

## BBV EXPOSURE INCIDENT QUICK REFERENCE GUIDE

After a significant exposure incident, there may be a risk of transmission of Hepatitis B, Hepatitis C and HIV (Blood Borne Viruses (BBV)) to Health Care Workers (HCWs). All exposure injuries must be managed quickly and correctly.

The guide below is a summary of actions required by each party following an exposure incident. Please use the [exposure incident protocol](#) on Staffnet for full guidance.

<b>1 Injured Person</b> <ul style="list-style-type: none"> <li>• Carry out First Aid immediately</li> <li>• Inform Clinician in charge that an adverse event has occurred</li> <li>• Complete Sections 1-2 of the “<a href="#">Exposure Incident Risk Assessment</a>”</li> </ul>
<b>2 Clinician in Charge (non-clinical staff and students should be supported by a senior clinician)</b> <ul style="list-style-type: none"> <li>• Assist with First Aid</li> <li>• Assess if Significant Injury by completing Sections 3-4 of the Exposure Incident Risk Assessment</li> <li>• If on completion of the Exposure Incident Risk Assessment the injury is deemed to be HIGH risk, the employee must attend their nearest Emergency Department</li> <li>• Ensure the completed Exposure Incident Risk Assessment accompanies the employee</li> <li>• If injury is deemed LOW risk, ensure the employee contacts Occupational Health (OH) as soon as possible</li> </ul>
<b>3 Report Adverse Event (completed by injured person or line manager)</b> <ul style="list-style-type: none"> <li>• An IR1 form must be completed on DATIX</li> </ul>
<b>4 Doctor/Nurse in charge of source patient (not the injured worker)</b> <ul style="list-style-type: none"> <li>• Consent the Source Patient for BBV testing as soon as possible</li> <li>• If verbal consent has been gained from source patient to allow OH to access their result, ensure this is clearly documented in Section 4 of risk assessment</li> <li>• Provide the source patient with the information leaflet which can be found in the Exposure Incident Risk assessment paperwork</li> </ul>
<b>5 Emergency Department (where an injury has been assessed as HIGH risk)</b> <ul style="list-style-type: none"> <li>• Provide <b>HIV Post Exposure Prophylaxis (PEP)</b> where appropriate</li> <li>• If a source patient is known to have HIV or at high risk of HIV, the injured person must be assessed for the provision of HIV Post Exposure Prophylaxis (PEP)</li> <li>• If the source patient is living with HIV, engaged in HIV care and their most recent viral load (within last 12 months) is undetectable HIV, post-exposure prophylaxis is not indicated.</li> <li>• If HIV PEP is required, timing is crucial and ideally it should be started within 1 hour of the injury (but can be given up to 72 hours), and this should be considered a ‘medical emergency’</li> <li>• If HIV PEP is prescribed, refer to ID for follow up and advise person to contact Occupational Health</li> </ul>
<b>6 Occupational Health</b> <ul style="list-style-type: none"> <li>• Risk assess the injury for <b>Hepatitis B Post Exposure Prophylaxis (immunoglobulin (HBIG) and vaccination)</b></li> <li>• If HBIG is required, refer injured staff member to Emergency Department</li> <li>• Arrange HBV vaccination as required</li> <li>• Take serum sample and send it for storage (ensure that the person’s ID has been confirmed and that information is included on the request)</li> </ul>
<b>7 Further Reporting</b> <p>There is a requirement for NHS Tayside to report exposure incidents under the <a href="#">Reporting of Injuries, Diseases and Dangerous Occurrences Regulations</a> (RIDDOR) where a source patient is known to be infected with a BBV, where an employee acquires a BBV following exposure or if the injury itself is so severe that it must be reported.</p>