

A Guide to Potential Patient Exposures: **Blood and Body Fluid Exposure** Decision Chart For *Patient to Patient* or *Staff to Patient* Exposure

Staff exposures must be reported to Workplace Health & Safety

& Control **Incident Details** Sharps injuries or Contaminated Sexual Assault / Infusions (Wrong IV's, Splash/ And/or Wrong Syringe, Wrong **Human Bite?** Abuse in a Ingestion? Multi-Dose Vial) **Healthcare Facility?** YES YES YES Skin broken? Contact with skin? Inaestion of wrong Mucous membrane Instrument/IV/ breast milk (in babies/ contacted? (eyes. Syringe/Vial neonates)?**** mouth, nose, Used? perineum) NO** YES* NO** YES* YES / NO** NO** Skin broken? Unsure ***HIGH-RISK FLUIDS Blood, serum, plasma, and all biologic fluid visibly contaminated with blood. YES NO** Laboratory specimens, samples, or cultures that contain concentrated HBV. HCV, or HIV. Body fluid a Instrument in contact Organ and tissue transplants ***high-risk fluid? with a ***high risk fluid? Body fluid a Pleural, amniotic, pericardial, peritoneal, synovial, and cerebrospinal fluids. **high-risk fluid? Uterine / vaginal secretions or semen (unlikely to transmit HCV) Expressed breast milk when fed to wrong YES / infant NO** NO** YES* Unsure*

*If ANY end points are **YES* or YES / Unsure*** - Ensure most responsible physician aware **AND**

- 1. Urban Zones: Contact IPC (after hours contact ICP on call)
- 2. Rural Zones: Contact Medical Officer of Health and notify IPC
- 3. Continuing Care/Community: Contact Medical Officer of Health

**NO – Not considered an exposure. No further action required. Advise recipient that exposure has not occurred.

****EXPRESSED BREAST MILK WHEN MILK IS GIVEN TO AN UNINTENDED INFANT

https://extranet.ahsnet.ca/teams/ policydocuments/1/clp-expressedbreast-milk-ps-16-02-procedure.pdf

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