



Process and Guide for Management of Blood and Body Fluids Exposure at the Faculty of Dentistry, University of Otago

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1.0 Purpose

This document provides procedures for the best practice for the immediate assessment, management and follow up of individuals who have been exposed (or suspect they have been exposed) to blood borne viruses (BBFE) from blood or body fluid at the Faculty of Dentistry. It links with the policy document <https://www.otago.ac.nz/administration/policies/otago056867.html> .

Occupational exposures to blood and body fluids in healthcare settings have the potential to transmit Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or Human Immunodeficiency Virus (HIV). The exposure to the following might place a healthcare worker at risk of HBV, HCV or HIV infection:

- a percutaneous injury (for example a needle stick or cut with sharp object)
- an injury from a dental burr
- contact of mucous membranes or non-intact skin with blood, tissue or other bodily fluids that are potentially infectious
- Prolonged contact (greater than 15 mins) with intact skin

2.0 Scope

This guideline provides information for both patients and staff who work at the Faculty of Dentistry at the University of Otago, this includes both staff and students (including Visiting Medical Officers and other partners, contractors, consultants, volunteers and students/trainees).

3.0 Related documents

This document is based upon the following standards, procedures and guidelines, which we gratefully acknowledge:

- <http://www.bpac.org.nz/BT/2014/November/docs/BT25-exposure.pdf>
- Blood borne viruses practice standard 2022 <https://dcnz.org.nz/assets/Uploads/Practice-standards/BBVs-practice-standard-16May-2022.pdf>
- Te Whatu Ora Southern
- Immunisation Handbook: <https://www.health.govt.nz/our-work/immunisation-handbook-2020>

4.0 Guidance from Dental Council

4.1 Blood Borne Viruses Practice Standard Students and non-registered staff

Recommendations for students and non-registered staff assisting with clinical activities are made with the primary aim of protecting the public.

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4.1.1 Initial testing

The Dental Council ('the Council') strongly recommends that students are tested to determine their HCV, HIV and HBV10 status before commencing any Council-accredited programme of study to ensure patient safety – infection with these viruses may affect a practitioner's ability to register and practise in the future.

The Council strongly recommends that non-registered staff members are tested when they commence employment to determine their HBV status and whether vaccination against HBV is indicated.

4.1.2 HBV Vaccination Form

Immunisation is a key means of protection against HBV. The Council strongly recommends that practitioners be vaccinated for HBV if testing confirms they are not already immune and not infected; and re-tested to confirm immunity following vaccination.

Evidence of immunity to HBV infection is demonstrated by the presence of antibodies to the HBV surface antigen (Anti-HBs) at a level of >10IU/L at some point after infection and/or vaccination, and absence of the HBV surface antigen (HBsAg) If vaccination does not successfully establish immunity, it is recommended that practitioners be referred for specialist advice, perhaps for consideration of alternative methods of vaccine administration, and be offered HBV specific immunoglobulin following recognised exposure to HBV infection.

4.1.3 BBV infected practitioners

If infection with a blood borne virus ('BBV') is confirmed, the Council recommends that a practitioner is under the regular care of a suitably qualified specialist medical practitioner/s, such as a specialist infectious diseases physician, specialist gastroenterologist, hepatologist or similar.

4.1.4 Initial testing for HBV, HCV and HIV 11

When applying for registration as an oral health practitioner you must be tested to determine your serological status in relation to the Hepatitis C virus ('HCV') and Human Immunodeficiency Virus ('HIV'). You must also either supply: evidence of immunity to the Hepatitis B virus ('HBV') as required by the Council; or undergo testing to determine serological status in relation to HBV. Further testing for HBV, HCV and HIV infection is only necessary if required by the Council or recommended by a medical practitioner.

4.1.5 Following exposure

The Council strongly recommends that students and non-registered staff members who may have been exposed to HBV, HCV or HIV are tested to determine their serological status and obtain medical advice regarding appropriate post-exposure prophylaxis and follow-up testing. This applies even when immunity to HBV has previously been determined.

Exposure may result through personal risk behaviour, non-occupational exposure to potentially infected body fluids (e.g., accident scene) or occupational accidents (e.g., contaminated sharps injury).

4.1.6 Patient exposure to the blood of a student or non-registered practitioner

If a student or non-registered clinical team member sustains an injury resulting in exposure of a patient's tissues to the blood of the student or clinical team member (typically during an EPP), the applicable procedure in standard 8 of the practice standard should be followed (A or B).

4.2 Exposure-prone procedures

The greatest risk of transmission of TMVIs to patients within oral health practice occurs when an infected practitioner performs exposure-prone procedures.

Exposure-prone procedures ('EPPs') can be defined as:

The simultaneous presence of a health-care provider's hands and a needle or other sharp instrument or object (e.g., bone spicule or tooth), in a poorly visualised or highly confined anatomic site, including the mouth.

EPPs present a risk of injury to the practitioner's hands or other areas such as arms and feet that may result in the exposure of the patient's tissues to the blood of the practitioner.

4.3 Dental Council considerations

Following exposure to HBV, HCV or HIV you must:

- Be tested promptly to determine your serological status. This applies even when immunity to HBV has previously been determined. Exposure may result through personal risk behaviour, non-occupational exposure to potentially infected body fluids (e.g., accident scene) or occupational accidents (e.g., contaminated sharps injury).
- Undergo required follow-up testing. In the event a person sustains a contaminated sharps injury resulting in exposure of the patient's tissues or blood (typically while performing an EPP), then follow the procedure **Positive Test Results for HBV, HCV and HIV**.
- In the event of a positive test result which indicates HBV, HCV, or HIV infection:
 - stop performing EPPs immediately and do not recommence performing EPPs until permitted by the Dental Council Panel or the Council for Health Care Workers in writing.
 - promptly advise the Registrar of the Council in writing.
 - consult with Occupational Health Team for determination of further tests and referral to a specialist medical practitioner/s for ongoing care and ACC forms may need to be completed.
 - undergo further testing to confirm infection and determine viral load, as the measure of infectivity.
- Submit further test results and related medical reports to the Registrar of the Council. If infection with HBV, HCV or HIV is confirmed, your case will be referred to the Council's panel.

5.0 Management of occupational exposure to blood and body fluids or blood borne practice standards

The Dental School should ensure:

- All incidents and events are reported both on Vault and to the Occupational Health Team.
- Processes and information are available in areas where there is a risk of direct contact with blood or body substances.
- Staff and students provide evidence of vaccination or proof that they are not susceptible to Hepatitis B on employment or starting study. Also, if a negative result is returned then evidence of previous vaccination will be required.
- All staff receive education regarding the appropriate use of standard precautions at induction and again annually.
- There is a process in place for the management of occupational exposures to Blood and Body Fluid Exposures (BBFE).

5.1 Immediate care of the exposed person

Immediately following exposure to blood or body fluids, it is recommended that the exposed person undertakes the following steps as soon as possible:

- Wash wounds and skin sites that have been in contact with blood or body fluids with soap and water.
- Apply a sterile dressing as necessary and apply pressure through the dressing if bleeding is still occurring.
- Do not squeeze or rub the injury site.
- If blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.
- Irrigate mucous membranes and eyes (remove contact lenses) with water or normal saline.
- If eyes are contaminated, rinse while they are open, gently but thoroughly with water or normal saline.
- If blood or body fluids get into the mouth, spit them out and then rinse the mouth with water several times.
- If clothing is contaminated, remove clothing and shower if necessary.

When water is not available, use of non-water cleanser or antiseptic should replace the use of soap and water for washing cuts or punctures of the skin or intact skin.

The application of strong solutions (for example, bleach or iodine) to wounds or skin sites is **NOT** recommended.

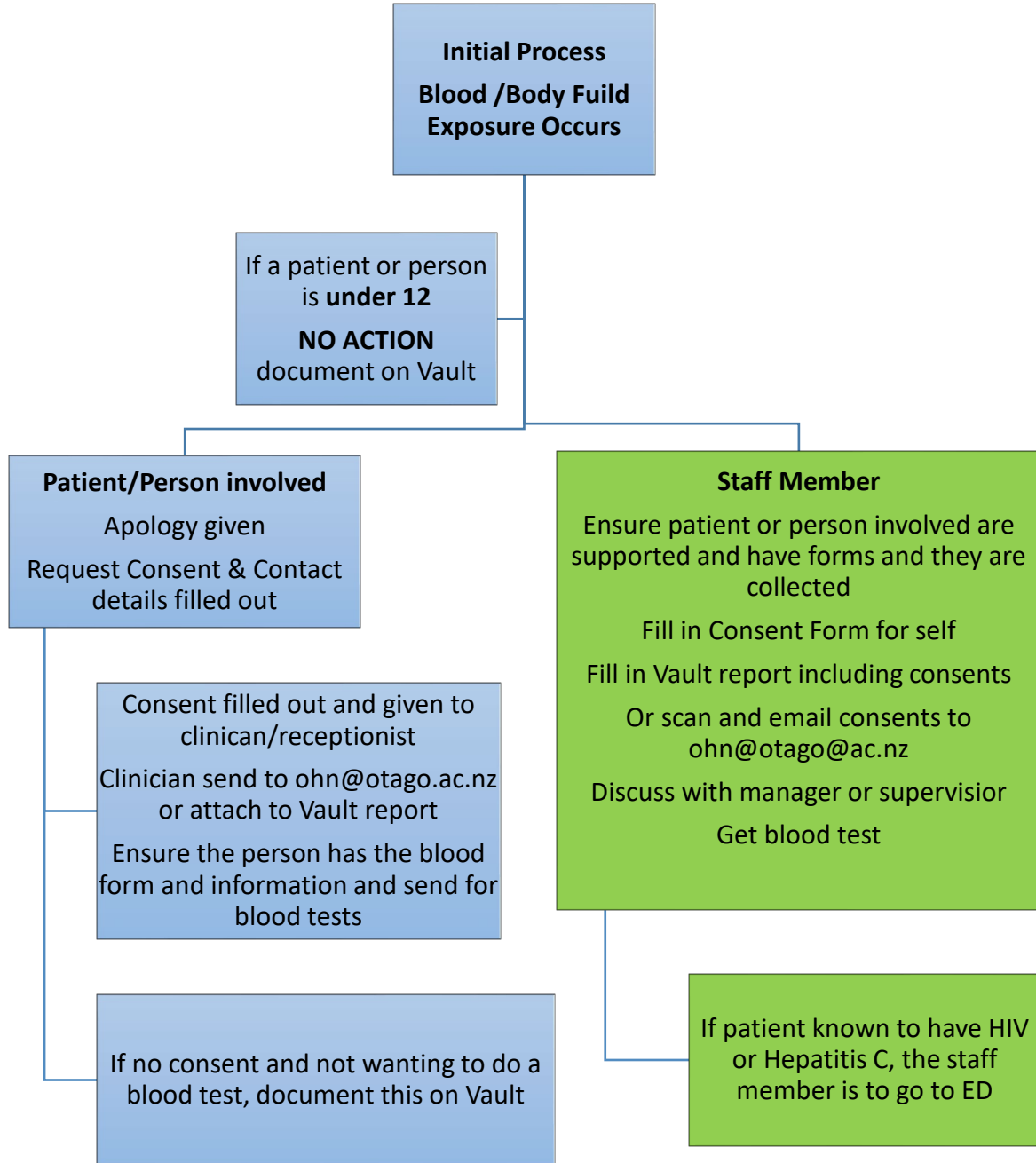
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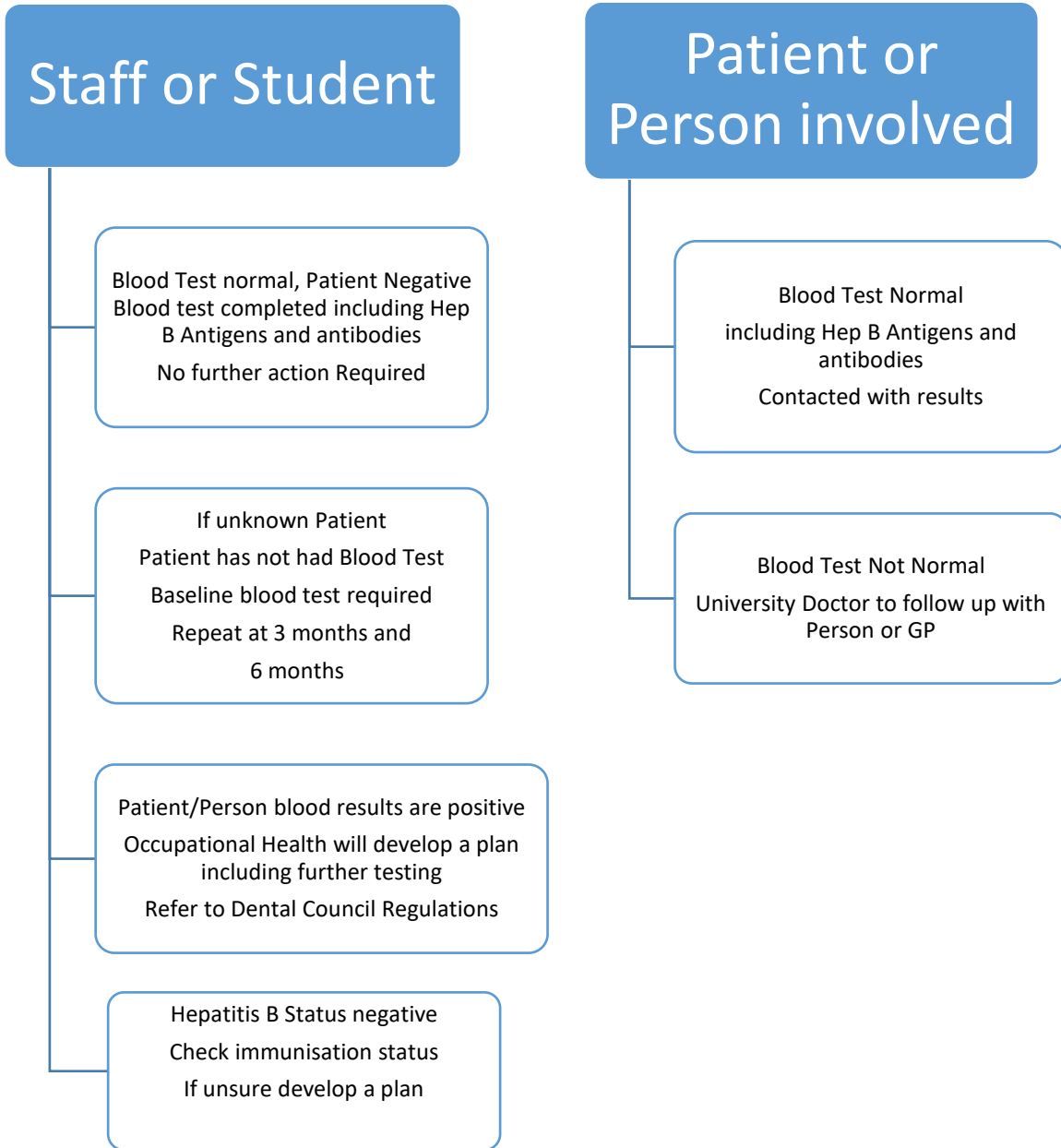
For human bites, the clinical evaluation should include the possibility that **BOTH** the person bitten and the person who inflicted the bite were exposed.

5.2 Following exposure

- Ensure the contact details of both the source person and the person exposed is documented, and that these are the correct names, and contact details where possible include identifiers e.g., case numbers, NHI numbers.
- The exposed person should inform an appropriate person (manager) as soon as possible after the exposure.
- Sharps Packs are located in the clinics in the first aid trays and should also be held in reception areas. Pick up the Information Pack and work through the information with the patient.
- Get a blood test at Southern Community Laboratory as soon as possible.
- Scan the consent form and send to Occupational Health Team either via email ohn@otago.ac.nz or attach to Vault incident.
- Documentation will be added to the patient management system by the Occupational Health team.
- ENSURE THE SOURCE PERSON OR PATIENT IS GIVEN INFORMATION and instructed to have blood tests. The Pack has information, consent and blood test forms.

5.3 Flow Chart for Management





6.0 Risk assessment

The DHSO (Departmental Health and Safety Office) should assess and document the risk as soon as possible after every incident of occupational exposure, referring to the expert information network as required.



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This should include:

- if a **clean** or **dirty** instrument was involved and type
- include patient’s unique number, name and contact details
- events with clean needles entered on Vault, no further action
- information about the exposure
- date and time of the exposure
- type of exposure including blood or body fluid involved
- information about the source person, including the BBFE status of the source individual, if known
- the status of the exposed person with respect to BBFEs, including vaccination.

A risk assessment should be conducted based on the type of exposure and the amount and type of infectious material involved. A risk assessment should be undertaken based on the degree of exposure, guided by the information in Table 1 and Table 2.

Table 1

| RESPONSIBILITIES | WHO | FOLLOW UP |
|--|--|---|
| First Aid and Initial Report Collect information on who the source was Fill out consent scan and send to ohn@otago.ac.nz Get blood tests done at the laboratory | Person injured | Follow up according to Dental Council requirements |
| Inform source person to fill in consent and send to ohn@otago.ac.nz, get blood tests | Person injured | |
| Put the incident on Vault | Person injured | Departmental Health and Safety Officers (DHSO) |
| Inform source of blood test results | Occupational Health | Hepatitis B status vaccine Further blood tests |
| Follow up with the source and inform, seek consent for results being shared | Occupational Health Dental School DHSO Investigation | Investigation into causes fed back to Health and Safety Committee |

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7.0 Exposure

Table 2 – Exposure classification

| | | |
|--------------------------|--|--|
| Exposure | <ol style="list-style-type: none"> 1. Injection of large volume of blood/body fluid 2. Parenteral exposure to laboratory specimens containing high titre of virus 3. Any skin penetrating injury, e.g. <ul style="list-style-type: none"> – with a needle contaminated with blood or body fluid – injury which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid – mucous membrane or conjunctival contact with blood – human bite or scratch with blood exposure – prior (not fresh) wound or skin lesion contaminated with blood or body fluid | <ul style="list-style-type: none"> – Immediately identify the source individual (if known). – As a minimum undertake baseline screening of the exposed person. – Provide follow up as per section titled: <i>“Treatment of the exposed person”</i>. – Seek advice from the expert information network. |
| Doubtful Exposure | <ul style="list-style-type: none"> – Intradermal (‘superficial’) injury with a needle considered not to be contaminated with blood or body fluid. – A superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid. – Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood e.g., urine. – Human bite with no blood exposure or when working on teeth or dentures (e.g., saliva). | <ul style="list-style-type: none"> – Conduct baseline screening of the exposed person. – Documentation by the way of incident reporting and the possibility of further counselling may still be required. – Follow up at 3 months may be indicated based on risk assessment. |
| Non-exposure | <ul style="list-style-type: none"> – Intact skin visibly contaminated with blood or body fluid. – Needlestick with non-contaminated (clean) needle or sharp. | <ul style="list-style-type: none"> – No further follow up, although documentation by the way of incident reporting and the possibility of further counselling may still be required. – Clean needle stick injuries should be documented only, to allow facilities to identify all causes of needle stick injury to facilitate appropriate risk management. |

8.0 The source

The designated person should assess the HIV, HBV and HCV status of the source, to adequately determine risk to the exposed person.

If the status of the source individual is unknown at the time of the exposure, the designated person should undertake baseline testing to determine the source’s infectious status. Baseline testing should be undertaken by testing for HIV antibody (HIV Ab), HBV surface antigen (HBsAg) and HCV antibody (HCV Ab). If these baseline tests are positive, more specific testing of viral load may be indicated.

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If the source is HIV, HBV or HCV positive and is not already in the care of an appropriate medical specialist, they should be referred to such a specialist.

8.1 Unknown source

If the exposure source is unknown or cannot be tested, the designated person should epidemiologically assess information about where and under what circumstances the exposure occurred, to determine the likelihood of transmission of HBV, HCV or HIV. Certain situations, as well as the type of exposure, might suggest an increased or decreased risk; an important consideration is the prevalence of HBV, HCV or HIV in the population group from whence the contaminated source material was derived.

Testing of needles or other sharp instruments implicated in an exposure, regardless of whether the source is known or unknown, is not recommended.

9.0 The exposed person

In all cases of exposure, the designated person should arrange baseline testing of the exposed person for HIV Ab, HIV Ag, HBV surface antibody (HBsAb or anti-HBs), HBsAg, and HCV Ab¹. The designated person should discuss tests, obtain informed consent and provide post-test counselling to the exposed person for HIV and HCV tests (refer to Appendices 2 and 4). Confidentiality should be maintained, not only of the exposed person, but also regarding the current exposure or injury.

10.0 Staff to patient risk

When the exposed person is a patient, the same requirements as for occupational exposures should be applied. The designated person should ensure the below steps are undertaken:

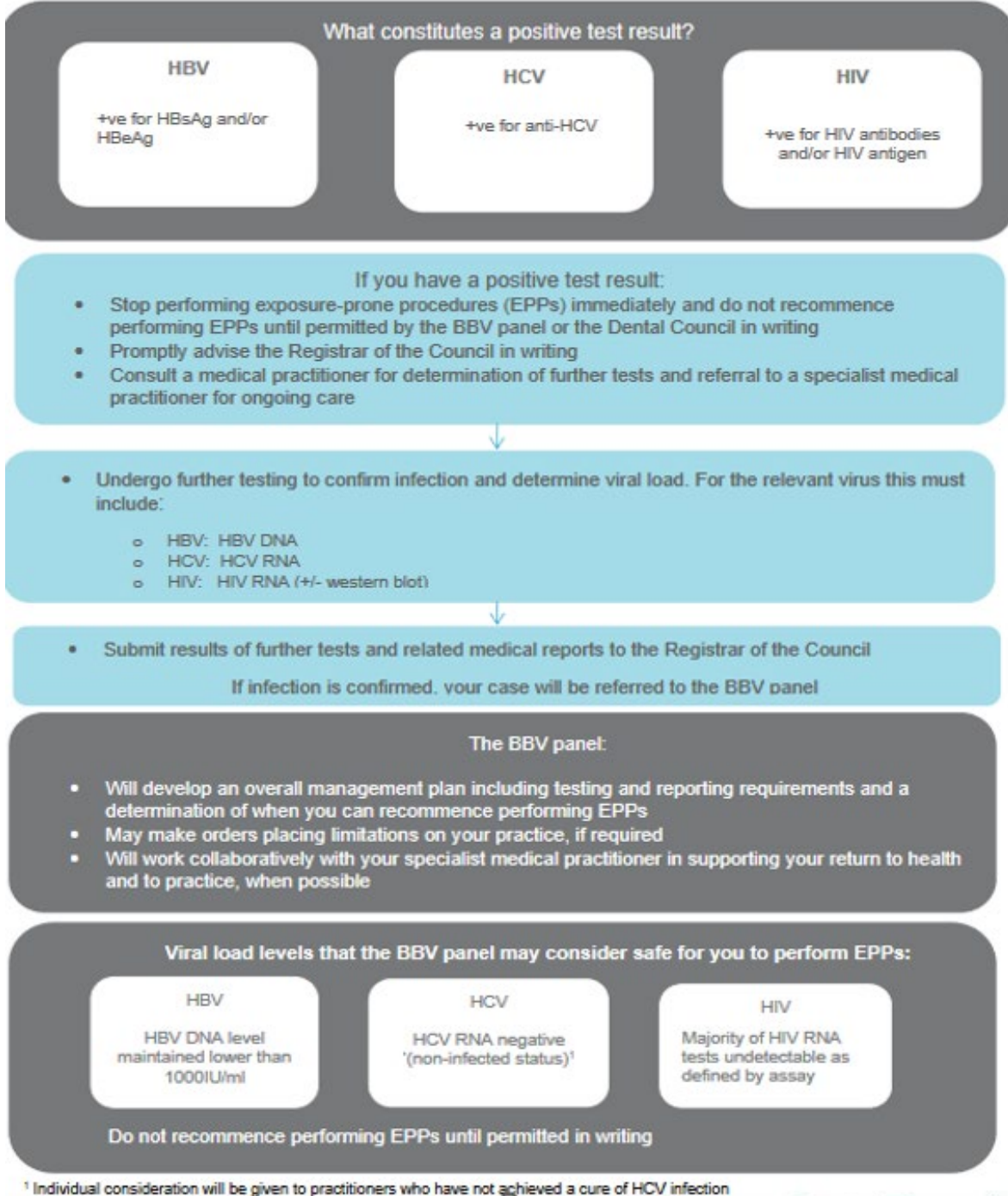
- Follow the processes outlined in the section titled *Immediate Care of the Exposed Person*.
- The exposure to blood and body fluids should be disclosed to the patient and/or their guardian as soon as possible after the exposure.
- The patient's treating medical team should be informed of the blood or body fluid exposure as soon as possible after the exposure.
- The designated person should undertake a risk assessment. When conducting the risk assessment, the nature of the incident needs to be taken into consideration as the assessment may need to be conducted with the Occupational Health Team.
- The designated person should document the incident in the patient's confidential medical record.
- The designated person should report the incident through the Vault incident management system.
- If the source is identified, the designated person should follow the processes.
- All staff involved should maintain confidentiality, not only of the patient, but also regarding the current exposure or injury.



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- Treatment of the exposed person should be in accordance with all other sections of this document. Follow-up testing of the patient should be coordinated by staff in the facility unless the patient prefers to be referred back to their general practitioner.
- If prophylaxis is indicated, the processes outlined in sections titled HIV PEP, PEP starter packs and HBV PEP with HBIG should be followed.

Summary of the process following positive test results for HBV, HCV, and HIV.





11.0 Following exposure

Following exposure to HBV, HCV or HIV you must:

- Be tested promptly to determine your serological status. This applies even when immunity to HBV has previously been determined. Exposure may result through personal risk behaviour, non-occupational exposure to potentially infected body fluids (e.g., accident scene) or occupational accidents (e.g., contaminated sharps injury).
- Promptly obtain medical advice regarding appropriate post-exposure prophylaxis which, if deemed necessary by a medical practitioner, is ideally administered within 72 hours of exposure to HBV, and as soon as possible following exposure to HIV. Post-exposure prophylaxis is especially important if you do not have immunity to HBV. There is no post exposure prophylactic regime following exposure to HCV at this time.
- Undergo required follow-up testing.

Guidance

| HBV | HCV | HIV |
|--|--|--|
| <ul style="list-style-type: none"> ➤ If the HBV viral load is greater than 1000 IU/ml, this is considered infectious. A medical specialist will likely recommend antiviral therapy, to be continued long-term. ➤ If the HBV viral load is consistently maintained at a level lower than 1000 IU/ml either spontaneously or on antiviral therapy, the BBV panel may permit you to recommence performing EPPs. | <ul style="list-style-type: none"> ➤ A positive test for HCV RNA indicates infectious status. ➤ The BBV panel may permit you to recommence performing EPPs if you are HCV RNA negative (non-infected) either spontaneously or after antiviral therapy (for example Maviret). ➤ It is expected that more than 99% of HCV infected practitioners will be cured with 8 weeks of antiviral therapy (Maviret). ➤ Cure is defined as HCV RNA undetectable at 4 weeks after completion of antiviral treatment. ➤ EPPs are not to be performed until you have been cured. ➤ Individual consideration will be given to practitioners who have not achieved a cure of HCV infection. | <ul style="list-style-type: none"> ➤ To perform EPPs, you need to have consistent high level suppression of HIV RNA, with the overwhelming majority of blood test results showing an undetectable level of HIV RNA. ➤ The undetectable level of HIV RNA is defined by the lowest detectable level of the assay used. |
| <ul style="list-style-type: none"> ➤ Tests for monitoring may be required by the BBV panel. | | |

13.0 References

- Blood borne viruses practice standard– Dental Council NZ:
<https://dcnz.org.nz/assets/Uploads/Practice-standards/BBVs-practice-standard-16May-2022.pdf>
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- National Health and Medical Research Council. The Australian Immunisation Handbook 10th Edition, 2013. [cited 2014 Feb 25].
- NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia.

13.1 Appendix 1

<http://www.bpac.org.nz/BT/2014/November/docs/BT25-exposure.pdf>

Table 3

| | HIV | Hepatitis B | Hepatitis C |
|--|-------|-------------|-------------|
| Number of people live with the disease in New Zealand | 2000 | 90,000 | 50,000 |
| Risk of transmission following exposure to a single needlestick or cut injury | 0.3 % | 6-30 % | 1.8 % |
| Fluids and tissues capable of transmitting blood borne infections: | | | |
| • blood and fluids visibly contaminated with blood | Yes | Yes | Yes |
| • faeces, nasal secretions, sputum, sweat, tears, urine and/or vomit | No | No | No |
| N.B. Breast milk, inflammatory exudates, semen and vaginal fluids, pleural, amniotic, pericardial, peritoneal, synovial, and cerebrospinal fluids are all potentially capable of transmitting HIV, Hepatitis B and Hepatitis C but are less likely to be encountered in primary care settings. | | | |

Human Immunodeficiency Virus (HIV)

The risk of HIV transmission from a needle stick injury from a person with known HIV infection to a healthcare worker is 0.3%. The risk from a discarded needle in the community is many times lower because:

- HIV does not survive well outside the body, drying HIV reduces concentrations by 90-99% within several hours.
- The prevalence of HIV in intravenous drug users in New Zealand is very low.

Therefore, the use of post-exposure HIV prophylaxis is not routinely recommended in this situation.

If a patient gives a history of likely or definite HIV or HepB antigen positive that is a carrier, refer the staff member to ED to follow the protocol.

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13.2 Appendix 2 Information for Occupational Health Staff and DHSOs

Informed consent for testing

Informed consent for testing means that the person being tested agrees to be tested on the basis of understanding the testing procedures, the reasons for testing and is able to assess the personal implications of the potential test results. Obtaining informed consent may take more than one consultation. Informed consent is required for HIV, HBV and HCV testing, except for rare occasions when a legal order is made for compulsory testing or in emergency settings. On these rare occasions where informed consent cannot be attained, pre-test provision of all appropriate information to the person should still take place. The person performing the test should use their clinical judgment in securing informed consent. This should be based on their understanding of the context in which the test is being performed, taking into account:

- the features which precipitate testing such as clinical presentation, risk exposure, epidemiology and prevalence and patient initiation; and
- an assessment of the person being tested with respect to their understanding of the HIV and HCV testing process and consequences of the result.

Relationships between health care providers and patients can be complex. General principles of professional conduct apply in the case of HIV, HBV and HCV testing.

People involved in HIV, HBV and HCV testing must use whatever additional support necessary to assist the person is considering testing to become adequately informed.

The discussion should be appropriate to the gender, culture, and behaviour and literacy level of the person being tested and to their intellectual capacity. Professional interpreters (accredited in the person's language, or in Auslan for people with a hearing impairment or deafness) should be used where requested or where, in the health professional's judgement, an interpreter is required. This process can also involve a referral to support groups.

The person being tested needs to be made aware of confidentiality considerations and protections.

It is imperative that the clinician makes all attempts to ensure that the result is being provided to the person who was tested.

Conveying a Hepatitis B test result: susceptible (non-immune)

It is imperative that the meaning of a negative (susceptible) result is fully understood, and that the person being tested receives appropriate information about and opportunity for Hepatitis B vaccination, and is made aware of other harm reduction strategies in relation to the spread of blood borne viruses and sexually transmissible infections. Further testing following a negative result (anti-HBs or HBsAg) is indicated in persons who may:

- be in a window period prior to seroconversion (negative HBsAg, anti-HBc and anti-HBs in a high-risk situation – with consideration of post-exposure prophylaxis as appropriate);

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- have been completely vaccinated against Hepatitis B without previous confirmation of anti-HBs seroconversion (possible non-response to the vaccine, or a fall in anti-HBs titre over time). The person should be informed of the reasons why repeat testing after an interval may be necessary. In this situation the clinician should enter the person into a system for automatic recall, rather than relying on the person to follow up on their own initiative.

Conveying results

The discussion when conveying a positive result should include:

- giving the test result in person and in a manner that is sensitive and appropriate to the gender, culture, behaviour and language of the person who has been tested;
- providing information about and assisting in assessment of support mechanisms and requirements of the person and making provision for immediate referral to a support agency to be accessed at the person's discretion;
- providing information on further testing that may be required to clarify the situation;
- providing information on next steps in staging the disease and a consideration of potential treatment options: it may be necessary to cover these issues over a period of time in which case a subsequent consultation should be arranged at the time of diagnosis;
- the transmission of disease, and how onward transmission may be prevented;
- Identifying the importance of lifestyle changes;
- disclosure strategies to partner, family and friends; and
- legal obligations to disclose disease status relevant to where the diagnosis is made.

Positive test results must be given in person. Negative test results and the associated post-test discussion should be conducted on the basis of the person's education and HIV, HBV or HCV awareness and specific circumstances and should be appropriate to their gender, culture and language.

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13.3 Appendix 3 Definitions of terms used in the guideline

| Term | Definition / Explanation / Details |
|--------------------------------|---|
| Blood borne virus (BBFE) | For the purpose of this guideline the term blood borne virus includes Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HCV). |
| Body fluids | In addition to blood and body fluids containing visible blood, the following fluids are considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Although semen and vaginal secretions have been implicated in sexual transmission of HBV, HCV and HIV, they have not been implicated in occupational transmission from patients to healthcare workers. |
| Clean needlestick injuries | Those not contaminated with blood/body fluids. |
| Designated Medical Officer | Person employed within the medical position that has been designated by the Hospital and Health Service or facility to provide treatment and follow-up for exposed persons. Many of the reporting, follow-up, and treatment functions may be designated to a non-medical professional; however, some functions may not. These functions are such activities as prescribing post-exposure prophylaxis for HIV, and interpretation of certain serological tests. |
| Designated person | Person employed within the position that has been designated by the Hospital and Health Service or facility to perform the functions of reporting and providing treatment and follow-up for exposed persons. This person may be in (but not limited to) an infection control position, occupational health and safety position, emergency department physician position or other medical or nursing position. |
| Exposure Prone Procedure (EPP) | EPP are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb, of the healthcare worker and sharp surgical instruments, needles or sharp tissues (e.g., fractured bones), spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. |
| Exposed person | The person who sustained the occupational exposure. |
| HBsAb | Hepatitis B surface antibody |
| HBeAg | Hepatitis B e antigen |
| HBsAg | Hepatitis B surface antigen |
| HCV RNA | Hepatitis C virus ribonucleic acid |
| LFT | Liver function test |
| Non-occupational exposure | Significant exposure to blood or other body substance (e.g., semen, vagina secretions) that is not work related e.g., unprotected sexual contact, sharing infection equipment, accidental needle stick and other injuries (e.g., physical and sexual abuse). |

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| Term | Definition / Explanation / Details |
|-----------------------|---|
| Occupational exposure | <p>An occupational exposure is an incident that exposes a healthcare worker to another person's blood or body fluid during their work, which may place them at risk of blood borne virus infection. This can include:</p> <ul style="list-style-type: none"> - A percutaneous injury, where the health care worker's skin has been cut or penetrated by a needle or other sharp object that may be contaminated with blood or other body fluid. For example, a needle stick injury or cut with a sharp object such as a scalpel blade. - A mucosal exposure, where there is contact of mucous membranes or nonintact skin (e.g., exposed skin that is chapped or abraded) with blood or body fluids. For example, a blood splash to the eyes. |
| Sharp | An object or device having sharp points, protuberances or cutting edges capable of causing a penetrating injury to humans. This includes hypodermic, intravenous or other medical needles, Pasteur pipettes, disposable dental picks and drill bits, scalpel blades, lancets, scissors, glass slides and broken laboratory glass. |
| Serological testing | Laboratory tests done on blood serum to measure antibodies against antigens of the micro-organism thought to be causing the infection e.g., HBsAg. |
| Source (individual) | Person from who blood or body fluids originated. |
| Window period | The time from exposure to seroconversion when the source may be asymptomatic or experiencing seroconversion illness. |

13.4 Appendix 4 Forms

Consent for source patient testing after worker blood and body fluid exposure

Blood Results Notification Consent Form Patient Form

Please return to: Staff member or Receptionist

**To send to Occupational Health, Health and Safety Office, University of Otago,
P O Box 56, Dunedin**

Scan and email to: ohn@otago.ac.nz Tel 03 4795034

I give consent for my blood results following the needlestick injury that occurred during my treatment

- To Occupational Health Service, University of Otago
- For Occupational Health Service to inform my treatment provider
- To contact me if follow up is required
- Only if follow up required for the staff member involved that they can be informed

- Would you like your result to go to your Medical centre **Yes/No**

If yes, my Medical Centre/ GP is: _____

- Would you like to be informed of your result **Yes/No**

If yes, please provide details below:

- Phone number: _____
- _____
- Email: _____

Name: _____

Date of birth: _____

Date: _____

In order to provide the best possible care for our staff members we would appreciate it if you would have a blood test. This test is for Hepatitis B, Hepatitis C and HIV. There will be no cost to you. The results and information will be sent to the University Occupational Health Physician and Occupational Health Nurse. The information will be kept in a secure location.

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Appendix 4 Blood Results Notification Consent Form Staff/Student

Please send to: Occupational Health, Health and Safety Office,

University of Otago, P O Box 56, Dunedin or

Scan and email to: ohn@otago.ac.nz Tel 03 4795034

I give consent for my blood results following the needlestick injury I sustained to go to:

- To Occupational Health Service, University of Otago
- Only if follow up required with the other party they can be informed of the results with you permission
- Would you like your results to go to your medical centre Yes/NO

If yes, My medical centre/GP is _____

I understand that I will be contacted with my blood results and any necessary follow up testing.

Name: _____ DOB: _____

Date of Injury: _____ Patient Involved: _____

I would like contacted by:

Phone: _____

Email: _____

Signed: _____ Date: _____

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Following a Blood and Body Fluid Exposure

Dear Patient

Unfortunately, a member of the team has possibly been exposed to blood from you, whilst treating you.

To provide the best possible care to them we would appreciate it if you would have a blood test. This test is for Hepatitis B, Hepatitis C and HIV. There will be no cost to you. The results and information will be sent to the University Occupational Health Physician and Occupational Health Nurse. The information will be kept in a secure location on the Medtec Patient Management System.

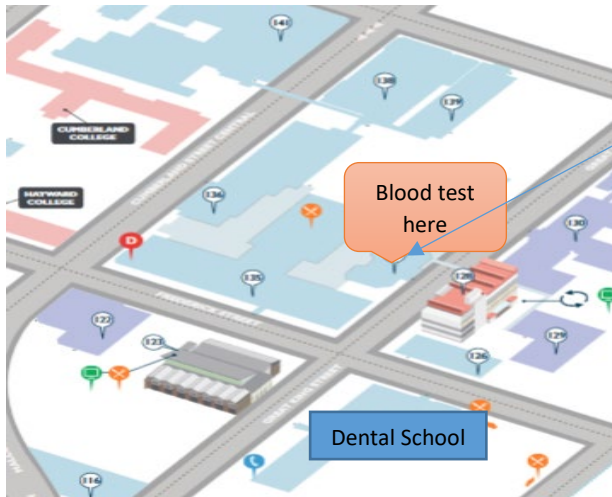
A copy can be sent to your GP. If you would like that done, please put your GP's name on the form.

The nearest site to have your blood taken is the Southern Community Laboratory service by the Enquiry Desk at the front door of the Hospital.

You will be contacted with your result, or **if you do not want to be contacted**, please indicate this

The important things that now need to happen

- **Fill out the consent and contact form**
- **Give this to the staff member or receptionist in the Dental Clinic**
- **To get the blood test done- No cost**



Blood Collection Centres

Dunedin Hospital Collection Centre

Main Concourse, Dunedin Hospital
201 Great King Street Dunedin Central

Open Hours Weekdays; 07:30-16:15
Closed all public holidays

Filleul Street Collection Centre

18 Filleul Street Dunedin Central
Open Hours Weekdays; 07:00-17:15
Saturdays; 09:00-11:30
Closed all public holidays

South Dunedin Collection Centre

67 Hillside Road South Dunedin
Open Hours Weekdays; 07:30 - 16:15
Closed all public holidays

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Health and Safety at Work Act 2015 – the Employer’s duty:

If there is a significant risk at work an employer has a legal duty to eliminate or minimise the hazard.

The General Risk and Workplace Management Regulation 2016

Also requires the PCBU or business to manage and monitor risks hazardous to health.

Privacy Act 2020, Health Information Privacy Code 2020

- Only relevant information is collected.
- You must know of and consent to the information being collected.
- Information may only be used for the purpose it is collected for.
- There are limits on what information can be released by the employer.
- The information must be kept securely.
- You may have access to and correct information about yourself.
- You can request a copy of the test results at any time whilst employed at this company, or for a reasonable time after leaving their employment.

The Code of Health and Disability Services Consumers' Rights

CODE OF RIGHTS

- 1 The right to be treated with respect.
- 2 The right to freedom from discrimination, coercion, harassment, and exploitation.
- 3 The right to dignity and independence.
- 4 The right to services of an appropriate standard.
- 5 The right to effective communication.
- 6 The right to be fully informed.
- 7 The right to make an informed choice and give informed consent.
- 8 The right to support.
- 9 Rights in respect of teaching or research.
- 10 The right to complain.