Disease Team at the local Te Whatu Ora

Source/Patient:

- Source results are filed in the patient record
- A copy of patient results should be automatically linked to the patient record when received i.e. in laboratory record. If positive, the patient should be contacted to advise of this by the same person who was involved in open disclosure.
- Designated person co-ordinates any medical referrals required.

References

- Updated [US Public Health Service Guidelines](#) for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. Kuhar et al. 2013. 34(9) 875-92
- [CDC guidance for evaluating Healthcare personnel](#) for Hepatitis B Virus protection and for administering postexposure management. 2013, 62 (RR10); 1-19
- [Recommendations for HIV testing of adults in healthcare settings | Ministry of Health NZ](#) Nov 2020

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