BLOOD AND BODY FLUID EXPOSURE ACTION PLAN

BEFORE AN ACCIDENT HAPPENS, THE FOLLOWING SHOULD BE AVAILABLE:

- 1. Infection Control Manual listing occupational risks and safe work practices.
- 2. First Aid Kit containing eye bath, eye wash and sterile normal saline in a squeeze bottle, waterproof adhesive dressings.
- 3. Accident Log Book to list time, date and place of accident. List name of affected person, how accident occurred, exact nature of accident, response to accident, medical practitioner contacted and treatment given.
- 4. REHEARSAL OF AN ACCIDENTAL SITUATION EVERY 6 MONTHS AND WHEN NEW STAFF MEMBER JOINS PRACTICE.

NEEDLESTICK, SHARPS INJURY OR SKIN CUT EYE OR MUCOSAL SPLASH OR SPLATTER **IMMEDIATELY IMMEDIATELY** Remove glove and wash the area with soap and water, Rinse eye with eye bath and eye wash solution. rinse well and dry. (Eyelid must be open) (DO NOT SQUEEZE) Flush with normal sterile saline from squeeze bottle or rinse under running tap water. (Eyelid must be open) Look to see if wound penetrated to reveal blood. If mouth, spit out and rinse Cover with waterproof adhesive dressing. with running tap water. **IF NON PENETRATING** IF POSSIBLE PENETRATING INJURY INJURY, OR POSSIBLE EXPOSURE NO FURTHER ACTION **NECESSARY IMMEDIATELY Contact Medical Clinic responsible** for occupational emergency Dr Phone Number IF MASSIVE EXPOSURE, SOURCE KNOWN HIV, HEPATITIS C OR HEPATITIS B **Contact Major Health Facility** Possible blood screening, counselling, all documentation. Phone Number Department Address

AFTER AN ACCIDENT

1. Document injury in Accident Log and notify Workcover Insurer.

Blood screening, counselling, all documentation

- 2. Investigate how and why accident occurred. Set up protocol to prevent recurrence.
- 3. Develop protocol and incorporate in Infection Control Manual.
- 4. Blood screening and results are confidential. May include Hepatitis C, Hepatitis B and HIV follow-up 3 months and 6 months later.