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.

1 Injured Person

- Carry out First Aid immediately
- Inform Clinician in charge that an adverse event has occurred
- Complete Sections 1-2 of the "Exposure Incident Risk Assessment"

2 Clinician in Charge (non-clinical staff and students should be supported by a senior clinician)

- Assist with First Aid
- Assess if Significant Injury by completing Sections 3-4 of the Exposure Incident Risk Assessment
- 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
- Ensure the completed Exposure Incident Risk Assessment accompanies the employee
- If injury is deemed LOW risk, ensure the employee contacts Occupational Health (OH) as soon as possible

3 Report Adverse Event (completed by injured person or line manager)

- An IR1 form must be completed on DATIX

4 Doctor/Nurse in charge of source patient (not the injured worker)

- Consent the Source Patient for BBV testing as soon as possible
- 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
- Provide the source patient with the information leaflet which can be found in the Exposure Incident Risk assessment paperwork

5 Emergency Department (where an injury has been assessed as HIGH risk)

- Provide **HIV Post Exposure Prophylaxis (PEP)** where appropriate
- 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)
- 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.
- 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'
- If HIV PEP is prescribed, arrange baseline bloods (Hepatitis B screen, Hepatitis C IgG screen, HIV 1 & 2 antigen/antibody, Syphilis Antibody screen, U+E, LFT (gold top tube to microbiology))
- Refer to ID for follow up and advise person to contact Occupational Health

6 Occupational Health

- Risk assess the injury for **Hepatitis B Post Exposure Prophylaxis (immunoglobulin (HBIG) and vaccination)**
- If HBIG is required, refer injured staff member to Emergency Department
- Arrange HBV vaccination as required
- 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)

7 Further Reporting

There is a requirement for NHS Tayside to report exposure incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (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.

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