Hepatitis B, Hepatitis C and HIV may be contracted through exposure to any body fluid, particularly blood.

**IMMEDIATE ACTION IS EXTREMELY IMPORTANT**

Exposures must be reported as soon as first aid has been completed

**STEP 1: FIRST AID**

1. Immediately rinse the affected area under running warm water for at least 3 minutes.
2. If there is a puncture wound, squeeze it gently to flush out any contamination.
3. Paint puncture wound with povidone-iodine (Betadine) or Isopropyl Alcohol.
4. Cover with a dry, water proof dressing.

**STEP 2: NOTIFY THE GENERAL PRACTITIONER**

Notify a general practitioner to arrange specimen collection. The GP may also choose to contact a hospital Clinical Microbiologist or Infectious Diseases Physician.

To ensure your results will be managed appropriately, refer to your workplace infection control protocols for blood/body fluid exposures.

The GP in consultation with a Clinical Microbiologist / Infectious Diseases Physician On Call may decide that post exposure prophylaxis is needed. If required this should be administered as soon as possible. Prophylaxis is used to reduce the risk of developing disease, therefore prompt reporting of needlestick / blood or body fluid exposure is important to ensure appropriate management measures are taken.
STEP 3: COLLECT SOURCE PERSON & EXPOSED PERSON BLOOD SPECIMENS

- Inform patient (source) of exposure and give Patient Information sheet. (NB See guidelines for obtaining consent for testing source blood).
- Take SOURCE PERSON and EXPOSED PERSON bloods using SST (yellow top) tubes. (NB Testing can also be performed on EDTA, heparin, sodium citrate, ACD or CPD tubes)
- Label the bloods CORRECTLY, with first name, last name and date of birth a minimum
- Fill out the SOURCE PERSON and EXPOSED PERSON lab forms provided in this pack.
- All fields on the blood test forms must be filled in. It is very important that the lab can contact the correct person with the results, and that both the source and exposed persons contact details are available. Please provide as much detail as possible.
- Place blood tubes in specimen bags with forms. The source person can now leave.

STEP 4: SEND THE COMPLETED FORMS & BLOODS TO THE LAB URGENTLY

- Send bloods & forms to the lab URGENTLY. Contact the laboratory on 381 5900 (Wellington laboratory reception) to arrange a courier collection between 8am—5.00pm. Inform them that SOURCE PERSON and EXPOSED PERSON specimens are to be sent URGENTLY to the laboratory. Remember to provide BOTH specimens’ identity details.
- If in the event it is out of the above normal laboratory hours ph 381 5900 and ask to speak to a testing laboratory staff member. Inform them of the BBFE. A taxi may need to be arranged if after hours.

STEP 5: RESULTS AND FOLLOW-UP TESTING

- The laboratory will contact the person managing the results. This person is responsible to ensure results are communicated and may have to arrange prophylaxis for the exposed person.
- Follow-up blood test forms are provided in the GUIDE TO FOLLOW UP TESTING FOR BLOOD OR BODY FLUID EXPOSURES AND NEEDLESTICK INJURIES information pack. Follow-up testing is only required if the source blood is positive, or if the source is unknown.
# Needlestick Injury, Blood/BODY, Fluid Request Form

## EXPOSED PERSON DETAILS

<table>
<thead>
<tr>
<th>NHI (if known)</th>
<th>DOB</th>
<th>dd/mm/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Given Name</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Contact Nos.</td>
<td>Daytime:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Afterhours:</td>
</tr>
<tr>
<td>Address</td>
<td>Date &amp; Time of Exposure</td>
<td>Date &amp; Time Reported</td>
</tr>
</tbody>
</table>

## CONTACT PERSON MANAGING RESULTS & GP DETAILS

(e.g. GP, Dentist, Workplace Occupational Health/Infection Control Person, manager)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Phone No.</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daytime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours</td>
<td>Mobile No.</td>
</tr>
</tbody>
</table>

*Please send a copy of results to GP: [ ] Yes [ ] No*

<table>
<thead>
<tr>
<th>GP Details (Name &amp; Location):</th>
</tr>
</thead>
</table>

## SPECIMEN RECEPTION & ULTRA REGISTRATION INSTRUCTIONS

**Ultra Test**

<table>
<thead>
<tr>
<th>Ultra</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>=ENSP</td>
<td>☒ Exposed – Needle Stick Injury Tests</td>
</tr>
</tbody>
</table>

Take Specimen immediately to Immunology with the copy of the Form and inform the department.

**After hours: Take specimen to Biochemistry & inform the department**

## NEEDLESTICK, BLOOD/BODY FLUID EXPOSURE DETAILS

<table>
<thead>
<tr>
<th>Type of exposure (please tick)</th>
<th>Mucous membrane or non-intact skin exposure (i.e. splashing of nose/mouth/eyes/pre-existing wound)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percutaneous exposure (i.e. needle stick or other sharp object injury)</td>
</tr>
<tr>
<td></td>
<td>Approximate depth &amp; Volume:</td>
</tr>
<tr>
<td></td>
<td>Blood/other body fluid injected: [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Scratch/bite cause by another person</td>
<td></td>
</tr>
<tr>
<td>Splashing of intact skin</td>
<td></td>
</tr>
</tbody>
</table>

| Type of Fluid | ☒ Blood | [ ] Unknown | [ ] Other: |

---

Authorised by: WSCL Quality & Safety Officer

Version: 1.0

Version Date: March 2019
# EXPOSED PERSON

Needlestick Injury, Blood/Body, Fluid Request Form

<table>
<thead>
<tr>
<th>Source</th>
<th>□ Known (Name &amp; DOB)</th>
<th>□ Unknown</th>
</tr>
</thead>
</table>

**Immediate Action Taken**
(please tick)

- □ Mucous membrane (nose/mouth/eyes) flushed with water
- □ Wound/skin washed with soap and water
- □ Other: ___________________________________________

**DETAILS OF ACCIDENT**
(Descriptive information, i.e. recapping needle, venepuncture mishap, splashed w/ other body fluids etc.)

**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 Specimen Correctly.

**INFORMED CONSENT BY EXPOSED PERSON FOR BLOOD TESTS & PROPHYLAXIS**

I understand the risk of infection following accidental blood/body fluids exposure and I’m aware of the treatment options. I agree to have the following blood tests performed. Tests for Hepatitis B, C and HIV will be performed unless excluded *(please cross out to exclude)*

- □ Hepatitis Bs Ag (Diagnosis)
- □ Hepatitis Bs Abs (Immunity)
- □ Hepatitis C Abs
- □ HIV Abs/Ag

Signature: ________________________________ Date: ___________________________
# Needlestick Injury, Blood/Body, Fluid Request Form

## SOURCE PERSON DETAILS
- **NHI (if known):**
- **DOB:** dd/mm/yyyy
- **Full Name/Code:**
- **Gender:**
  - Male ☐
  - Female ☐
  - Phone No.: __________
- **Address:**

## CONTACT PERSON MANAGING RESULTS
*(e.g. GP, Dentist, Workplace Occupational Health/Infection Control Person, manager)*
- **Name:**
- **Contact Phone No.:**
  - Daytime
  - After Hours
- **Position/Title:**
  - Mobile No.

Please send a copy of results to GP: ☐ Yes ☐ No

GP Details (Name & Location):

## SPECIMEN RECEPTION & ULTRA REGISTRATION INSTRUCTIONS
- **Ultra Test:**
  - ☒ Needle Stick Injury Tests

Take Specimen immediately to Immunology with the copy of the Form and inform the department.

**After hours: Take specimen to Biochemistry & inform the department**

## REQUESTOR DETAILS
- **Name:**
- **Contact Phone No.:**
  - Daytime
  - After Hours
- **NZMC #:**
  - Mobile No.

## REQUESTOR'S INSTRUCTIONS
1. Contact laboratory on 04 381 5900 (WSCL main Laboratory Reception) to arrange courier pick up (availability time: between 8am-5pm). Inform the lab an URGENT SOURCE BBFE specimen is coming, give the SOURCE PERSON’s details and EXPOSED PERSON’s details.

2. Please provide complete details including all contact details of the person managing the SOURCE blood results. Laboratory will phone the blood results to the candidate practitioner managing the report. They may need to arrange prophylaxis for the Exposed Person.

3. **Details of the Exposed Person**
   - **Name:**
   - **Contact #s**
     - Afterhours: __________
     - Daytime: __________

## SPECIMEN REQUIREMENTS

Authorised by: WSCL Quality & Safety Officer
Version: 1.0
Version Date: March 2019
**SOURCE PERSON**

Needlestick Injury, Blood/Body, Fluid Request Form

**Collect 5mL Yellow SST tube** *(Alternative tubes if SST/Yellow Top tube is unattainable: EDTA (Mauve tube), Heparin, Sodium Citrate, ACD, CPD tube)* **Label Specimen Correctly.**

**INFORMED CONSENT BY SOURCE PERSON FOR BLOOD TESTS**

A staff member has been exposed to your blood/body fluid. We would appreciate it if we could undertake blood testing to ensure that the staff member is safe. Your test results will be released to their GP.

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

Consent signed by patient: ___________________________ Date: ________________

**SOURCE PATIENT INFORMATION**

**INFORMED CONSENT FOR BLOOD TESTING FOLLOWING STAFF EXPOSURE TO BODY FLUID**

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 in your blood. A staff member has been exposed to your blood or other body fluid and there is a risk that if you are carrying one of the above mentioned viruses, the staff member exposed could contract an infection. By establishing as soon as possible after the exposure whether or not you are carrying one of the viruses we may be able to offer the staff member treatment to prevent them from becoming infected.

Medical Staff will give the results of the blood tests to your GP who will explain any consequences to you. It is suggested that you read the information given below about these viruses and ask the Wellington SCL Pathologist/Infectious Disease Physician if you have any questions or points you may like clarified.

**INFORMATION**

**Hepatitis B** is a virus which is transmitted by blood and body fluids from one person to another and can cause inflammation of the liver. Once infected, individuals may or may not get noticeably ill and many can fight off the virus and become non-infectious. Others, unbeknown to themselves, can end up carrying the virus for the rest of their lives and remain a possible source of infection to other people that are exposed to their blood or body fluid.

**Hepatitis C** is another virus which can cause liver inflammation. It is also carried in the blood but is less likely to be carried in other body fluids. Again individuals may not be aware that they have been infected and can end up carrying the virus for the rest of their life. With current technology it is difficult to be certain which infected people are contagious and so everyone with evidence of past infection must be treated as though they are a potential source of infection to others. If positive you will require some medical advice concerning follow-up.

**HIV** is also a viral infection mostly found in blood but also in other body fluids. Infected individuals may not develop significant illness for many years but are still a source of infection to others exposed to their blood or body fluid. If positive you will require medical follow up and counselling about the way this will affect your life.
Hepatitis B, Hepatitis C and HIV may be contracted through exposure to any body fluid, particularly blood. Follow up testing of exposed people is important appropriate if the source is positive for infectious diseases or if the source person is unknown. Any person that has positive serology on follow up testing for blood or body fluid exposure should be discussed with the on call Clinical Microbiologist/Infectious Disease physician.

### Exposure from Unknown Source

The risk of infection with Hepatitis B, Hepatitis C or HIV following a blood or body fluid exposure from an unknown source is usually low. A risk assessment should be performed at the time of the injury by a doctor and if necessary, should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician. If the risk is deemed to be low, post exposure prophylaxis will not be given. The exposed person should have serology for Hepatitis B, Hepatitis C and HIV performed at the time of the incident, 3 months and 6 months after the exposure. They should be informed to seek medical attention if they develop jaundice or an infectious mononucleosis syndrome in the six months after their exposure.

<table>
<thead>
<tr>
<th>Time post exposure</th>
<th>Test Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time of Incident</td>
<td>➔ HBsAg, and HBsAb, HCVAb, HIV Ag/Ab</td>
</tr>
<tr>
<td>• Three (3) Months</td>
<td>➔ HBsAg, and HBsAb, HCVAb, HIV Ag/Ab</td>
</tr>
<tr>
<td>• Six (6) Months</td>
<td>➔ HBsAg, and HBsAb, HCVAb, HIV Ag/Ab</td>
</tr>
</tbody>
</table>

### Exposure from Source Infected with Hepatitis C

The risk of infection following a blood or body fluid exposure where the source patient is infected with Hepatitis C is around 1.8%. This risk may change depending on the circumstances of the exposure. There is no effective post-exposure prophylaxis or vaccination for Hepatitis C. It is recommended to perform follow up testing at the time of the incident, 3 months and 6 months after the exposure. The exposed person should be informed to seek medical attention if they develop nausea, abdominal pain or jaundice in the six months after their exposure.

### Exposure from Source Infected with HIV

The risk of infection following a blood or body fluid exposure where the source patient is infected with HIV depends on the circumstances of the exposure, but is estimated at < 1% in most situations. A risk assessment should be performed at the time of the injury and this should be discussed with the on call Clinical Microbiologist/Infectious Diseases physician. In many cases, HIV post-exposure prophylaxis will have been offered to the exposed person and follow up should have been arranged with the Infectious Diseases service at CCDHB. If the risk of transmission was deemed very low, post-exposure prophylaxis may not be given. In either situation, it is recommended to perform follow up testing with HIV Ag/Ab at the time of the incident, 3 months and 6 months after the exposure. The exposed person should be informed to seek medical attention if they develop fever, rash or an infectious mononucleosis syndrome in the three months following their exposure.

### Exposure from a Source with Hepatitis B

Authorised by: WSCL Quality & Safety Officer
Wellington SCL Version: 1.0
Version Date: May 2019
GUIDELINES FOR FOLLOW UP TESTING ON BLOOD/BODY FLUID EXPOSURES AND NEEDLESTICK INJURY

The risk of infection with Hepatitis B following a blood or body fluid exposure where the source is infected with Hepatitis B depends on the nature of the exposure, on the infectivity of the source (HBeAg positivity) and the immunity of the exposed person (vaccination status). Transmission may be as high as 30% in a non-immune recipient where the source person is HBeAg positive, or approximately 6% if the source person is HBsAg positive but HBeAg negative. A risk assessment should be performed at the time of the injury and this should be discussed with the on call Clinical Microbiologist/Infectious Diseases Physician.

- If the exposed person has been vaccinated and is known to have HBsAb >10 IU/mL documented at any time following vaccination, there is no need for HBV PEP. No follow up testing is required.

- If the exposed person does not have HBsAb >10 IU/mL demonstrated at any time following vaccination, Hepatitis B Immunoglobulin and a booster dose of Hepatitis B vaccination should have been given within 72 hours of exposure. Follow up testing is outlined in the table below (HBsAb ≤10 IU/mL column).

- If the exposed person has not been vaccinated, Hepatitis B Immunoglobulin and the first dose of Hepatitis B vaccination should have been given within 72 hours of exposure. Two further doses should be given at four weekly intervals. Follow up testing is outlined in the table below.

<table>
<thead>
<tr>
<th>Time Post Exposure</th>
<th>Source HBV +, Recipient HBsAB ≤ 10 IU/mL</th>
<th>Source HBV +, Recipient HBsAB ≤ 10 IU/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four (4) Weeks</td>
<td>-</td>
<td>2nd dose HBV vaccine</td>
</tr>
<tr>
<td>Six (6) Weeks</td>
<td>HBsAg, HBsAb</td>
<td>-</td>
</tr>
<tr>
<td>Eight (8) Weeks</td>
<td>-</td>
<td>3rd dose HBV vaccine</td>
</tr>
<tr>
<td>Three (3) Months</td>
<td>HBsAg, HBsAb</td>
<td>HBsAg, HBsAb</td>
</tr>
<tr>
<td>Six (6) Months</td>
<td>HBsAg, HBsAb</td>
<td>-</td>
</tr>
</tbody>
</table>

- For persons given single booster of Hepatitis B vaccine: If HBsAb at three months still ≤10 IU/mL, give two further doses of Hepatitis B vaccine each four weeks apart.
- For persons given three doses of Hepatitis B vaccine: If HBsAb at three months still ≤10 IU/mL, repeat complete course (3 doses) of Hepatitis B vaccine. For further information see Ministry of Health: Immunisation Handbook [http://immunisation.book.health.govt.nz/](http://immunisation/book.health.govt.nz/)
EXPOSED PERSON DETAILS

NHI (if known)  
DOB dd/mm/yyyy

Surname

Gender Male ☐ Female ☐

Address

Date of Exposure

CONTACT PERSON MANAGING RESULTS & GP DETAILS (e.g. GP, Dentist, Workplace Occupational Health/Infection Control Person, manager)

Name

Position/Title

Contact Nos.  
Daytime: 
After Hours:

Please send a copy of results to GP: ☐ Yes ☐ No

GP Details (Name & Location) 

SPECIMEN RECEPTION & ULTRA REGISTRATION INSTRUCTIONS

Ultra Test

HEG ☐ Hepatitis B Surface Ag (diagnosis)

HEB ☐ Hepatitis B Surface Ab (immunity)

HIV ☐ HIV

HCV ☐ Hepatitis C

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 Specimen Correctly.

INFORMED CONSENT BY EXPOSED PERSON FOR BLOOD TESTS & PROPHYLAXIS

I understand the risk of infection following accidental blood/body fluids exposure and I’m aware of the treatment options. I agree to have the following blood tests performed. Tests for Hepatitis B, C and HIV will be performed unless excluded (please cross out to exclude)

☐ Hepatitis Bs Ag (Diagnosis) ☐ Hepatitis Bs Abs (Immunity) ☐ Hepatitis C Abs ☐ HIV Abs/Ag

Signature: ___________________________________________ Date: ______________________

Authorised by: WSCL Quality & Safety Officer
Version: 1.0
Version Date: May 2019
EXPOSED PERSON DETAILS

<table>
<thead>
<tr>
<th>Exposed Person Details</th>
<th>Laboratory Use Only: DATA ENTRY &amp; COLLECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHI (if known)</td>
<td>DOB dd/mm/yyyy</td>
</tr>
<tr>
<td>Surname</td>
<td>Gender Male ☐ Female ☐</td>
</tr>
<tr>
<td>Address</td>
<td>Phone No.</td>
</tr>
<tr>
<td>Date of Exposure</td>
<td></td>
</tr>
</tbody>
</table>

CONTACT PERSON MANAGING RESULTS & GP DETAILS (e.g. GP, Dentist, Workplace Occupational Health/Infection Control Person, manager)

<table>
<thead>
<tr>
<th>Contact Person Details</th>
<th>Laboratory Use Only: DATA ENTRY &amp; COLLECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Note: Always treat visit as URGENT</td>
</tr>
<tr>
<td>Position/Title</td>
<td></td>
</tr>
<tr>
<td>Contact No.</td>
<td></td>
</tr>
<tr>
<td>Daytime:</td>
<td></td>
</tr>
<tr>
<td>After Hours:</td>
<td></td>
</tr>
</tbody>
</table>

Please send a copy of results to GP: ☐ Yes ☐ No

GP Details (Name & Location):

SPECIMEN RECEPTION & ULTRA REGISTRATION INSTRUCTIONS

<table>
<thead>
<tr>
<th>Ultra</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEG</td>
<td>☐ Hepatitis B Surface Ag (diagnosis)</td>
</tr>
<tr>
<td>HEB</td>
<td>☐ Hepatitis B Surface Ab (immunity)</td>
</tr>
<tr>
<td>HIV</td>
<td>☐ HIV</td>
</tr>
<tr>
<td>HCV</td>
<td>☐ Hepatitis C</td>
</tr>
</tbody>
</table>

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 Specimen Correctly.

INFORMED CONSENT BY EXPOSED PERSON FOR BLOOD TESTS & PROPHYLAXIS

I understand the risk of infection following accidental blood/body fluids exposure and I’m aware of the treatment options. I agree to have the following blood tests performed. Tests for Hepatitis B, C and HIV will be performed unless excluded (please cross out to exclude)

☐ Hepatitis Bs Ag (Diagnosis) ☐ Hepatitis Bs Abs (Immunity) ☐ Hepatitis C Abs ☐ HIV Abs/Ag

Signature: ___________________________ Date: ___________________________