

MINISTRY OF HEALTH

QUALITY ASSURANCE & INFECTION CONTROL OFFICE

APPENDIX

TO INCIDENT REPORT FOR EXPOSURE TO BLOOD /BODY FLUIDS  
AMONG HEALTH CARE WORKERS

Recommended measures to prevent transmission of blood-borne diseases following THE INCIDENT.

These instructions to be followed by any HEALTH CARE WORKER who have had a significant exposure to potentially infectious body fluids.

1. Squeeze the exposure site to encourage bleeding, then wash thoroughly with soap and water and wipe with 70% ethyl-alcohol, when dry cover with a water-proof dressing. In case of splashes to mouth or eyes rinse thoroughly with plenty of running water.
2. Avoid exposing any patient to your blood specially while performing any invasive procedure or having your blood coming in contact with the mucous membranes, surgical wound or non-intact skin of the patient.
3. Do not donate blood, body organs or breast-milk until your HBSAg/HIV test result is negative after 6 months of the exposure date.
4. Take care of your own wound if there is bleeding, and the person taking care of your wound should wear gloves and wash hands immediately after care.
5. If your blood contaminate any surface or floor, wipe it up immediately with disposable paper towel, clean and disinfect the area with the recommended disinfectant (Hypochlorite).
6. Dispose any blood contaminated articles (menstrual pads, bandages etc.) in securely tied plastic bags.
7. Avoid sharing with others any personal items that might have been contaminated with your blood (tooth brushes, nail cutter, razors and needles etc.).
8. Use barrier precautions during sexual contact until your HBSAg/HIV test result is negative after 6 months of the exposure date.
9. Avoid pregnancy and breast feeding until HBSAg/HIV test result is negative after 6 months of the exposure date.

**RECOMMENDED ACTIONS FOR HBV PROPHYLAXIS FOLLOWING THE INCIDENT:**

**EXPOSED PERSON UNVACCINATED**, if the source is:

- (a) HBsAg positive : give 1lBIG and refer to preventive medicine to start HBV vaccine.
- (b) HBsAg negative : refer to preventive medicine to start HBV vaccine.
- (c) Unknown, not tested: refer to preventive medicine to start HBV vaccine after giving one dose of HBIG.

**EXPOSED PERSON PREVIOUSLY VACCINATED/KNOWN RESPONDER**

- a) HBsAg positive : HBs antibodies is not done qualitatively, refer to preventive medicine for HBV vaccine (booster dose).
- (b) HBsAg negative : no treatment.
- (c) Unknown, not tested: no treatment.

**EXPOSED PERSON PREVIOUSLY VACCINATED/KNOWN NON-RESPONDER or UNKNOWN RESPONSE, if the source is:**

- (a) HBsAg positive : give one dose of HBIG and refer to preventive medicine for HBV vaccine (booster dose), or give (2) two doses of HBIG one month apart.
- (b) HBsAg negative : no treatment.
- (c) Unknown, not tested: give one dose of HBIG and refer to, preventive medicine for HBV vaccine (booster dose), or give (2) two doses of HBIG one month apart.

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**RECOMMENDED ACTIONS FOR EXPOSURE TO HIV POSITIVE SOURCE FOLLOWING INCIDENT AND IF THE SOURCE IS KNOWN HIV POSITIVE:**

- (a) Refer to virology lab for HIV testing at time of injury with follow-up HIV testing at 3 and 6 months after the exposure date.
- (b) If seroconversion established, refer to I.D. Hospital for further management.

**RECOMMENDED ACTION FOR PERSON TO HCV POSITIVE SOURCE FOLLOWING THE INCIDENT:**

- (a) No specific treatment as there is no VACCINE or specific IMMUNOGLOBULIN against HCV.
- (As HCV is identified first time in all over the World in 1989).

\* Exposed person is considered to be vaccinated only if the vaccine had been given as scheduled (at 0, 1, 6 months' duration) otherwise consider the exposed person as unvaccinated and manage the case according to Option I (exposed person unvaccinated).

\*\* HBIG is recommended to be given within 48 hours of exposure time, for non-vaccinated person and within 7 days of exposure for vaccinated person, to ensure the effectiveness.

Serial No

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----- Hospital  
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INCIDENT REPORT FOR EXPOSURE TO BLOOD/BODY FLUIDS

N.B. Report to Infection Control office within 24 hours from exposure.

PART I: EXPOSED PERSON:

- 1) Name: ----- (2) D.O.B./Age: --/--/----
- 3) Job title / speciality:-----
- 4) Date of exposure: --/--/----- (5) Place of exposure
- 6) Time of exposure:---- Am/Pm
- 7) Hepatitis 'B' vaccination previously received with date(s) None / Undetermined
- 7.1 --/--/----
- 7.2 --/--/----
- 7.3 --/--/----
- 8) Status of:-
- 8.1  HBV antibodies
- 8.2  HCV antibodies
- 8.3  HIV immunoassay

9) Description of Incident:

<u>Body Fluid/Material</u>	<u>Cause of exposure</u>	<u>Sites of exposure</u>
1 <input type="checkbox"/> Blood	1 <input type="checkbox"/> Needlestick	1 <input type="checkbox"/> Intact skin
2 <input type="checkbox"/> Semen	2 <input type="checkbox"/> Splash	2 <input type="checkbox"/> Non-intact skin
3 <input type="checkbox"/> Saliva/sputum	3 <input type="checkbox"/> Sharp object	3 <input type="checkbox"/> Percutaneous
4 <input type="checkbox"/> Vaginal secretion	4 <input type="checkbox"/> Cut/wound	4 <input type="checkbox"/> Eye
5 <input type="checkbox"/> Others (specify)	5 <input type="checkbox"/> Others (specify)	5 <input type="checkbox"/> Nose/Mouth
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10) Activity leading to the incident:

- 1  Drawing blood/placing the needle in the patient.
- 2  Recapping the needle.
- 3  Administration of medication/cut-glass.
- 4  Garbage collection.
- 5  Cleaning surgical instruments
- 6  Performing surgical intervention

Causative factors:

1  Butterfly needles.                      2  Vacutainer.                      3  Others (specify)

Other comments related to the incident:

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PART II: SOURCE

Unknown - skip part II

Known - complete

- 1. Name of the source person:-----
- 2. Hospital No./ I.D. No. :-----
- 3. Place/D.O.B. ---/---/----                      4. Sex:-  Male                       Female
- 5. Nationality:-----
- 6. Home address:-----                      7. Phone No.-----  
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Relevant risk factors:

- Haemodialysis
- Haemophiliacs
- H/o blood/blood derivatives transfusion(s)
- I.V. drug users
- Liver diseases/Jaundice

PART III: ACTION PLAN:

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- Children born to HBV, HCV, HIV Positive mothers
- Residence of mentally retarded institutions'
- Others (specify)-----

Name & signature of Exposed person: ----- Date: --/--/----	Name & signature of Treating Physician: ----- Date: --/--/----	Name & signature of Consultant/person in charge ----- Date: --/--/----
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Name & signature of  
Infection Control Physician:

Date: -----  
To be completed in triplicate:

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