**AV0300 - MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD AND BODY FLUIDS**

### 1.0 PURPOSE

- This policy addresses blood and body fluid exposure to the bloodborne viruses’ hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

- The purpose of post-exposure follow-up is to mitigate the risk of transmission and infection of a bloodborne pathogen to workers. Interior Health’s guidelines for the management of occupational exposures to blood and body fluids reflect BC Centre for Disease Control (BCCDC) Communicable Disease Manual (Chapter 1: Communicable Disease Control - Blood and Body Fluid Exposure Management), BC Centre for Excellence in HIV / AIDS (HIV Post-Exposure Prophylaxis (PEP) Guidelines; Therapeutic Guidelines), and BC Occupational Health and Safety (BC OHS) Regulations Part 6 – Biological Agents, Section 6.33 – 6.44. These guidelines align with the Interior Health (IH) Biological Exposure Control Plan.

### 2.0 DEFINITIONS

<table>
<thead>
<tr>
<th>TERM</th>
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<tbody>
<tr>
<td>Blood or Body Fluid Exposure</td>
<td>An event where blood or other potentially infectious (unfixed tissue or organ) body fluid comes into contact with skin, mucous membranes (including eyes), or subcutaneous tissue (via percutaneous injury).</td>
</tr>
<tr>
<td>Bloodborne Pathogen</td>
<td>Pathogens (e.g. Hepatitis B, Hepatitis C, or HIV) that can be transmitted from one person to another via blood and body fluids. The risk of transmission varies depending on the pathogen and the type of body fluid.</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>An infectious disease transmissible from person to person via direct contact with an individual or their body fluids or by indirect means via a vector.</td>
</tr>
<tr>
<td>Employee</td>
<td>A worker employed directly by IH. Includes union, excluded, and employed student nurses.</td>
</tr>
<tr>
<td>Exposed Worker</td>
<td>The worker who sustained a workplace blood or body fluid exposure.</td>
</tr>
<tr>
<td>Immunization</td>
<td>The safe and appropriate administration of a vaccine by licensed professionals to stimulate the body's own immune system to protect the individual against the communicable disease in the event of an exposure.</td>
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<tr>
<td>Non-IH Employed Worker</td>
<td>A health-care worker not employed by IH but who provides patient care or works in institutions that provide patient care on behalf of IH (e.g. contract physicians, students, volunteers, and contractors).</td>
</tr>
<tr>
<td>Occupational Exposure</td>
<td>Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a worker’s job duties. Occupational exposure does not include contracting common infections such as the cold or flu that are equally acquired outside the workplace.</td>
</tr>
<tr>
<td>Other Health Authority Employee</td>
<td>A worker employed by other BC health authorities (e.g. BC Emergency Health Services, BC Cancer Agency, Health Shared Services BC, and medical residents).</td>
</tr>
<tr>
<td>Permucosal Exposure</td>
<td>Blood or body fluid from one person is introduced into the bloodstream of another person through permucosal contact (i.e. contact with mucous membranes lining body cavities such as the eyes, nose, mouth, vagina, rectum, or urethra).</td>
</tr>
<tr>
<td>Percutaneous Exposure</td>
<td>Blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needle stick or other sharps injury, tattooing, body piercing, electrolysis, or acupuncture. Bites are considered an exposure to both persons involved if there is blood in the mouth of the biter or in the wound of the person bitten.</td>
</tr>
<tr>
<td>Proof of Immunity</td>
<td>Documented evidence (day/month/year) of immunization or laboratory serological evidence to determine current or previous infection.</td>
</tr>
<tr>
<td>Provincial Workplace Health Call Centre (PWHCC)</td>
<td>The provincial call centre that provides a variety of occupational health services to BC health authority employees and managers.</td>
</tr>
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<tr>
<td>Screening</td>
<td>Verbal history taking and / or examination of documented evidence and / or laboratory serological tests to determine current or previous infection and / or vaccination status regarding a communicable disease.</td>
</tr>
<tr>
<td>Source Individual</td>
<td>Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a worker.</td>
</tr>
<tr>
<td>Worker</td>
<td>Refers to all IH workers (contract and non-contract) and non-IH employed workers, physicians, volunteers, students, and/or contractors.</td>
</tr>
<tr>
<td>Workplace Health and Safety (WH&amp;S)</td>
<td>The IH department that provides a variety of occupational health services to BC health authority employees, non-direct workers, and managers.</td>
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3.0 POLICY

3.1 Management of Occupational Exposure to Blood and Body Fluids Overview

- IH recognizes that exposure to blood and body fluids (BBFs) in the workplace is an occupational hazard in healthcare and is committed to providing a safe environment for workers, clients, and the public. IH will support this commitment by developing, implementing, monitoring and evaluating initiatives in support of this policy via the establishment and maintenance of a prevention and management of occupational exposures to CDs, including bloodborne pathogens transmitted through a BBFE, as part of the IH Occupational Health and Safety (OHS) Program.

- As outlined in the [BC Occupational Health and Safety (OHS) Regulation Items 6.33 – 6.40 (Biological Agents)](https://www.gov.bc.ca/health-safety/health-and-safety-regulations/section-6), this policy consists of the following elements:

  1. Roles and Responsibilities
  2. Education and Training
  3. Baseline Health Assessment
  4. Incident Reporting and Investigation

- When the risk of a BBFE cannot be eliminated, any planned interventions/responses used by IH workers will prioritize the health and safety of workers.

3.2 Scope

- This policy applies to all workers.

- Worker immunity status is determined for specific diseases using current guidelines provided by the British Columbia Centre for Disease Control (BCCDC)
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- Workers are required to report their immunization/immunity status to their employer/academic institution. Although vaccination is not mandatory for workers who are not immune to vaccine-preventable CDs, as outlined by BCCDC (HealthLinkBC File #66) non-immune workers are strongly encouraged to receive vaccination in order to protect themselves as well as susceptible patients, residents, clients, and co-workers.

4.0 PROCEDURES

4.1 Roles and Responsibilities

In addition to the roles and responsibilities outlined in the Interior Health Biological Exposure Control Plan, the following is also required.

**Senior Management:**
- Support and actively promote IH’s commitment to prevent transmission of bloodborne pathogen diseases.
- Ensure consideration is given to new preventive control measures in budget plans.
- Ensure directors/managers/supervisory staff monitor the prevention strategies and take appropriate action as outlined by policies and procedures.
- Promote a culture of safety within the organization.
- Support front line management in the delivery of worker blood and body fluid exposure follow-up.

**Management and Supervisors:**
- Be Follow the steps as per Manager Reference Guide: Health-Care Worker Blood and Body Fluid Exposure.
- Liaise, as required, with First Aid/Emergency Department, Lab and WH&S (Non-direct worker) or PWHCC (Employee).
- Ensure that workers are provided with education and training in the prevention of bloodborne pathogen diseases, i.e. routine practices, WHMIS, sharps injury prevention.
- Ensure that workers adhere to health and safety requirements as directed by policies and procedures.
- Monitor work practices and provide instruction and coaching to workers, as appropriate.
- Ensure that the Blood and Body Fluid Exposure Guidelines are posted in work areas.
- Complete incident investigation (AV1100).

**First Aid Attendants:**
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- Be familiar with Interior Health Blood & Body Fluid Exposure Policy and protocols for employee health care workers, and non-IH employed workers.
- Provide exposed worker with a level of care within scope of training.
- Document observed and/or reported signs and symptoms of injury/exposure and care provided on the First Aid Treatment Record.
- Refer exposed worker to the nearest emergency department within 2 hours of exposure.

Emergency Departments:
- Be familiar with Interior Health Blood & Body Fluid Exposure Policy and protocols for employee health care workers, and non-IH employed workers.
- Triage and assess exposed worker as urgent as per IH’s Emergency Department. Triage and Reassessment in Waiting Room and Ambulance Stretchers policy (AH1000).
- Provide worker with BBFE emergency care as outlined in the BCCDC Communicable Disease Manual (Chapter 1: Communicable Disease Control – Blood and Body Fluid Exposure Management) and the BC Centre for Excellence in HIV/AIDS (HIV Post-Exposure Prophylaxis (PEP) Guidelines).
- Advise employee to report incident to the PWHCC:
  - 1-866-922-9464, Monday to Friday 0700 – 1700 except for statutory holidays.
- Advise other health authority employee to report incident via their employer guidelines.
- Advise non-IH employee worker to report incident to their employer or educational institution via their internal guidelines.
- Re-order anti-retroviral medication starter kits from the BC Centre for Excellence in HIV/AIDS Pharmacy as needed.
- Re-order IH Blood and Body Fluid Exposure packages (employee and non-employee worker) as needed.

Workers (Including non-IH employed workers):
- Follow the steps as outlined in the Health-Care Worker Reference Guide: Blood and Body Fluid Exposure and BBFE protocols for employee health care workers, and non-IH employed workers.

Lab:
- Follow the steps as outlined in the BBFE protocols for employee health care workers, and non-direct workers.

Infection Prevention and Control Program (IPAC):
- Be familiar with Interior Health Blood & Body Fluid Exposure Policy and protocols for employee health care workers, and non-IH employed workers.

Joint Occupational Health and Safety (JOHS) Committee/Worker Representatives:
- Be familiar with Interior Health Blood & Body Fluid Exposure Policy and protocols for employee health care workers, and non-IH employed workers.
- Review the details of the incident.
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- Participate in or review the completed investigation to ensure that it is complete and that corrective actions are identified.
- Review incident reports to see if trends can be identified at the site/facility.

Employee Relations:
- Be familiar with Interior Health Blood & Body Fluid Exposure Policy and protocols for employee health care workers, and non-IH employed workers.
- Support front line management and first line of contact in the delivery of worker blood and body fluid exposure follow-up.

Workplace Health and Safety (WH&S):
- Develop and maintain risk assessment mechanism, policies, procedures and educational programs and tools to guide management of exposure and prevention activities.
- Review the IH Management of Occupational Blood and Body Fluid Exposure policy and protocols for employee health care workers, and non-IH employed workers annually.

Provincial Workplace Health Call Centre (PWHCC):
- Provide IH employees with BBFE post-exposure management as outlined by the BCCDC (Communicable Disease Manual, Chapter 1: Communicable Disease Control - Blood and Body Fluid Exposure Management) and BC OHS Regulations (Part 6 – Biological Agents, Section 6.33 – 6.40).

4.2 Education and Training

- Worker Education and Training
  All workers must receive instruction in prevention strategies and behavior appropriate to the level of risk in their work. All workers must complete department/job specific WHS orientation to hazards & programs specific to their work. Screening, education, and immunization are incorporated into the recruitment and orientation process for new employees.

  New and returning employees are to receive orientation to communicable disease prevention, including immunization status information, influenza immunization, and the management of blood and body fluid exposures (New Employee Orientation: i-Learn 977).

4.3 Incident Reporting and Investigation

- All employee BBFE incidents are to be reported to the PWHCC (1-866-922-9464, Monday to Friday 0700 – 1700 except for statutory holidays).

- All non-IH employed workers and other health authority employees are advised to complete incident reporting via their employer or educational institution guidelines.
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5.0 RELATED POLICIES AND TOOLS

- AH1000 - EMERGENCY DEPARTMENT TRIAGE AND REASSESSMENT IN WAITING ROOM AND AMBULANCE STRETCHERS.
- AL0100 CONSENT – ADULTS
- AU1100 STUDENT PLACEMENTS
- AV0100 OCCUPATIONAL HEALTH AND SAFETY PROGRAM
- AV1100 – EMPLOYEE INCIDENT REPORTING AND INVESTIGATION
- AV0900 PREVENTION AND MANAGEMENT OF OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES
- BLOOD AND BODY FLUID EXPOSURE – DOCUMENT ORDERING
- BIOLOGICAL EXPOSURE CONTROL PLAN
- HLTH 2339 (BCCDC): MANAGEMENT OF PERCUTANEOUS OR PERMUCOSAL EXPOSURE TO BLOOD AND BODY FLUID / LABORATORY REQUISITION
- HLTH 2340 (BCCDC): MANAGEMENT OF PERMUCOSAL EXPOSURE TO BLOOD AND BODY FLUID – LETTER TO FOLLOW-UP PHYSICIAN
- HEALTH CARE WORKER REFERENCE GUIDE: BLOOD AND BODY FLUID EXPOSURE
- IH INFECTION PREVENTION & CONTROL MANUAL
- MANAGER REFERENCE GUIDE: HEALTH CARE WORKER BLOOD AND BODY FLUID EXPOSURE
- SOURCE RISK ASSESSMENT (SRA): BLOOD & BODY FLUID EXPOSURE

6.0 REFERENCES


3. BC Public Health Act Part 3- Preventing Disease and Other Health Hazards. http://www.bclaws.ca/civix/document/id/complete/statreg/08028_01/search/CIVIX_DOCUMEN T_ROOT_ROOT%20PUBLIC%20HEALTH%20ACT%20PART%203%20AND%20CIVIX_DOCUMEN T_ROOT%20ANCESTORS%20STATREG%208%20#PART3


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