

## Blood Borne Virus and Sexually Transmissible Infection- Management of Patients Exposed to Blood and/or Body Fluids

**Policy Number** 1.066

**Policy Function** Continuum of Care

**Issue Date** 17 June 2019

**Summary** This policy relates to the management of patients who report blood borne virus and/or sexually transmissible infection risk via exposure to blood and/or body fluids.

**Responsible Officer** Executive Director Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.066 (Sep 2015, July 2012)

**Change Summary**

- Title change to more closely reflect policy purpose
- Information to include Harm Reduction Project Officer role
- Amendments for clarification and alignment with Network style guide

**HPRM Reference** POLJH/1066

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

## 1. Preface

Patients in Police Cells, Correctional Centres, the Forensic Hospital or Juvenile Justice Centres may be exposed to blood borne viruses (BBVs) and/or sexually transmissible infections (STIs) through contact with contaminated blood and/or body fluids. This commonly occurs through engagement in risk behaviours such as injecting drug use (IDU), amateur tattooing practices, sexual contact and physical violence. This policy provides guidelines on the management of patients who report exposure to blood and/or body fluids to ensure they receive timely assessment, treatment and management. This includes the commencement of post-exposure prophylaxis (PEP) within the recommended timeframe, if indicated.

For specific policy and procedure in relation to the management of staff, whether employed by Justice Health and Forensic Mental Health Network (the Network) or other staff category, who sustain occupational exposure to blood and/or body fluids refer to the Network policy [5.100 Occupational Exposure Management](#).

## 2. Policy Content

### 2.1. Mandatory Requirements

#### 2.1.1 Initial response to report of blood and/or body fluid exposure

All patients who report exposure to blood and/or body fluid must be assessed and managed immediately by the nurse to whom the report is made, or by the Public and Sexual Health Nurse (PSHN), if available, in accordance with the Network [Procedure for Management of Patients Exposed to Blood or Body Fluids](#).

If informed by their patients of IDU in custody, Network staff must keep this information confidential. It is not the responsibility of Network staff to retrieve IDU equipment except in the Forensic Hospital where the Network [Forensic Hospital Search Procedure](#) must be followed. In addition, the Network policy [5.130 Security and Disposal of Needles and Syringes](#) must be adhered to.

#### 2.1.2 Escalated response to report of blood and/or body fluid exposure to patient

In special circumstances, patients exposed to blood and/or body fluid must be immediately reported to the Clinical Nurse Consultant (CNC) Sexual Health/Hepatitis during normal hours via the Network paging system or to the After Hours Nurse Manager or Forensic Hospital After Hours Nurse Manager to coordinate timely management of these patients. In addition, the Network policy [2.030 Incident Management](#) must be adhered to.

Special circumstances include:

- Sexual Assault: in addition the Network policy [5.140 Sexual Assault Management](#) must be followed.
- High risk percutaneous blood and/or body fluid exposure, especially in patients who are pregnant or immunocompromised: where the source patient is known to be HIV positive (regardless of viral load) or where the source person's HIV status is unknown and risk behaviours are identified.

#### 2.1.3 Mandatory reporting

All staff working with children and young people must be familiar with the Network Policy [5.015 Child Protection](#) and follow the directive therein in relation to sexual assault.

#### **2.1.4 Harm Reduction**

[Corrective Services NSW policy](#) mandates that all adult patients in custodial facilities must have access to harm reduction education and equipment including Fincol, condoms and dental dams. Failures in this area can compromise infection prevention and facilitate BBV and/or STI transmission. As such, problematic patient access to harm reduction education and equipment in custodial facilities must be reported to the local Nursing Unit Manager (NUM) who must escalate the issue to the Network Harm Reduction Project Officer and locally with custodial staff. Network nursing staff will provide harm reduction education at Juvenile Justice Centres.

## **2.2. Implementation - Roles & Responsibilities**

### **2.2.1 Chief Executive**

- Must provide managers with the resources to support compliance with this policy and its associated procedures.

### **2.2.2 Executive Director Clinical Operations**

- Must review and respond to all reported incidents of non-compliance with this policy.

### **2.2.3 Population Health Service Director**

- Must bring this policy and its associated procedures to the attention of all Network Population Health staff.
- Must ensure compliance with this policy and its associated procedures.

### **2.2.4 CNC Sexual Health/Hepatitis**

- Co-ordinate the care of patients in special circumstances and update the patient exposure database.
- Provide active support and expert advice to all Network staff for the implementation of this policy.

### **2.2.5 Nursing Unit Manager**

- Must bring this policy and its associated procedures to the attention of all Network staff.
- Must ensure compliance with this policy and its associated procedures.
- Report harm reduction education and equipment access issues to Network Harm Reduction Project Officer and local custodial staff.
- Follow up IIMS reports relating to this policy.

### **2.2.6 After Hours Nurse Manager and Forensic Hospital After Hours Nurse Manager**

- Co-ordinate the care of patients in special circumstances after hours complying with this Network policy.
- Communicate incidents relating to this policy to relevant Network managers and CNC Sexual Health/Hepatitis.

### **2.2.7 Public and Sexual Health Nurses**

- Initiate risk assessment and immediate treatment.
- Provide ongoing management and follow up of patients and refer on appropriately.

- Offer access to an Aboriginal Health Worker if the patient identifies as Aboriginal of Torres Strait Islander

### **2.2.8 Nursing Staff**

- Initiate risk assessment, immediate treatment and refer on appropriately.
- Consult with CNC Sexual Health/Hepatitis, Medical Officer or relevant After Hours Nurse Manager.
- Offer access to an Aboriginal Health Worker if the patient identifies as Aboriginal of Torres Strait Islander.

### **2.2.9 Aboriginal Health Worker**

- Is to aid in the dissemination of the relevant information and or health education, the engagement of family if requested and any external Aboriginal Health Agency if required.

### **2.2.10 Surveillance Officer**

- Report notifiable infections to the NSW Ministry of Health (Ministry).

### **2.2.11 Harm Reduction Project Officer**

- Follow up harm reduction education and equipment access issues.
- Provide education to clinical staff on harm reduction in custody as required.

## **3. Procedure Content**

### **3.1. Immediate Management of the Exposed Patient**

#### **3.1.1 Risk Assessment**

A thorough risk assessment of the patient's injury must be conducted immediately; primarily to determine the nature and time of the exposure and ensure appropriate follow up:

- Establish type of injury, e.g. percutaneous, non-percutaneous.
- Establish body fluid involved, e.g. blood, saliva.
- Where feasible and consent is obtained the BBV/STI status and risk behaviour history of the source patient must be sought.
- Note time of injury; critical for PEP initiation, if indicated.

#### **3.1.2 Immediate Treatment**

For blood and/or body fluid exposure due to sexual assault the Network policy [5.140 Sexual Assault Management](#) must be followed. In all other circumstances, after exposure to blood and/or body fluid the patient should as soon as possible:

- Have the exposure site washed with soap and water.
- Have appropriate care of any wounds.
- If contaminated, have eyes rinsed, while they are open, with water or normal saline.
- If blood and/or body fluid enters the mouth, spit them out and have mouth rinsed with water several times.

- If clothing is contaminated have them removed and shower if necessary.

### **3.1.3 Patient Management**

The Network [Procedure for Management of Patients Exposed to Blood or Body Fluids](#) must be followed. In general the following patient management must be provided:

- Timely assessment for PEP commencement depending on the time and nature of the exposure. In situations where the source person is known to be HIV positive with a detectable viral load, the Service Director Population Health must be immediately notified or relevant After Hours Nurse Manager. Refer to: [Post-exposure Prophylaxis for HIV: Australian National Guidelines](#).
- Where appropriate, emergency contraception must be considered for female patients.
- Screening for STIs and/or BBVs must be offered to all patients who report exposure to blood and/or body fluids. Hepatitis B vaccination must be offered if the patient exposed is non-immune or their status is unknown. Tetanus prophylaxis must be considered depending on the nature of the injury.
- In relation to IDU in custody and in addition to previous management, patients must be given harm reduction information and offered referral to both a PSHN and a Drug and Alcohol Nurse.
- Contact tracing will be overseen by the Network Population Health team in accordance with the [Australasian Contact Tracing Guidelines](#).

## **3.2. Exposure within Network Facilities**

Patients may be exposed to blood and/or body fluids when they attend Network health facilities. In addition to following the Network [Procedure for Management of Patients Exposed to Blood or Body Fluids](#), an IIMS notification must be completed. When a group of patients have been affected the Network Executive Director Clinical Operations must be notified by the Service Director Population Health or the After Hours Nurse Manager.

## **3.3. Exposure in other Health Facilities**

Patients may be exposed to blood and/or body fluids when they attend an external health facility. Should this occur the patient must receive immediate management by the external health facility in which the exposure occurred in accordance with their local policy. On discharge back to the care of the Network the patient must be managed in accordance with Network policy and procedures.

# **4. Definitions**

### **Must**

Indicates a mandatory action to be complied with.

### **Should**

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislation	<a href="#"><i>Public Health Act 2010</i></a> <a href="#"><i>Children and Young Persons (Care and Protection) Act 1998</i></a>
NSW Ministry of Health Policy Directives, and Guidelines	<a href="#"><i>PD2015 005 Human Immunodeficiency Virus (HIV) - Management of Non-Occupational Exposure</i></a> <a href="#"><i>IB2016 020 NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021</i></a> <a href="#"><i>PD 2019 004 Management of People With HIV Who Risk Infecting Others</i></a> <a href="#"><i>PD 2014 14 Incident Management Policy</i></a>
Network Policies and Procedures	<a href="#"><i>5.140 Sexual Assault Management</i></a> <a href="#"><i>5.130 Security and Disposal of Needles and Syringes</i></a> <a href="#"><i>5.015 Child Protection</i></a> <a href="#"><i>2.030 Incident Management</i></a> <a href="#"><i>Procedure for Management of Patients Exposed to Blood or Body Fluids</i></a> <a href="#"><i>Forensic Hospital Search Procedure</i></a>
Australasian Society for HIV Medicine	<a href="#"><i>Post-exposure Prophylaxis for HIV: Australian National Guidelines</i></a> <a href="#"><i>Australasian Contact Tracing Guidelines</i></a> <a href="#"><i>Testing Portal</i></a>
Corrective Services NSW	<a href="#"><i>Custodial Operations Policy and Procedures 6.5 Infectious and Communicable Diseases</i></a>