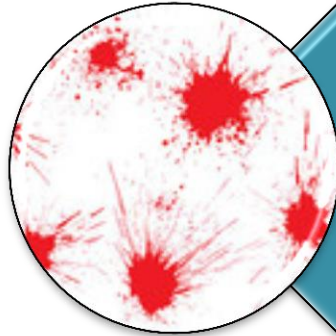
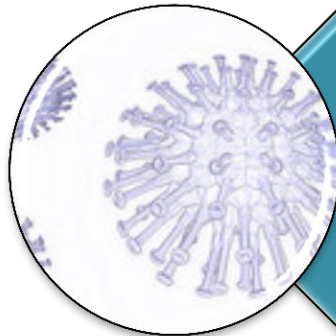


# EXPOSURES:



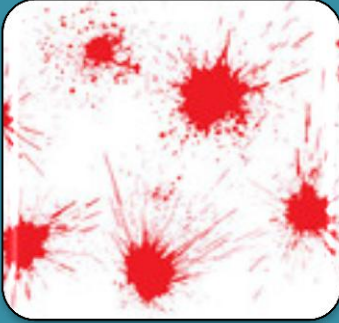
Blood & Body  
Fluids



Communicable  
Diseases

CCTC POLICY OF THE MONTH: FEBRUARY 2011

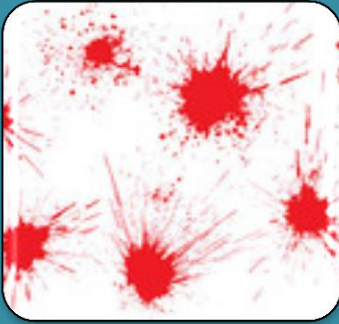
# Blood & Body Fluids



## EXPOSURE INCIDENT

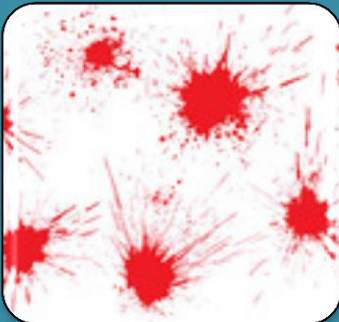
- Blood or body fluid that has come in to contact with a caregivers mucous membranes or skin.
- Immediately wash cuts, puncture wounds or skin abrasions with soap & water
- Flush splashes to nose, mouth or skin with water

• Irrigate eyes



## NEXT STEPS

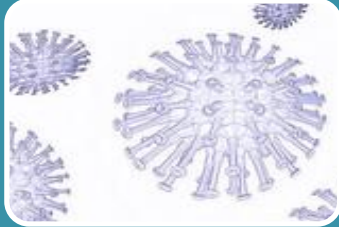
- MD to obtain informed consent from SDM to draw blood to test for HIV and Hep. B & C
- Draw Blood ASAP from patient
- **ORDER: HEPNES STAT** in PowerChart
- One **LIGHT GREEN** vacutainer to the CORE LAB



## FOLLOW-UP

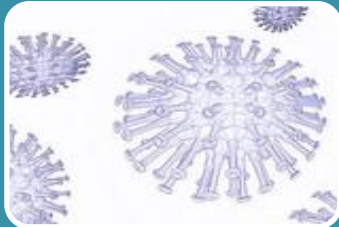
- AEMS: Classify as a workplace injury/illness/ hazard event
- If pt. is known or suspected to be HIV or Hep. B + report to Occ. Health or ER **IMMEDIATELY**
- Otherwise, follow-up as instructed by Occ. Health & Unit Coordinator

# Communicable Diseases



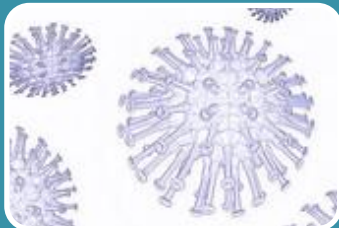
## EXPOSURE INCIDENT

- Exposure risk determined by type of organism and known methods of transmission



## Example: Group A Strep (GAS)

- Direct, indirect or droplet contact of a staff members oral/nasal mucosa or non-intact skin with the respiratory secretions or wound secretions of a patient with invasive GAS (necrotizing fasciitis, pneumonia, meningitis or toxic shock syndrome) from 7 days prior to onset and until 24 hours after the start of effective treatment.



## NEXT STEPS

- If you are suspicious that you may have been exposed go to Exposure Protocols at: <http://www.lhsc.on.ca/priv/ohss/policy/commdis.htm>
- Click on the appropriate disease link.
- Review the “EXPOSURE CRITERIA” to determine what actions you need to take



## FOLLOW –UP

- Enter an AEMS for any suspected exposures; use the workplace injury/illness/hazard category
- Always include a risk assessment as part of your admission routine and daily assessment.

# Infection Prevention & Control must be notified of all infections, staff or patient.

## Group A Strep

- Strep throat, necrotizing fasciitis, toxic shock syndrome, pneumonia

## Measles

## Meningococcal disease

## Mumps

## Pertussis

- Whooping cough

## Rubella

## Scabies

## Varicella/Zoster

- Chicken Pox, Shingles

<http://intra.sjhc.london.on.ca/depts/iconcontrol/exposure.htm>



The screenshot displays a web page for Infection Prevention and Control. At the top left, there are logos for the London Health Sciences Centre and St. Joseph's Health Care London. The page title is "Infection Prevention and Control". A vertical navigation menu on the left lists various topics, with "Exposure Protocol" highlighted. The main content area is titled "Exposure Protocol" and includes a sub-section for "Occupational Health and Safety Services". It lists resources for London Health Sciences Centre and St. Joseph's Health Care, with links to "Blood/body fluids" and "Communicable Disease" for the former, and "Blood/Body Fluids" for the latter. A note at the bottom of the main content area suggests logging onto the Health Canada website for more information. The footer contains links to the LHSC and SJHC home pages.

London Health Sciences Centre  **St. JOSEPH'S HEALTH CARE** LONDON

Infection Prevention and Control

**Infection Prevention and Control**

Home  
About Us  
Infection Control Policies  
Education and Resources  
Ambulatory Care Resources  
Diseases / Conditions  
Negative Pressure Rooms  
Infection Safety Champions  
Ordering Information  
Screening Protocols  
Hand Hygiene Program  
Environmental Cleaning Standards and Frequencies  
**Exposure Protocol**  
Frequently Asked Questions  
Links

**Exposure Protocol**

**Occupational Health and Safety Services**

London Health Sciences Centre:

- [Blood/body fluids](#)
- [Communicable Disease](#)

St. Joseph's Health Care

- [Blood/Body Fluids](#)

For more information please log onto the [Health Canada website](#)

[LHSC Home Page](#) | [SJHC Home Page](#)

VIEW THE FULL CORPORATE POLICIES REGARDING EXPOSURES VIA THE INFECTION CONTROL WEB SITE.

# CASE SCENARIO

- Nurse Betty admits a patient, A.B., from ER with a diagnosis of Sepsis NYD. Betty notices that the patient is on a face mask and in no respiratory distress but sees some large fluid filled blisters on the patient's arms & torso. She dons a mask, face shield, gown and gloves to assist in transferring the patient and continues use these PPE for the remainder of her shift.
- Betty includes her risk assessment findings in her report to fellow staff in the bay & at change of shift.
- On her days off Betty gets a phone call from her unit coordinator. The wound cultures on A.B. have come back positive for Group A Strep.
  - **Has Nurse Betty been exposed to Group A Strep?**
  - **Will she need prophylactic antibiotic treatment?**

Submit your answers by e-mail to Meredith or Krista by February 28<sup>th</sup>, 2011.