

FOR BCCNM REGISTERED MIDWIVES

Guideline for protection from blood and body fluid exposure

It is the responsibility of all British Columbia College of Nurses and Midwives (BCCNM) registrants to apply universal precautions in all aspects of their practice¹. All registrants should know their hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV) status, must have HBV immunization, unless a contraindication exists, and adhere to the *Policy on Registrants Infected with Blood-borne Pathogens*.

This guideline is a summary of the recommended procedures to follow in any practice setting for percutaneous exposure (blood or body fluid entering the bloodstream) or permucosal exposure (blood or body fluids coming into contact with mucous membrane or a skin wound less than 3 days old). In the context of perinatal care, body fluids include those that contain visible traces of blood, vaginal fluid and amniotic fluid. Registrants should also refer to institutional guidelines and protocols in the event of exposure at a hospital where they provide perinatal care.

Guideline

1. CLEANSE:

- Rinse the mucous membranes or eye with water or normal saline.
- Wash skin with soap and water.
- Allow the wound to bleed freely, but *do not* promote bleeding by squeezing, cutting, scratching or puncturing the skin as this may damage the tissues and increase uptake of any pathogen(s).

¹ All blood and body fluids are considered potentially infectious. Hand washing is the single most important method to stop the spread of infection. Gloves should be worn when carrying out any procedure that has a risk of exposure to blood or body fluids. Clothing that can easily be removed and washed, and glasses or other protective eye coverings are recommended. Sharps should be disposed of appropriately and not recapped. Lab specimens, used linens and all waste that could have been exposed to blood or body fluids should be treated as potentially infectious. Registrants must use their judgment to determine when to use barriers to protect themselves from anticipated contamination.

2. TRIAGE:

- Go to the local hospital Emergency Department where you have admitting privileges, or an alternative site that has antiretroviral starter kits supplied by the BC Centre for Excellence in HIV/AIDS, as soon as possible.
 - If antiretroviral therapy is indicated for possible HIV exposure, it must be administered as soon as possible after exposure, preferably within 2 hours.
 - Hepatitis B vaccine and hepatitis B immune globulin (HBIG) should be given preferably within 48 hours after exposure to the hepatitis B virus. HBIG may be administered up to 7 days post-percutaneous exposure and 14 days post-permucosal exposure.

3. ASSESS THE RISK:

- Complete a risk assessment of the exposure, using the *Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition* form available in the Emergency Department or health facilities supplied with antiretroviral starter kits. This will determine the risk of transmission from the exposure.
- Obtain the source person's informed consent for testing for anti-HIV, anti-HCV, HBsAg, anti-HBs and anti-HBc.
 - Appropriate pre- and post-counseling should be done for each test.
 - Obtaining informed consent from the source is an integral part of all post-exposure testing procedures, as is maintaining confidentiality of all information.
- Once informed consent is obtained, the risk of transmission from the source should be assessed.
 - Do not wait for the source's test results before initiating post-exposure treatment.

4. DETERMINE YOUR HIV, HBV AND HCV STATUS AND PREVIOUS IMMUNIZATION STATUS AGAINST HBV:

- Obtain blood tests, but do not await results before commencing post-exposure treatment.

5. REQUIREMENT FOR POST-EXPOSURE MANAGEMENT:

- Post-exposure treatment is required when all of the following conditions are present:
 - percutaneous, permucosal or non-intact skin exposure has occurred;
 - the exposure is to blood, potentially infectious body fluid (including amniotic fluid) or tissue;
 - the source is considered potentially infectious (positive test, in a higher risk group, unreliable, or unknown); and

- you are considered susceptible (no history of or proven immunity to HIV, HBV or HCV).

6. COUNSELING:

- Arrange for post-exposure counseling in the health facility, followed by counseling with a family physician or other designated physician within 3 days of exposure to plan 12 months of follow up.

7. ARRANGE FOR CLINICAL AND LABORATORY FOLLOW-UP:

- Clinical and laboratory follow-up should be arranged with the exposed person's family physician or other designated physician, following guidelines established by the Ministry of Health.

References

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