

# GROOTE SCHUUR HOSPITAL

HOSPITAL NOTICE NO. 4/2010

29 APRIL 2010

## THE MANAGEMENT AND TREATMENT OF HOSPITAL STAFF WHO HAVE BEEN ACCIDENTALLY EXPOSED TO BLOOD OR BODY FLUIDS

### POLICY :

#### 1. Definitions

##### 1.1 Accidental Exposure includes :

- 1.1.1 Needle-stick injuries.
- 1.1.2 Injury with other sharp objects.
- 1.1.3 Splashes of blood or body fluids onto mucous membrane of eyes/mouth/nose.
- 1.1.4 Exposure of non-intact skin to blood or body fluids.

1.2 Source Patient: A patient whose blood or potentially infectious material<sup>1</sup> has come into contact with a staff member by splashing onto mucous membranes or onto broken skin or by accidental injury.

1.3 Immediate Care Area: The area where emergency management of the injured staff member is carried out.

1.4 HIV Post-Exposure Prophylaxis (PEP): Antiretroviral therapy given to the recipient of a percutaneous or mucocutaneous exposure with potentially infectious material that could lead to transmission of HIV, Hepatitis B and Hepatitis C.

2. In the event of an accidental exposure to blood or body fluids, the staff member concerned must report the matter immediately to the most senior person in the area.

3. The incident must then be recorded and immediately reported telephonically to the immediate care area. Failure to do so will delay treatment and affect occupational compensation in the event of a transmission event occurring.

4. During normal working hours the Staff Health Clinic will function as the immediate care area and after hours the Trauma Unit will take over this function.

5. The hours of service of the Staff Health Clinic are Monday to Friday : 07:00 – 16:00.

6. The Staff Health Clinic will also attend to all further counselling, documentation and follow-up care which includes Hepatitis B immunisation when necessary.

7. A Percutaneous Inoculation Form (PIF) must be completed in the event of accidental exposure to blood or body fluids (example attached).

8. Zidovudine (AZT), Lamivudine (3TC) and Aluvia supplies will be kept locked in the Schedule 5 Medicines cupboards in the following locations :

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<sup>1</sup> Potentially infectious material includes blood, any blood-stained fluid, tissue or material, Tissue fluids (any fluid from a body cavity, including ascites, embryonic liquor, CSF, Pleural or pericardial fluid and wound secretions), or Sexual fluids (Vaginal secretions, penile pre-ejaculate and semen).

- 8.1 Trauma Unit, C14, NMB
- 8.2 Operating theatres : D16 Theatre, NMB
- 8.3 Maternity Block : K-floor, Labour Ward
- 8.4 Occupational Health Clinic, J-floor, OPD
- 8.5 OPD Pharmacy, E-floor, OPD

**PROCEDURE :**

1. Immediate action to be taken by injured/exposed staff member and person in charge

Clinical / Non-clinical areas	Operating Theatres (OT) (Scrubbed persons)
<ul style="list-style-type: none"> <li>• Encourage bleeding</li> <li>• Wash with water/soap/spirits</li> <li>• Inform person in charge</li> <li>• Person in charge will :                             <ul style="list-style-type: none"> <li>- Confirm that bleeding was encouraged and washing / irrigation was done.</li> <li>- Inform Immediate Care Area telephonically.</li> <li>- Send injured/exposed staff member with 1 specimen clotted blood of source patient to Immediate Care Area.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Remove punctured glove.</li> <li>• Irrigate injury with sterile water/saline if possible.</li> <li>• Re-glove.</li> <li>• Inform person in charge of OT.</li> <li>• Person in charge will :                             <ul style="list-style-type: none"> <li>- Dispense PEP</li> <li>- Inform Immediate Care Area telephonically.</li> <li>- Send injured person with 1 specimen clotted blood of source patient to Immediate Care Area immediately after the operation.</li> </ul> </li> </ul>

2. Responsibilities of the doctor in charge of the source patient :

- 2.1 After explaining the need for testing and obtaining consent from the source patient, 1 blood specimen must be drawn into yellow or red-topped tube.
- 2.2 If it is not possible for any reason to obtain consent for testing, please refer to Hospital Notice 11/2008 on patient consent for procedures (Annexure C “Consent for HIV / HEP.B / HEP.C Testing”) for alternative options.
- 2.3 The blood specimen must be given to the affected staff member to take to the immediate care area without delay.
- 2.4 If the source patient’s results are HIV Antibody / HBsAg / Hep C antibody-positive, the doctor in charge of the source patient will arrange for further counselling and referral of the patient, according to the clinical circumstances, including recall of the patient if necessary.

3. Responsibilities of the doctor in the immediate care area :

- 3.1 The doctor will check that the P.I.F. has been correctly completed and that blood was drawn from the source patient. The blood specimen is then dealt with in terms of the Occupational Health Clinic’s *Departmental Clinical Protocol for Exposure to Body Fluids*.
- 3.2 The doctor must confirm that bleeding was encouraged and that the wound was adequately cleansed with soap and water or that mouth/eyes were irrigated with water/saline.

- 3.3 If the injury drew blood or is an obviously high risk inoculation or contamination of an open wound by blood or body fluids then the following steps must be taken:
- 3.3.1 If the source patient's HIV status is known to be currently negative, antiretroviral PEP is **not** indicated.
  - 3.3.2 If the source patient's HIV status is not known, or if it is known to be positive, offer PEP to the recipient. For mucocutaneous exposure dual antiretroviral PEP is given (AZT and 3TC), whereas percutaneous exposures warrant triple therapy (AZT + 3TC + Aluvia).
  - 3.3.3 The doctor prescribing PEP containing AZT must ensure that the staff member is made aware that nausea is a common side effect of this drug in the first 3 days of therapy and that he/she counsels the health care worker to report any adverse effects of the drugs to the Occupational Health Clinic during follow up.
  - 3.3.3 If the staff member was seen in the Trauma Unit, refer him/her to the Staff Health Clinic on the next working day for further management and counselling, regardless of whether antiretroviral drugs were commenced or not.

4. Responsibilities of the Occupational Health Clinic :

- 4.1 In the case of a known HIV-infected source patient or where the HIV status of the source patient is unknown:
  - 4.4.1 Counsel the staff member as required.
  - 4.4.2 After obtaining consent, do baseline HIV serology, Hep B antibody (and Hep C antibody if the source patient is known to be HCV-infected).
  - 4.4.3 Offer PEP if the recipient presents within 24 hours of exposure and is not already on PEP from the Trauma unit.
- 4.2 When the HIV status of the source patient becomes known, discontinue PEP if the source is HIV-seronegative. If the source is HIV-infected, continue with counselling and treatment according to protocol.
- 4.3 To provide follow-up to ensure completion of 28 days of PEP and to complete serological evaluation to determine whether transmission of HIV has occurred.
- 4.4 It is of paramount importance, that if staff experience ongoing nausea on AZT, that their PEP be changed to a stavudine (D4T) or tenofovir (TDF)-based regimen with 3TC ± Aluvia. In addition, Aluvia commonly causes loose bowel motions, so staff should have access to loperamide, if required, for the duration of their PEP.
- 4.5 The Staff Health Clinic must submit monthly statistics regarding all accidental exposures to blood and body fluids treated under this protocol to 1) the Medical Superintendent (Occupational Health) and 2) the Nurse Manager, Surgical Pavilion E11A Management Suite.

5. Responsibilities of the Virology Laboratory:

- 5.1 The Virology Laboratory will telephonically report the results, as soon as they are available to:
  - 5.1.1 The requesting doctor in charge of the source patient.
  - 5.1.2 The OHC doctor attending the staff member.

- 5.2 The Virology Laboratory will send a printed copy of the definitive results to the OHC as soon as possible.
- 6. Responsibilities of persons dispensing PEP to staff members :
  - 6.1 A record must be kept of all antiretrovirals used to treat staff members.
  - 6.2 The Registered Nurse in charge of each specified area will be held responsible for maintaining adequate supplies of AZT, 3TC and Aluvia.

DR K.N.L. LINDA  
CHIEF OPERATIONAL OFFICER

BA/HA/am

File Ref : Admin : Replaces 13.1  
Nursing : Replaces no. 2 in Infec. Control Manual

(Ref: c:\hosp.not 2010\Exposure to blood (treatment).doc)



7. Management by Medical Officer

7.1 Interview : .....  
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7.2 Findings : .....  
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7.3 Previous Hepatitis B immunisation (dates) : .....  
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7.4 Investigations – Indicate with Do

Health Care Worker			Source Patient		
Do	Investigations	Results & Dates	Do	Investigations	Results & Dates
	HIV abs./P24Ag			HIV abs./P24Ag	
	Hep B abs.			Hep Bs Ag	
	Hep C abs.			Hep C abs.	
	FBC				

7.5 Treatment prescribed : .....  
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7.6 Treatment given (sign please) .....  
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7.7 Recommendations : .....  
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7.8 Name printed : ..... Time : .....  
Signature : ..... Date : .....