Staff Exposure to Blood and Body Fluids

Reviewed Date		**Number**	*HS0102*
Revised Date	*October 23, 2013*	**Approved Date**	*October 28, 2009*

Introduction

During the course of carrying out program responsibilities, staff of the health unit may be accidentally exposed to blood borne pathogens as a result of exposure to the blood and/or body fluids of another person. The agency provides safety measures and infection control practices to protect staff in order to minimize the risks e.g. infection prevention and control training, safety needles, safe disposal of needles, but despite this, potential exposures may occur.

Hepatitis B immunization is recommended for employees who work in clinical settings where there is an increased risk of exposure to blood and body fluids. (Policy HS0107 Staff Immunization Recommendations)

When an exposure occurs, prompt assessment is critical because in some cases, post exposure treatment may be recommended and it should be started as soon as possible.

In certain circumstances, staff members exposed to the blood or body fluid of another person may be eligible to apply under the Mandatory Blood Testing Act to request the source person be tested for hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Body fluids are carriers of potentially infectious agents, some of which are capable of remaining on an environmental surface for a period of time. It is important to properly disinfect surfaces contaminated with the body fluid as soon as possible in order to minimize/eliminate the risk of infectious agents to the person cleaning and to others after the clean-up. See related Infection Control Policies.

Purpose

To outline the process for SMDHU staff, Board of Health members, volunteers and students to access appropriate assessment and decision making in response to a workplace exposure to the blood or body fluids of another person.

To provide to SMDHU staff, Board of Health members, volunteers and students the information and tools to clean-up accidental body fluid spills, such as blood, vomit, etc.

Legislative Authority

Mandatory Blood Testing Act 2006 Ontario Regulation 449/07
Freedom of Information and Protection of Privacy Act
Personal Health Information Protection Act
Health Protection and Promotion Act

Policy Definitions and Interpretation

Accelerated Hydrogen Peroxide (AHP): is a patented, colourless and volatile free liquid cleaning and disinfecting solution. Accel TB or Optim 33 are products provided for cleaning and disinfecting equipment and surfaces. AHP products will be made available to all SMDHU offices. AHP is described by the manufacturer as follows:

- 30 second Broad-Spectrum Sanitizer
- 5 minute Bactericide
- 5 minute General Virucide (effective against enveloped and non-enveloped viruses)
- 5 minute Fungicide
- 5 minute Tuberculocide
- 24 month shelf life: always check expiry date before use

Accelerated Hydrogen Peroxide should never be mixed with chlorine bleach, as dangerous fumes may be produced (see Material Data Safety Sheet in references).

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of 62 -90% alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Applicant*:* person who may have had a blood borne exposure from an individual and is making an application under existing Mandatory Blood Testing Act legislation to have the person tested for HIV, HBV and HCV.

Application for mandatory blood testing*:* legal documents available at the Ministry of Community Safety and Corrections Services (MCSCS), comprising an applicant report and a physician report.

Body fluids capable of transmitting HBV, HCV and HIV from an infected source include:[1]

- Blood, serum, plasma and all biological fluids visibly contaminated with blood.
- Laboratory specimens, samples or cultures that contain concentrated HIV, HBV, or HCV.
- Semen and vaginal fluids (very low risk for hepatitis C).
- Amniotic, pleural, peritoneal, pericardial, synovial, and cerebrospinal fluids.
- Saliva (HBV only, unless it is contaminated with blood)
- Breastmilk (HIV only)
- Organs and tissues.

  Note: Feces, nasal secretions, sweat, tears, urine and vomitus are not considered potentially infectious unless visibly contaminated with blood.

Blood borne*:* Microorganisms found in human blood that are "pathogenic" - meaning they do, or are capable of, causing or producing disease. In this policy these pathogens are hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV)

Exposure*:* accidental exposure to another person's blood or body fluids that may be infected with blood borne pathogens

Significant Exposure

[1] CDC MMWR Update U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, 2001

- Percutaneous injury: needle stick, puncture/cut with a sharp object
- Contact with mucous membrane: e.g. a splash to eyes/nose/mouth, sexual contact etc.
- Contact with non-intact skin: skin lesion where there is a disruption of the epidermis and the injury to the skin is less than 3 days old[2] Biting or receiving a bite where blood is present[3]

Eye Protection: Is used by health care providers (in addition to mask) to protect the mucus membrane of the eyes when anticipated that a procedure of care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Eye protection includes: safety glasses, safety goggles, face shield, visors attached to masks. Eye glasses are not acceptable as eye protection. Eye protection that is reusable should be cleaned prior to re-use.

Gloves**:** Medical grade gloves must be worn when it is anticipated that the hands will be in contact with mucus membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.

Hand Hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a 62-90% alcohol-based hand rub. (Appendix D: Techniques for Performing Hand Hygiene).

Mask*:* A mask is used by a health care provider (in addition to eye protection) to protect the mucus membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or spraying.

MBTA*:* Mandatory Blood Testing Act.

MCSCS*:* Ministry of Community Safety and Correctional Services.

Mucous membrane*:* the moist layer of tissue lining the digestive, respiratory, urinary and reproductive tracts - all the body cavities with openings to the outside world except the ears. E.g. eyes, inside of mouth, inside of nose, vagina, rectum, anal opening.

PEP*:* post-exposure prophylaxis - A treatment administered following exposure to a harmful agent which attempts to block or reduce injury or infection. The PEP may include oral medications, injectable vaccine or/and injectable immunoglobulin.

Percutaneous*:* access to inner organs or other tissue is done via needle-puncture of the skin e.g. a percutaneous needle stick injury is when a needle is inadvertently or accidentally penetrates through the skin.

Prophylaxis*:* the prevention of a specific disease or infection, as by studying the biological behavior, transmission, etc., of its causative agent and applying a series of measures against it.

Personal Protective Equipment (PPE)*:* Is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing.

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[2] BC Centre for Excellence in HIV/AIDS Accidental Exposure Guidelines, 2009

[3]CDC MMWR Update U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, 2001

Point of Care Risk Assessment (PCRA)

A PCRA is an activity whereby the staff

1. Evaluates the likelihood of exposure to an infectious agent. Looking at the specific interaction with the client in a SMDHU clinic setting, or out in a public setting (i.e. home visit or school), and under available conditions (i.e. no hand washing sinks).
2. Chooses the appropriate actions/PPE needed to minimize the risk of exposure for the specific client, and the staff member.

***Source**:* person whose blood or body fluids the exposed person came into contact with

Staff: all employees, Board of Health members, volunteers and students

***Subcutaneous**:* below the skin

Supervisor: a person who has charge of a workplace or authority over a worker. In the case of the Simcoe Muskoka District Health Unit this would include the following positions – Medical Officer of Health, Associate Medical Officer of Health, Director, Manager and Supervisor.

Policy

In the event of an exposure to the blood or body fluids of another person, it is required that the staff member exposed be assessed for risk of potential transmission of a blood borne pathogen.

The Sexual Health Program's phone line nurses are able to assess risk and counsel with respect to the exposure and, in consultation with the (Associated) Medical Officer of Health A/MOH, will provide recommendations for referral, treatment and follow-up care. The Communicable Disease (CD) staff person on call will perform this function outside of the health unit's regular business hours.

Any staff member who experiences an exposure to blood or body fluids of another individual is required to document and report the incident.

When the source person of the blood or body fluid is known, it may be possible to enlist the assistance of the Sexual Health program to contact the source person to assess disease history and risk of infection. Mandatory Blood Testing Act (MBTA) legislation allows, in circumstances where the exposed person meets eligibility requirements, an application requesting testing of the source person for HBV, HCV, and HIV. Information about MBTA is available on the SMDHU web sites, both internally and externally or from the sexual health phone line.

Each office is supplied with a Blood Spills Kit with the appropriate items needed to properly clean and disinfect after a blood or body fluids spill has occurred. The office health and safety representative will monitor the supplies and will restock items when needed. They will also check expiry dates on all cleaning and disinfectant products.

Training will be provided to staff member's assigned responsibility to ensure appropriate clean-up procedures for blood and body fluid spills in each office/clinic setting. Training will be provided by the Infection Prevention Control Coordinator (IPCC) or a staff member of the Communicable Disease (CD) team to those trained in first aid for SMDHU purposes in all branch offices, Gravenhurst and 15 Sperling Drive. A review of procedures for cleaning blood and body fluid spills will occur at the time of first aid recertification for branch office program assistants and documentation of training and review will be included in each first aid trained

staff member's personnel file. All clinical service staff will be provided an orientation to this policy. A review of this policy will occur during orientation for nurses involved with the Universal Influenza Immunization Program (UIIP) and Blood Spill Kits will be provided for each UIIP clinic. If a blood or body fluid spill occurs at 15 Sperling the daytime cleaners can be contacted by staff to assist with the clean-up.

This policy can be used by SMDHU staff as a resource in response to inquiries from the public requesting this information about managing blood or body fluid spills.

Section A: Procedure for Potential Exposures to Blood or Body Fluids

1. Staff exposed to blood or body fluids of another individual are to take the following immediate first aid measures:
    - remove any contaminated clothing
    - immediately allow the wound to bleed freely – do not apply pressure to stop bleeding
    - wash the wound and injured area well with soap and water. Antiseptics and disinfectants are not recommended.
    - if the eyes, nose or mouth are involved, flush well with large amounts of water

2. It is required that any potentially exposed staff member seek assessment with the health care provider of their choice. Assessment should be done as quickly as possible following the exposure so that appropriate and timely treatment may be obtained. Options for assessment include:
    - assessment at a local emergency department
    - assessment with personal health care provider
    - initial assessment through the Sexual Health program phone line (ext.8376) or CD staff on call after hours (1-888-225-7851), with another health care provider assessment to follow

3. Staff are required to inform their supervisor as soon as possible after an exposure. This may be done by telephone.

4. Documentation of any potential exposure to blood borne pathogens is required as follows:

    a) **Exposed staff person**: The staff person exposed (or designate) is required to complete the Simcoe Muskoka District Health Unit Employee Incident Report form HS0105 (F3A) as soon as possible after the potential exposure. The original completed form is given or faxed to their supervisor or designate. A copy may be retained for the employee's records.

    b) **Supervisor or Designate**: supervisor or designate is required to complete Section B, Employee Incident Report HS0105(F3B), retain a copy and forward the original including Sections A,B, C (both HS0105F3A and HS0105F3B) to the Human Resources Manager within 36 hours of the potential exposure.

    c) **Human Resources**: The Human Resources Manager or designate will receive and review Sections A and B of Employee Incident Report HS0105 (F3A and F3B) and complete Section C. In situations where there is a possible exposure to an infectious disease and/or when the staff member received health care for an injury, there is a requirement for the agency to report

the incident to WSIB using a form 7. Circumstances where the injury to the employee resulted from a potential exposure to the blood or body fluids of another person, the Human Resources (HR) Manager or designate must also ensure the WSIB form Report on Needle Stick Injury or Body Fluid Splash is completed and submitted at the same time. Both WSIB forms are to be submitted as soon as possible, and no later than 72 hours after the injury. Forms completed for WSIB must be copied to the employee.

5. Staff must inform the health care provider that the assessment they are requesting is as a result of a work place incident.

6. Post exposure prophylaxis for hepatitis B (HBV) is accessible at all hospitals throughout Simcoe and Muskoka, Hepatitis B Immune Globulin (HBIG) is generally available through their blood bank/lab. Simcoe Muskoka District Health Unit does not carry HBIG. Hepatitis B vaccine is also available at all hospitals, generally in the emergency room or through the hospital pharmacy.

7. If Hepatitis B vaccine is initiated in the emergency department following an exposure, dose 2 and 3 can be obtained through the health unit, Vaccine Preventable Disease (VPD) program. Contact the VPD program at 705-721-7520 or 877-721-7520 ext. 8808.

8. Post exposure prophylaxis for HIV is covered under the agency benefit plan for all employees. Volunteers, students and those without benefits will be able to recover medication costs from WSIB.

9. All Simcoe County and Muskoka District hospitals carry starter packs of HIV PEP and will make these available to those who are recommended to be started on HIV PEP. Royal Victoria Hospital (RVH), Orillia Soldiers Memorial Hospital (OSMH), Muskoka Algonquin Health Care (MAHC), Stevenson Memorial Hospital and Collingwood General and Marine Hospital (CGMH) have PEP started kits available for the public at no cost. Georgian Bay General Hospital (GBGH) has HIV PEP available for the public at a cost. This can be reimbursed by SMDHU/WSIB. Claims for the 4 week course of medications are to be processed with the assistance of the HR Manager or designate with submission to WSIB initially.

Section B: Procedure for Blood and Body Fluid Spills

The following recommendations for cleaning blood spills, have been adapted from PIDAC: Best Practices for Environmental Cleaning for the Prevention and Control of Infections, May 2012

Procedure: (Appendix A: Procedures for Cleaning a Blood and Body Fluid Spill)

1. Staff will need to conduct a Point of Care Risk Assessment (PCRA) to assess the situation.

2. Inspect the area around the spill thoroughly for splatters or splashes, glass and sharps.

3. Assemble materials required for dealing with the spill prior to putting on Personal Protective Equipment (PPE) (Appendix D: List of Materials Required for a Blood Spill Clean Up) Each office/clinic has been provided a Blood Spills Kit.

4. Restrict the activity around the spill until the area has been cleaned and disinfected and is completely dry.

5. Put on gloves; if there is a possibility of splashes; wear a gown and facial protection (mask and eye protection or face shield). (Appendix C: Steps for Putting On and Taking off Personal Protective Equipment (PPE)

6. Any broken glass or sharps should be disposed of with care into a sharps container using the metal tongs provided. Ideally bring a sharps container to the needle and syringe rather than needle and syringe taken to sharps container. Never re-cap a needle and syringe even if a cap is available.

7. Personal Protective Equipment, when worn, should be changed if torn or soiled, and always removed before leaving the location of the spill, and then conduct hand hygiene.

8. The blood and body fluid spill area must be cleaned of obvious organic material before applying a disinfectant, as hypochlorites and other disinfectants are substantially inactivated by blood and other materials.

9. Excess blood and body fluids should be absorbed and removed with disposable towels or the RED-Z Solidifier. It should be sprinkled on the spill to solidify blood and body fluids.

10. Use the plastic pan and scoop provided to collect solidified blood and body fluids and dispose into a biomedical waste container. (i.e. yellow bag) Any blood soaked disposable paper towels should be deposited in a bio medical waste container. Place biomedical waste container (i.e. yellow bag) into a new Stericycle large hard plastic yellow cylinder container. Stericycle should be called immediately to arrange a pick up.

11. Disinfect the entire spill area with Accelerated Hydrogen Peroxide (Accel TB (Virox) or Optim 33) solution and let soak for 5 minutes and then wipe dry with paper towel and discard into regular waste.

12. Any disposable paper towels, gloves or other disposable equipment used should be discarded in a plastic lined waste receptacle. Immediately tie and place with regular waste. Take care not to contaminate other surfaces during this process. Changing gloves may be needed.

13. Care must be taken to avoid splashing or generating aerosols during the clean-up.

14. Remove gloves and perform hand hygiene. Rub alcohol based hand sanitizer (ABHR) for 15 seconds or if hands are visibly soiled and a hand basin is present wash hands for 15 seconds with soap and warm running water. (Appendix B; Techniques for Performing Hand Hygiene)

15. If personal protective equipment (PPE) was worn, remove and place in a waste receptacle and conduct hand hygiene. (Appendix C: Steps for Putting On and Taking Off Personal Protective Equipment PPE)

16. If spills occur on carpets, soak up as much of the spill as possible using disposable paper towels.

17. Disinfect the entire area with the accelerated hydrogen peroxide solution (Accel TB or Optim 33) for 5 minute.

18. Arrange with Facilities for the carpet to be cleaned with an industrial carpet cleaner as soon as possible.

19. Document incident and what procedure was followed to clean up blood and body fluid spill.

Procedures

N/A

Related Policies

SH Program Policy D7.313 Assessment and Management of Incidents of Possible Exposure to Blood and Body Fluids of Another Person.

CS-D7:110 Infection Prevention and Control – Clinic Settings

HS0105 Injury on Duty

LG0106 Mandatory Blood Testing Policy

Related Forms

N/A

Final Approval Signature: _____

Review/Revision History:

March 2006

2008.05.02

September 2010 Policy re-numbered, previous number B2.121

October 2013 - revised

Appendix A: How to Clean a Blood and/or Body Fluid Spill

STEPS TO CLEAN & DISINFECT
A BLOOD AND/OR BODY FLUIDS SPILL

1. Conduct a Point of Care Risk Assessment and inspect the area around the spill thoroughly for splatters, splashes, glass or sharps.

2. Assemble materials required for dealing with the spill. Each office will have a Blood and/or Body Fluids Spill Kit.

3. Restrict the activity around the spill until the area has been cleaned and disinfected and is completely dry.

4. Put on gloves; if there is a possibility of splashes; wear a gown and facial protection (mask and eye protection or face shield).

5. Any broken glass or sharps should be disposed with care into a sharps container using metal tongs provided. Ideally take a sharps container to the needle and syringe. Never re-cap a needle and syringe even if a cap is available.

6. Personal Protective Equipment (PPE), when worn, should be changed if torn or soiled, and always removed before leaving the location of the spill, and then conduct hand hygiene

7. The blood spill area must be cleaned of obvious organic material before applying a disinfectant, as hypochlorite and other disinfectants are substantially inactivated by blood and other materials.

8. RED-Z Solidifier should be sprinkled on the spill to solidify blood and other body fluids.

9. Use plastic pan and scoop to collect solidified blood and dispose into a biomedical waste container. (i.e. yellow bag).

10. Disinfect the entire spill area with Accelerated Hydrogen Peroxide (Accel TB (Virox) or Optim 33) solution and let it soak for 5 minutes and then wipe dry with paper towel and discard all items in a biomedical waste container.

11. Remove gloves and place in a waste receptacle and perform hand hygiene. Rub Alcohol Based Hand Sanitizer (ABHR) for 15 seconds or if hands are visibly soiled and a hand basin is present wash hands for 15 seconds with soap and warm running water.

12. If Personal Protective Equipment (PPE) was worn, remove and place in a waste receptacle and conduct hand hygiene.

13. If spills occur on carpets, Use Red Z to solidify the blood or body fluids and scoop up solidified blood or soak up as much of the spill as possible using disposable towels.

14. Disinfect the entire area with the Accelerated Hydrogen Peroxide solution (Accel TB or Optim 33) for 5 minute.

15. Arrange with Facilities for the carpet to be cleaned with an industrial carpet cleaner as soon as possible.

16. Document the incident including what actions were taken to clean and disinfect the area.

Appendix B: Techniques for Performing Hand Hygiene

Adapted with permission from the Ministry of Health and Long-Term Care of Ontario – Just Clean Your Hands Campaign poster

Adapted with permission from the Ministry of Health and Long-Term Care of Ontario – Just Clean Your Hands Campaign poster

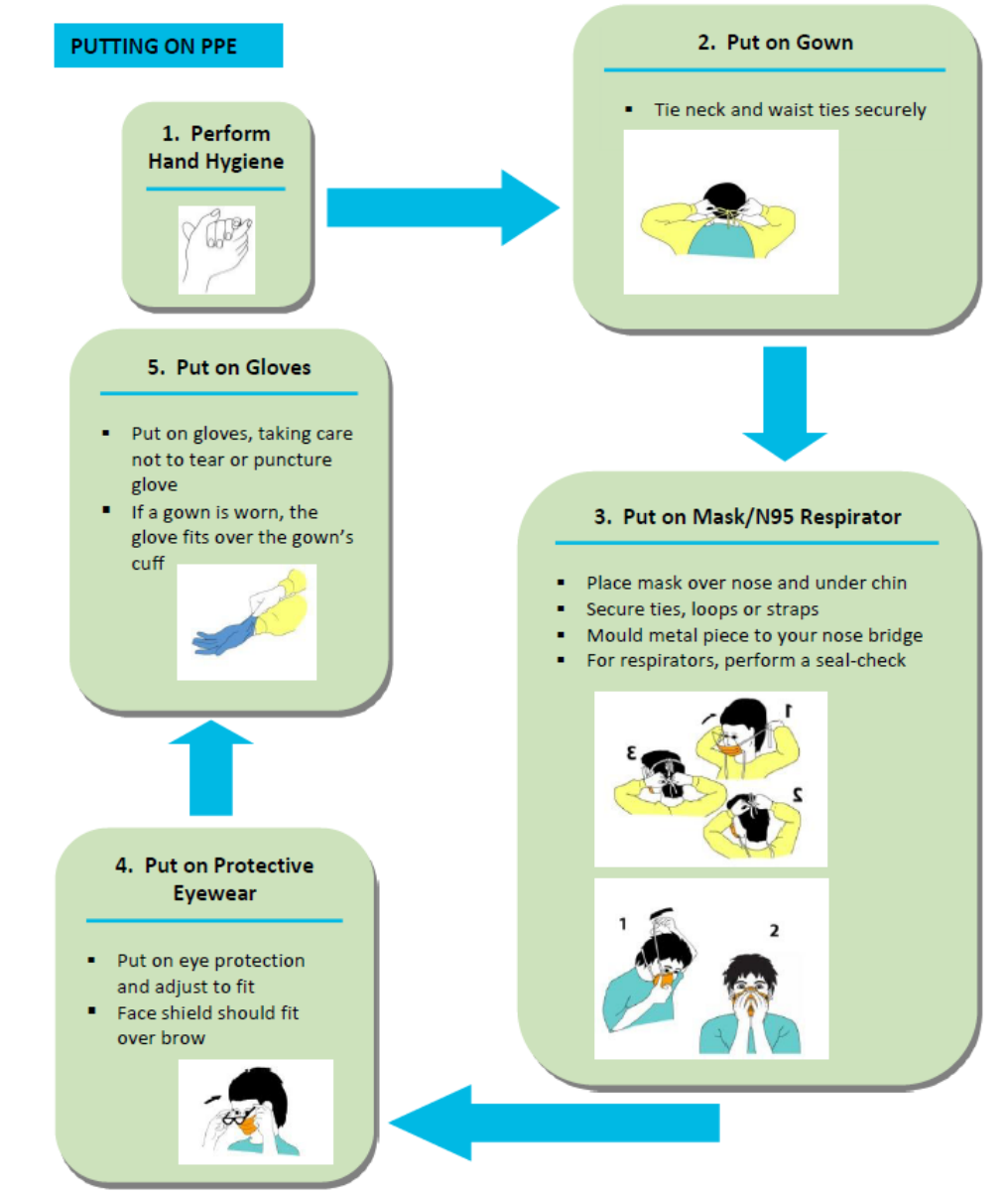
A. Proper Technique for Using Alcohol-Based Hand Rub
1. Long sleeves should be rolled up and wrist watch pushed up.
2. Product should not be applied to wet hands, as they will dilute the alcohol.
3. Manufacturer's instructions should be followed.
4. Enough product should be applied to wet the fingers, finger tips, between fingers, palms, backs of hands and thumbs, base of thumb, and if a ring is worn, on and under the ring.
5. All hand surfaces should be rubbed until product has dried.
6. Alcohol-based hand rub should be allowed to dry prior to contact with an oxygen-rich environment, prior to putting gloves on, and prior to proceeding with patient care.

B. Proper Handwashing (soap and water)

1. Long sleeves should be rolled up and wrist watch pushed up.
2. Running water of a comfortable temperature should be used to wet hands.
3. Enough soap should be used to lather all surfaces of the hands, including fingers, finger tips, between fingers, palms, backs of hands and thumbs, base of thumb, and if a ring is worn, on and under the ring.
4. The palms and backs of each hand should be rubbed vigorously, interlocking and interfacing fingers to ensure finger and thumbs are rubbed to remove visible soil and/or organic material (this task should take 15 to 30 seconds).
5. Hands should be rinsed thoroughly in a downward position under running water.
6. Hands should be dried thoroughly by patting with a single-use towel; electric hand dryers should not be used in clinical areas.
7. Manual faucets should be turned off with paper towels, ensuring that hands are not recontaminated in the process.
8. Skin products should be applied regularly to maintain healthy skin (Part D, Section 4.4).
9. The complete handwashing procedure (going to sink, wetting hands, applying soap, lathering, rinsing and drying) should take 40 to 80 seconds.

APPENDIX C: Steps for Putting On and Taking off Personal Protective Equipment (PPE)

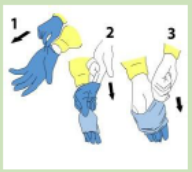
[Images developed by Kevin Rostant.
Some images adapted from Northwestern Ontario Infection Control Network – NWOICN]



TAKING OFF PPE

1. Remove Gloves

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use

5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle

6. Perform Hand Hygiene

Appendix D: Blood and Body Fluid Spills Kit

Blood and Body Fluid Spills Kit

- Gloves
- Personal Protective Equipment (PPE): Fluid resistant gown and eye protection
- Disinfectant wipes (Accel TB or Optim 33)
- Red-Z Solidifier
- Plastic pan and scoop
- Hazardous waste bag
- Alcohol Based Hand Rub: 70% Purell
- Tongs
- Paper Towels
- Sharps Container
- Steps to Clean and Disinfect Blood and Body Fluids Spill

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