

## GUIDELINE FOR PROTECTION FROM AND FOR RESPONDING TO BLOOD AND BODY FLUID EXPOSURE

It is the responsibility of all members of the College of Midwives of British Columbia (CMBC) to apply universal body substance precautions<sup>1</sup> in all aspects of their practice. All members should know their HBV, HCV and HIV status and are strongly recommended to have HBV immunization.

Below is a summary of the recommended procedure 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).

### 1. **Cleanse:**

- Rinse the mucous membranes or eye with water.
- Wash skin with soap and water.
- DO NOT promote bleeding by cutting, scratching or puncturing the skin.

### 2. **Triage:**

- Go to the local hospital Emergency Department, or your Employee Health Department at the hospital 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, but may be given for up to 7 days.
- Detailed risk assessment and management of potential exposure to ALL pathogens (HIV, HBV and HCV) can take place in the Emergency Department or other health facility.

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<sup>1</sup> All blood and body fluids are considered potentially infectious. Handwashing 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. Midwives must use their judgment to determine when to use barriers to protect themselves from anticipated contamination.

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.
  - Assess the risk of transmission from the source. If the source has recently tested negative for HIV, HBV, or HCV, but is in a high risk group (a chart is provided in the complete document), subtract 6 months from the date of the most recent blood test result. From that date, if the source has continued to participate in high risk behaviour for HIV, HBV or HCV infection, he/she should be considered potentially infectious despite their negative test result and the exposed person managed accordingly. Do not wait for the source’s test results before initiating post-exposure treatment.
  
4. **Determine the HIV, HBV and HCV status of the exposed person and previous immunization against HBV:**
  - If the exposed person has not recently been tested, obtain informed consent and obtain blood tests, but do not await results before commencing post-exposure treatment.
  
5. **Determine the 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**
  - The exposed person is considered susceptible (no history of positive test to HIV, HBV or HCV).
  
6. **Counseling:**
  - Arrange for post-exposure counseling in the health facility, followed by counseling with the family physician or other designated physician.
  
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:

British Columbia Center for Disease Control (April 2002), *Blood and Body Fluid Exposure Management*

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College of Physicians and Surgeons of British Columbia, (June 1999), *Communicable Disease in Physicians*, CPSBC Policy Manual

College of Dental Hygienists of British Columbia, (June 2002), *Blood and Body Fluid Exposure Management, Interpretation Guidelines* pp 34-36