Awanui Labs

Laboratory use only: Place form barcode here

ACCREDITED IANZ TESTING LABORATORY

BLOOD AND BODY FLUID EXPOSURE (BBFE) INFORMATION PACK

IMMEDIATE ACTION IS EXTREMELY IMPORTANT

Step 1: First Aid and Immediate Actions

1. Inform Source Person of exposure and request the patient does not leave (if present)

2. Perform First Aid:

Person sustaining a needle stick, “sharps” injury or other exposure to blood or body fluid should **immediately** perform the following:

- Remove the needle / sharp if embedded.
- Allow the wound to bleed freely; do not squeeze or rub the wound site.
- Wash the area immediately with soap and water.
- If water is not available use hand sanitiser
- Cover with a dressing if necessary.

If cut or broken skin is splashed with blood or body fluid:

- Wash the area immediately with soap and water.
- If water is not available use hand sanitising.

Contamination to eyes or mouth:

After an exposure to the eye(s):

- Rinse the eye(s) gently but thoroughly with water while the eyes are open, gently pulling the eyelids up and down to make sure the eye is flushed thoroughly, for at least 10 minutes. Keep the eyes open during the rinsing.
- If wearing contact lenses, leave them in place while irrigating, as they form a barrier over the eye and will help protect it. Once the eye has been flushed, remove the contact lenses.
- Do not use soap, sanitiser or disinfectant on the eye.

If blood or body fluid gets in the mouth:

- Spit the fluid out immediately.
- Rinse the mouth thoroughly with water and spit out again. Repeat several times.
- Do not use soap, sanitiser or disinfectant in the mouth.

Step 2: Collect Source Person and Exposed Person Blood Specimens

1. Provide Source Person with “Blood/Body Fluid Exposure SOURCE PERSON Information and Consent Form” (included in this pack below).

2. **From Source person, collect 5mL Yellow SST tube** *(Alternative tubes: EDTA (Mauve tube), Heparin, Sodium Citrate, ACD, CPD tube).* **Label correctly and transport to the laboratory as soon as possible.**

3. **From Exposed Person, collect 5mL Yellow SST tube** *(Red top if SST/Yellow Top tube is unattainable).* **Label correctly and transport to the laboratory as soon as possible.**

4. Ensure specimens are correctly labelled.

Blood for BBFE testing can be collected at any Awanui Collections centre or, in an emergency at the nearest Hospital ED or Medical Centre.

Note: there may be a charge for this service.

Step 3: Send Completed Test Request Forms and Bloods to the Lab URGENTLY

1. Complete the Source Person and Exposed person test request forms (included in this pack).

2. Place blood tubes in specimen bags with completed forms.

3. The Source Person can now leave

4. Contact testing lab and inform them that urgent BBFE samples are being sent.

Step 4: Notify your Manager

1. Notify your manager, team leader or supervisor of the incident.

2. Report the incident into your HSMS reporting system.

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ACCREDITED IANZ TESTING LABORATORY

Blood/Body Fluid Exposure SOURCE PERSON Information and Consent Form

INFORMATION

You are being asked to give consent for your blood to be taken to test for the presence of hepatitis B, hepatitis C and HIV. A staff member has been exposed to your blood or other body fluid and as a preventative measure we would like to test you for the above diseases.

Your GP will be informed about the results of these blood tests. Please read the following information given below about these viruses. Your GP will be able to answer any questions or give you further information as required.

Hepatitis B is a virus which infects liver cells, causing inflammation of the liver and liver damage. The virus can be transmitted from one person to another by exposure to infected blood or other body fluids. Once infected, many people may clear the infection without the need for treatment. However, others may be infected lifelong without any symptoms or other apparent signs of the infection. There are current treatments available which are effective in suppressing this virus.

Hepatitis C is another virus which infects liver cells, causing liver inflammation and damage. This virus can also be transmitted by exposure to infected blood or body fluids, but this is less likely than for hepatitis B. Like hepatitis B, individuals may not be aware that they have been infected and can end up carrying the virus for the rest of their life. There are now available anti-viral medications which are highly effective to cure the infection.

HIV (human immunodeficiency virus) is a virus which infects the body's immune system, by infection of the lymphocytes in the blood (white blood cells). HIV can be transmitted by exposure to infected blood and other body fluids, and infected individuals may not be aware that they are carrying the virus. There are highly effective treatments available to suppress the infection.

INFORMED CONSENT FOR BLOOD TESTS

A staff member has been exposed to your blood/body fluid. We would greatly appreciate it if we could undertake blood testing for hepatitis B, hepatitis C and HIV. Your test results will be released to their clinician, your GP and/or occupational health provider.

I fully understand that the laboratory will perform tests for the following on my blood: hepatitis B, hepatitis C and HIV.

I understand that my historical results may be reviewed to complete a risk assessment.

Name (please print): _____

Signature: _____ Date: _____

Blood/Body Fluid Exposure Request Form

SOURCE PERSON - URGENT

SOURCE PERSON DETAILS

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NHI (if known)		**DOB**	dd/mm/yyyy
Surname		**Given Name**	
Gender	Male ☐ Female ☐	**Phone No.**	
Address			
CONTACT PERSON MANAGING RESULTS & GP DETAILS – Please complete all fields			
Name of Requesting Clinician		**Location**	Name of ward/Medical Centre/Dental Surgery
Phone No.	**Daytime:**	**Afterhours:**	
Send copy to:		**Copy to GP**	☐ **Yes** ☐ **No**
GP Details	**GP Name:**	**GP Practice:**	
EXPOSED PERSON DETAILS (REQUIRED)			
NHI (if known)		**DOB**	dd/mm/yyyy
Full Name			
Gender	Male ☐ Female ☐	**Phone No.**	
Exposed person hepatitis B vaccination status	Vaccinated as child ☐ Vaccinated/boosted as adult ☐ Known vaccine non-responder ☐ Not vaccinated ☐ Unknown ☐		
SPECIMEN REQUIREMENTS			
Collect 5mL Yellow SST tube *(Alternative tubes if SST/Yellow Top tube is unattainable: EDTA (Mauve tube), Heparin, Sodium Citrate, ACD, CPD tube).* **Label correctly and transport to the laboratory as soon as possible.**			

Laboratory use only: SPECIMEN SERVICES & ULTRA REGISTRATION INSTRUCTIONS	
ULTRA PANEL	**Test**
= SNSP	☒ Source – BBFE (Test panel: HBsAg, anti-HCV, HIV)
Funding Notes	• A charge applies to all requests from private hospitals, private educational facilities, occupational health and safety agencies, or commercial entities. • Requests are funded when made by primary care or public hospitals.

Blood/Body Fluid Exposure Request Form

EXPOSED PERSON - URGENT

EXPOSED PERSON DETAILS

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Laboratory use only: Place form barcode here

NHI (if known)		**DOB**	dd/mm/yyyy
Surname		**Given Name**	
Gender	Male ☐ Female ☐ Other ☐	**Phone No.**	**Daytime:** **Afterhours:**
Address			
Exposure details	Date & time Nature of exposure		
Hepatitis B vaccination status	Vaccinated as child ☐ Vaccinated/boosted as adult ☐ Known vaccine non-responder ☐ Not vaccinated ☐ Unknown ☐		

CONTACT PERSON MANAGING RESULTS & GP DETAILS – Please complete all fields			
Name of Requesting Clinician		**Location**	Name of ward/Medical Centre/Dental Surgery
Phone No.	**Daytime:**	**Afterhours:**	
Send copy to:		**Copy to GP**	☐ **Yes** ☐ **No**
GP Details	**GP Name:**	**GP Practice:**	

SOURCE PERSON DETAILS (REQUIRED, IF KNOWN)			**Source unknown** ☐
NHI (if known)		**DOB**	dd/mm/yyyy
Surname		**Given Name**	

SPECIMEN REQUIREMENTS

Collect 5mL Yellow SST tube *(Red top if SST/Yellow Top tube is unattainable).* **Label correctly and transport to the laboratory as soon as possible.**

Laboratory use only: SPECIMEN SERVICES & ULTRA REGISTRATION INSTRUCTIONS	
ULTRA PANEL CODE	**Test**
= ENSP	☒ Exposed – BBFE (Test panel: HBsAg, anti-HBs, anti-HCV, HIV)
Funding Notes	• A charge applies to all requests from private hospitals, private educational facilities, occupational health and safety agencies, or commercial entities. • Requests are funded when made by primary care or public hospitals.