Institution Name: Directorate General for Disease Surveillance and Control/ Department of Infection Prevention and Control

Document Title: Prevention and Management of Blood and Body Fluids Exposure in the Healthcare Facilities

Approval Process

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Acronyms:

A/E	Accident and Emergency department
BBVs	Blood Borne Viruses
DIPC	Department of Infection Prevention and Control
HBV	Hepatitis B Virus
HCF	Healthcare Facility
HCV	Hepatitis C Virus
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
ID	Infectious Diseases
IP	Infection Preventionist
IP&C	Infection Prevention & Control
IPCD	Infection Prevention & Control Department
IVDU	Intravenous Drug User
MoH	Ministry of Health
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care

Prevention and Management of Blood and Body Fluids Exposure in the Healthcare Facilities

1. Introduction

Occupational exposure to bloodborne pathogens from needlesticks and other sharps injuries is a serious problem, but it is often preventable. All healthcare workers are potentially at risk of exposure to blood and/or body fluids. It is acceptable that all blood and body fluids are potentially infective, therefore, implementation of standard precautions and awareness about the management of such exposure is important in order to reduce the risk of transmission of blood-borne pathogens.

2. Scope

This policy and procedures are applicable to all MoH healthcare facilities and others under its supervision.

3. Purpose

3.1. To standardize the process of reporting and managing the blood and body fluids exposure in the different health care facilities.

3.2. To ensure implementation of preventive measures and safe practices with the relevant processes.

4. Definitions

4.1. **Percutaneous Injury:** A needle stick or other sharp instrument accidentally penetrates the skin.

4.2. **Mucocutaneous Exposure:** exposure of a mucous membrane (eyes, nose, or mouth) or chapped, abraded, or dermatitic skin to blood and/ or body fluids those are potentially infectious.

4.3. **Sharps:** Any item that can puncture/cut the skin, which may cause laceration or wounds, such as needles, sharp-edged instruments, surgical blade, broken glassware, razors, sharp tissues such as spicules of bone and teeth.

4.4. **Blood borne viruses (BBVs):** are micro-organisms if present in human blood or body fluids, they have the potential to cause disease in the exposed. The main blood borne viruses of concern in this policy are hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

4.5. **Exposed Person:** Refers to the person who got pricked by sharps (needlestick) or exposed to blood and /or body fluids.

4.6. **The source patient:** Refers to the person whose blood or body fluids may have contaminated the exposed person.

4.7. **Significant exposure:** is an unprotected exposure to blood or body fluid which come into direct contact with; tissues under the skin (i.e. needle stick, human bites), non-intact skin (eczema, cuts skin), mucous membranes (eyes, nose, mouth).

4.8. **Low significant exposure:** is exposure to blood or body fluids, which come into contact with intact skin, if the source is negative for hepatitis B, hepatitis C, and HIV.

5. Policy

5.1. Infection prevention & control section/department in the governorate and different healthcare facilities must ensure implementation of this policy and procedures.

5.2. The central DIPC should ensure the implementation of this policy at national level.

5.3. The central DIPC should be responsible for updating this policy at least every 3 years.

6. Procedure

6.1. <u>Prevention of Potential Exposure:</u>

6.1.1. Safe use and disposal of sharps:

6.1.1.1. Dispose the sharps immediately and don't permit their passing from hand to hand.

6.1.1.2. Prohibit walking around with sharps on hands.

6.1.1.3. Avoid placing sharps on the surfaces.

6.1.1.4. Avoid dismantling needle and syringe manually. They should be disposed off as a single unit.

6.1.1.5. If re-sheathing is required, then to use single hand "scoop" technique.

6.1.1.6. Ensure safe needle practices

6.1.1.6.1. **Do not** recap,

6.1.1.6.2. **Do not** re-sheathing,

6.1.1.6.3. **Do not** bend,

6.1.1.6.4. **Do not** manually remove,

6.1.1.6.5. **Do not** transport and do not re-use.

6.1.2. Sharps containers:

6.1.2.1. Make sure any sharp must be disposed of in an approved sharps container only.

6.1.2.2. Provide sharp container at the point of use in all clinical areas.

6.1.2.3. Ensure the accessibility to a sharp container before conducting any procedures.

6.1.2.4. Place the sharp containers above floor level and away from public and out of children reach.

6.1.2.5. Avoid filling sharp containers more than ¾ full.

6.1.2.6. Seal properly and store the sharp container in a secured place away from patient care areas as per the facility policy.

6.1.3. Safe practice:

6.1.3.1. Ensure that all health care workers are immune against hepatitis B virus or otherwise documented as non-immune or non-responder.

6.1.3.2. Cover any non-intact skin before dealing with blood and body fluids.

6.1.3.3. Ask for help when using sharp for uncooperative or confused patient.

6.1.3.4. Avoid using sharps whenever alternatives are available.

6.1.3.5. Disposable gloves should be worn if exposure to blood or body fluids is anticipated.

6.2. Management of Exposure: see annex (3)

6.2.1. First aid (Exposed person)

6.2.1.1. Percutaneous exposure:

6.2.1.1.1. Allow the site to bleed.

6.2.1.1.2. Do not squeeze or suck the wound.

6.2.1.1.3. Wash well under running water and liquid soap.

6.2.1.1.4. Cover the wound with a waterproof dressing.

6.2.1.2. Mucocutaneous exposure:

6.2.1.2.1. Remove contaminated clothing if necessary.

6.2.1.2.2. Flush/ irrigate site with copious amounts of water.

6.2.2. Reporting the Exposure (Immediate in-charge)

6.2.2.1. Report the incident to the shift in-charge and/ or immediate supervisor.

6.2.2.2. Filling first part of the Accidental Exposure Form. See annex (2)

6.2.2.3. Inform infection prevention & control department.

6.2.3. Medical Management:

6.2.3.1. Proceed to the treating physician, staff health clinic or Accident & Emergency (A&E) for further management if the risk is significant.

6.2.3.2. Risk assessment should be done to assess the need for any post-exposure prophylaxis (PEP). See annex (1) (4)

6.2.3.3. Assess the source for personal risk factors associated with BBV such as:

6.2.3.3.1 High risk sexual activities.

6.2.3.3.2 Present or past history of intravenous drug use.

6.2.3.3.3 Visit country of origin known to have a high prevalence of BBV infection.

6.2.3.3.4 Multiple blood transfusions.

6.2.3.4. Collect blood sample from the source if known and the exposed person. See table (1)

Table (1): The following table describes the schedule of serial blood tests that need collection from the source and the exposed persons

Pathogen	Test Markers	Source	Exposed Persons			
		Baseline (at time of exposure)	Baseline (at time of exposure)	6 weeks' post Exposure	3 months post exposure	6 months post exposure
Hepatitis BV	HBsAg Anti-HBs	HBsAg	HBsAg Anti-HBs		HBsAg	HBsAg
Hepatitis CV *(if source Hepatitis C positive)	Anti-HCV	Anti-HCV	Anti-HCV		Anti-HCV	Anti-HCV
	LFT*		LFT*		LFT*	LFT*
HIV	Anti -HIV	Anti -HIV	Anti- HIV	Anti- HIV	Anti- HIV	Anti- HIV

6.2.3.5. In primary health care institutions, collect blood samples from source and exposed person and urgency according the risk assessment. See (Accidental Exposure Form) and if exposed person need PEP please refer to emergency department of governorate hospital.

6.2.3.6. Counsel the exposed person regarding the risk of transmission of bloodborne pathogens and post-exposure prophylaxis (PEP)

6.2.3.7. Advise exposed person to follow up the result of blood investigation. (First one as baseline then after six weeks, three months and six months).

6.2.3.8. Keep the result strictly confidential.

6.2.3.9. Assess immediately the exposed person, if the source patient is found or known to be HIV positive or known with high risk behavior and status unknown;

6.2.3.9.1. Counseling regarding risk of HIV.

6.2.3.9.2. Start PEP.

6.2.3.9.3. Urgent referral to HIV/ID physician for follow up.

Note: for detailed guidance and further information kindly refer to HIV Management Guideline in Oman. Chapter XII: Occupational exposure to HIV. See annex (5)

6.2.3.10. Further Post Exposure Management: please refer to algorithm. See annex (4)

6.3. Reporting to Infection Prevention and Control (IP&C)

6.3.1. All exposure events should be reported to IP&C department/ section in the health care facility immediately to guide further management.

6.3.2. All exposure events should be reported to regional IPC focal point and to Central Infection Prevention and Control Department level within the following time frame. See table (2)

6.3.3. All exposure events in the health care facilities should be reported to the central DIPC on quarterly base in the excel form attached annex (6) through email: infectioncontroloman@gmail.com

Table (2) Reporting exposure events based on risk categories:

Category	Source Result	Report at regional level	Report at Central level
Group A (Should be reported within 24 hours)	If known case of ; HIV, HBV, HCV, Viral Hemorrhagic fever	• Call infection control focal person • Consult physician or Infectious Diseases (ID) physician to start prophylaxis treatment	• Inform central DIPC oncall number 91313315
Group B (Should be reported within 48 hours)	If unknown case and result is releasing positive of; HIV, HBV, HCV	• Call infection control focal person • Consult physician or Infectious Diseases (ID) physician to start prophylaxis treatment	• Inform central DIPC oncall number 91313315
Group C	If result of HIV, HBV, HCV are negative	Report monthly	Report quarterly

7. Responsibilities

7.1. **All HCWs**:

7.1.1. Ensure that HCWs are aware and understand the safe handling of sharps and post exposure procedures.

7.1.2. Be responsible for seeking immediate management and reporting of the events.

7.1.3. Be responsible for follow up as directed by the Infection control focal point/ treating physician.

7.2. **Managers/Supervisors**

7.2.1. Ensure that all staff are aware of the policy and its implementation.

7.2.2. Ensure that risk assessments are carried out in their areas.

7.2.3. Ensure arrangements are in place for the supply and safe disposal of sharps boxes.

7.2.4. Ensure that the exposed staff has received the appropriate first aid.

7.2.5. Release exposed staff immediately from work to attend treating physician, A&E department or staff clinic for immediate management.

7.2.6. Ensure that all exposures that occur are reported internally as per the Institute's incident reporting policy.

7.2.7. Inform infection control team.

7.2.8. In primary health care, the incidence should be reported to the regional of infection control focal point.

7.2.9. Fill first part of the accidental exposure form.

7.3. **Exposed Person:**

7.3.1. Undertake immediate first aid. See annex (7)

7.3.2. Staff must report the expose to the nurse in-charge of the clinical area or their supervisor/manager.

7.3.3. Report the exposure to the treating physician in A&E department or staff clinic for management.

7.3.4. Follow up the investigation result and attend ID clinic if referral has been needed.

7.4. **Treating Physician:**

7.4.1. Assess exposure significance and obtain blood samples accordingly.

7.4.2. Assess the need for post exposure prophylaxis and refer the exposed person if requires specialized management to ID clinic.

7.4.3. Provide relevant counselling and support to the exposed person.

7.4.4. Complete an accidental exposure form within 24 hours and send it to the infection control department.

7.4.5. Strict confidentiality of the incident should be maintained.

7.5. **Infection Control team**

7.5.1. Ensure all HCWs are aware of this policy and its implementation in the HCF

7.5.2. Maintain an exposure data base updated regularly with the details of all forms of exposure, including date, place and device type. See annex (6)

7.5.3. Perform risk assessment for each individual event.

7.5.4. Ensure the necessary counseling for the exposed person was given.

7.5.5. Ensure that the follow up investigations are performed as per Table (1).

7.5.6. Ensure that the overall evaluation of the incident and its management are done and entered into the data base.

7.5.7. Perform analysis of the data and prepare exposure statistics report to be shared with the IPC committee and concerned departments.

7.5.8. Maintain an updated HCWs' vaccination records.

7.5.9. Report the incidents data base quarterly to the central DIPC, MoH as indicated.

7.6. **Laboratory**

7.6.1. Blood investigation linked to an exposure event should be processed on an urgent basis.

Note: The degree of urgency of testing is variable according to the following;

7.6.1.1. Most urgent is for high risk source patient baseline testing. The high risk is defined as patients who are known intravenous drug user IVDU, homosexual or coming from high endemic countries for HIV, HCV or HBV with no previous negative test after arriving to Oman.

For this group ONLY, testing should be done **within next 24 hours** (preferably at local laboratories to prevent delay due to transport issues).

7.6.1.2. Urgent testing (**within 36-48 hours**) should be also offered to other unknown source patient baseline samples when the exposure is highly significant and source status is unknown

7.6.1.3. Testing of the exposed person baseline blood is NOT very urgent, can be done on the **first next working day** at local laboratories.

7.6.2. Verbal communication of positive results immediately to the IPC focal point/ oncall followed by the official report no later than 48 hours.

8. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	DIPC	February / 2021
02			
03			
04			
05			

Written by	**Reviewed by**	**Approved by**
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Nasser Al-Shaqsi	Dr. Amal Al-Maani	
	Dr. Seif Al-Abri	

9. Related Documents:

No related document.

10. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
GCC-Infection Prevention & Control Manual 2nd edition- Hepatitis B Immunization for Healthcare Workers (ICM-VI-07)	Ministry of National Guard- Health Affairs - KSA	2013	
Infection Prevention and Control – Sharps Procedure http://www.mhsc.nhs.uk/media/52325/sharps%20policy.pdf	Manchester mental health and social care trust	2013	
Sharps Policy Safe Use and Disposal of Sharps and Management of Contamination Injuries http://www.rdash.nhs.uk/wp-content/uploads/2014/05/Sharps-Policy-v5-CQSG5.1.2016.pdf	NHS foundation trust- England	2016	
Blood Borne Virus Policy file:///C:/Users/user/Downloads/hssp011_blood_borne_virus__including_the_management_of_inoculation__sharps_and_contamination_incidents__policy.pdf	Nottingham University Hospital NHS Trust- England	2015	
Preventing Needlestick Injuries among Healthcare Workers www.who.int/occupational_health/activities/5prevent.pdf	WHO–ICN Collaboration	2004	
Needle Stick Injuries and Health Workers: A Preventable Menace https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4145516/	AO Adefolalu	2014	
Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm	Centers for Disease Control and Prevention (CDC)	2001	
Infection control Manual- *Management for Needlestick Injury*	King Khalid University Hospital- KSA	2009	

Annex (1) : Recommended Post-Exposure Prophylaxis (PEP) for Hepatitis B Virus

Exposed person Status	Source Patient Status		
	HBsAg Positive	**HBsAg Negative**	**Unknown**
Unvaccinated	HBIGx1 and initiate HB vaccine series.	Initiate HB vaccine series.	Initiate HB vaccine series.
Previously vaccinated a. Known responder	No HBV prophylaxis. Reassure.	No HBV prophylaxis. Reassure.	No HBV prophylaxis. Reassure.
b. Known non-responder	HBIGx1 and initiate revaccination, Or HBIGx2**	No HBV prophylaxis. Reassure.	If known high-risk source, treat as if source were HBsAg positive.
Antibody response unknown	Test exposed person for anti-HBs: 1. if adequate, no treatment 2. if inadequate, HBIGx1 and vaccine booster.	No HBV prophylaxis. Reassure.	Test exposed person for anti-HBs: 1. if adequate, no treatment 2. if inadequate, vaccine booster and recheck titer in 1–2 months

Legend:

** The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for Non-responders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred, one dose as soon as after exposure and the second dose 1 month later.

- HBsAg: Hepatitis B surface antigen.
- HBIG: Hepatitis B Immunoglobulin.
- HB vaccine: Hepatitis B vaccine to be given IM in the deltoid muscle.
- Anti-HBs: Antibody to hepatitis B surface antigen.
- Responder is defined as a person with adequate serum levels of anti-HBs (≥ 10 mIU/ml) tested 1-2 months after vaccine completion
- Non-responder is defined as a person with inadequate response to vaccination serum Anti-HBs levels ≤ 10 mIU/ml as tested 1-2 months after vaccine completion (2 series).
- A booster dose may be given at 12 months to those at continuing risk of exposure to HBV. (after completion of a primary course by using recommended schedule).
- Initiate HB vaccine series mean administer Hepatitis B vaccine at 0, 1, and 6 months
- Unknown source (e.g. needle from a sharps disposal container, splash from inappropriately disposed blood).

Annex (2) : Accidental Blood and Body Fluids Exposure Reporting Form

سلطنة عمان
وزارة الصحة
SULTANATE OF OMAN
MINISTRY OF HEALTH

Directorate General for Disease Surveillance & Control
Central Department of Infection Prevention & Control
Hospital/Health Institution: .....

ACCIDENTAL BLOOD & BODY FLUIDS EXPOSURE REPORTING FORM

For Immediate In-Charge Use

	Name	Hospital Number	Ward/ Clinic	Designation	Staff Number	Date of Injury	Time of Injury
Exposed Person							
Source							

Hepatitis Vaccine History for exposed person	1st Dose / /	2nd Dose / /	3rd Dose / /	Level Of Anti-Hbs IU/mL

Percutaneous Injury (Needle Stick / Sharp Injury)				Mucotaneous Exposure (Blood Splash or Body Fluids Splash)						
Used syringe needle	Un-used Needle	Surgical Knife	Others	Material	Mouth	Eye	Nose	Intact skin	Non intact skin	Others

Site of Injury	Severity	Estimated Amount and Type of Blood/ Body Fluid

First Aid	Percutaneous Injury	Done	Not Done	Mucotaneous Exposure	Done	Not Done
	Allow the site to bleed			Remove contaminated clothing		
	Wash with soap and water			Irrigate affected area with copious amount of water / normal saline/ soap		
	Cover with appropriate bandages					

Please Describe Briefly and Concisely How The Accident Occurred

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.....

.....

.....

Exposed Person Signature:

For Treating Physician Use

Risk Assessment

Urgency of Testing	Risk Factors of Source	Yes	No	Comments
Most Urgent (testing within next 24 hours)	Consider high risk if met one of the following: • Known case HBV, HCV, HIV • Immigration from an endemic country • History of IV drug user • High risk sexual activity • History of acute liver disease • History of Blood product / Organ recipient			
Urgent Testing (within 36-48 hours)	When the exposure is highly significant and source status is unknown			
NOT Very Urgent (first next working day)	When the exposure is low significant and source status is known as negative			

For Infection Prevention and Control Use			
Date of Injury	/ /	Date of Reporting	/ /

Lab Investigation Result						
Test	Test Markers	Source	Exposed Person			
		Day of Exposure	Day of Exposure	After Six Weeks	After Three Month	After Six Month
		/ /	/ /	/ /	/ /	/ /
Hepatitis B	HBsAg Anti-HBs					
Hepatitis C *(if source HCV positive)	Anti-HCV *LFT					
HIV	Anti-HIV					

Treatment Started			
Hepatitis B immunoglobulin (If source is HBV+ and exposed person not immunized / non-responder)	Date of Receiving / /	Dose Given	
Date of Hepatitis B vaccine	1st dose / /	2nd dose / /	3rd dose / /
Post vaccination Anti-HBs level	Date of Test / /	< 10 IU/mL IU/mL	> 10 IU/mL IU/mL
Anti-retro Viral Medication (If source known to HIV)	Date of Receiving / / Date of Stopping / /	Name of Medication 1..... 2..... 3.....	Dose Started 1..... 2..... 3.....

Health Education		
Counseling to exposed person to known or yet to be identified to HBV, HCV or/and HIV source, for the period of follow up (six months):	Explained	Not Explained
1. Refrain from donating blood, semen, plasma or tissue		
2. Pregnant or lactating women should be advised against breast feeding		
3. Personal items such as toothbrushes and razors should not be shared		
4. Sexual intercourse should be protected		

Infection Prevention and Control Interpretation
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.....
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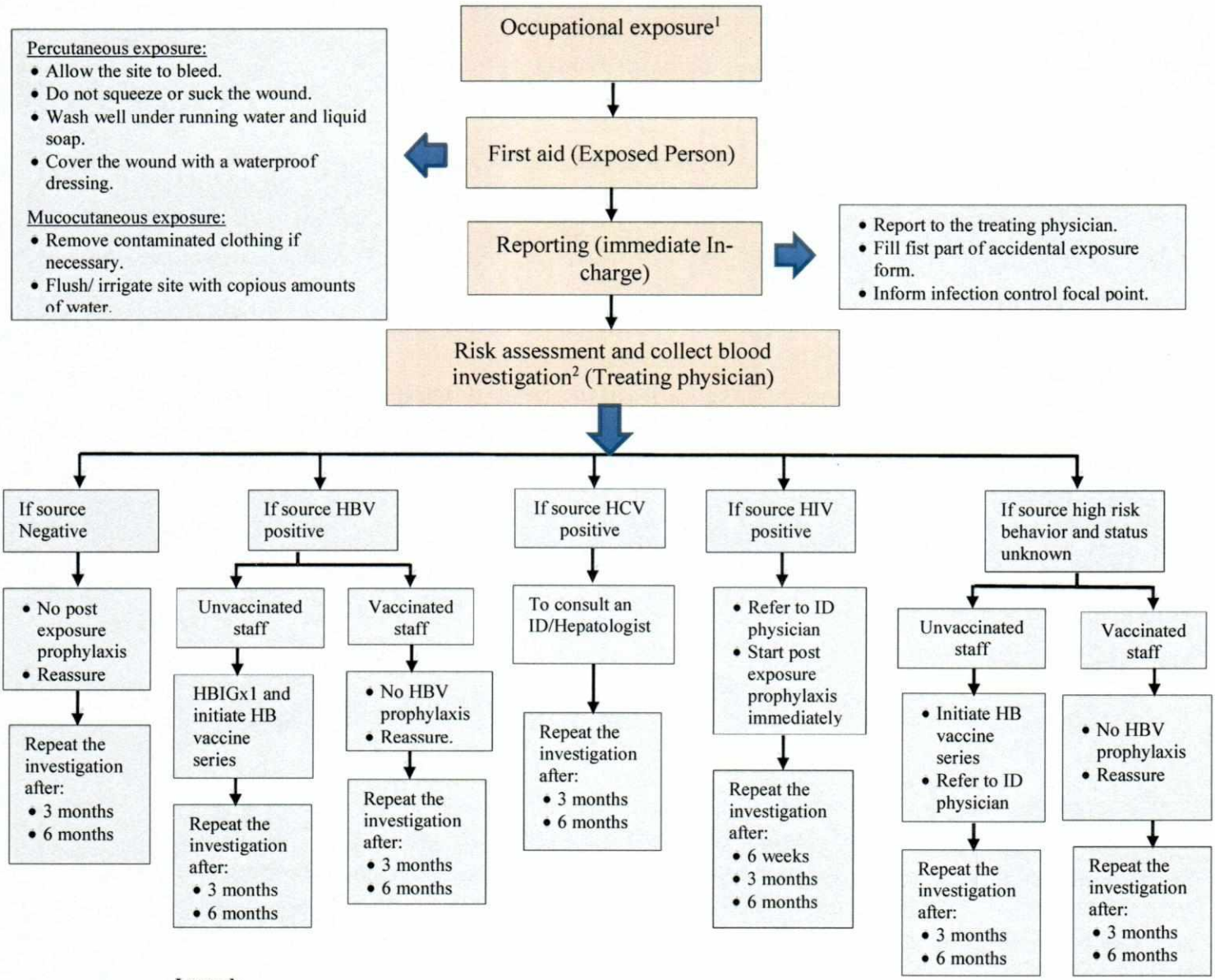
.....
Infection Prevention and Control Name : Signature :

Note:

1. Post vaccination screening for Anti-HBs is required at 1-2 months following completion of the vaccine.
2. Personnel who do not respond to the primary vaccine series should be revaccinated and tested to Anti-HBs 1-2 month following the last vaccination.
3. If the following completion of the 2 vaccine series the Anti-HBs level is <10 IU/mL, the employee should be counseled about the result and the importance of standard precautions.
4. If source known to HIV, anti-retro viral medication to be started as soon as possible with in 24hrs for exposed person and not later than 72 hours.
5. If source known to HBV, HBIG to be given as soon as possible (within 48hrs and no later than 7 days) to exposed person if not vaccinated or not responding to vaccine or revaccination schedules.
6. If source known to HCV, no recommendation for the use of IG or interferon, follow-up LFT for exposed person.

Annex (3): Algorithm of management of occupational exposure to blood and body fluids



Legend:

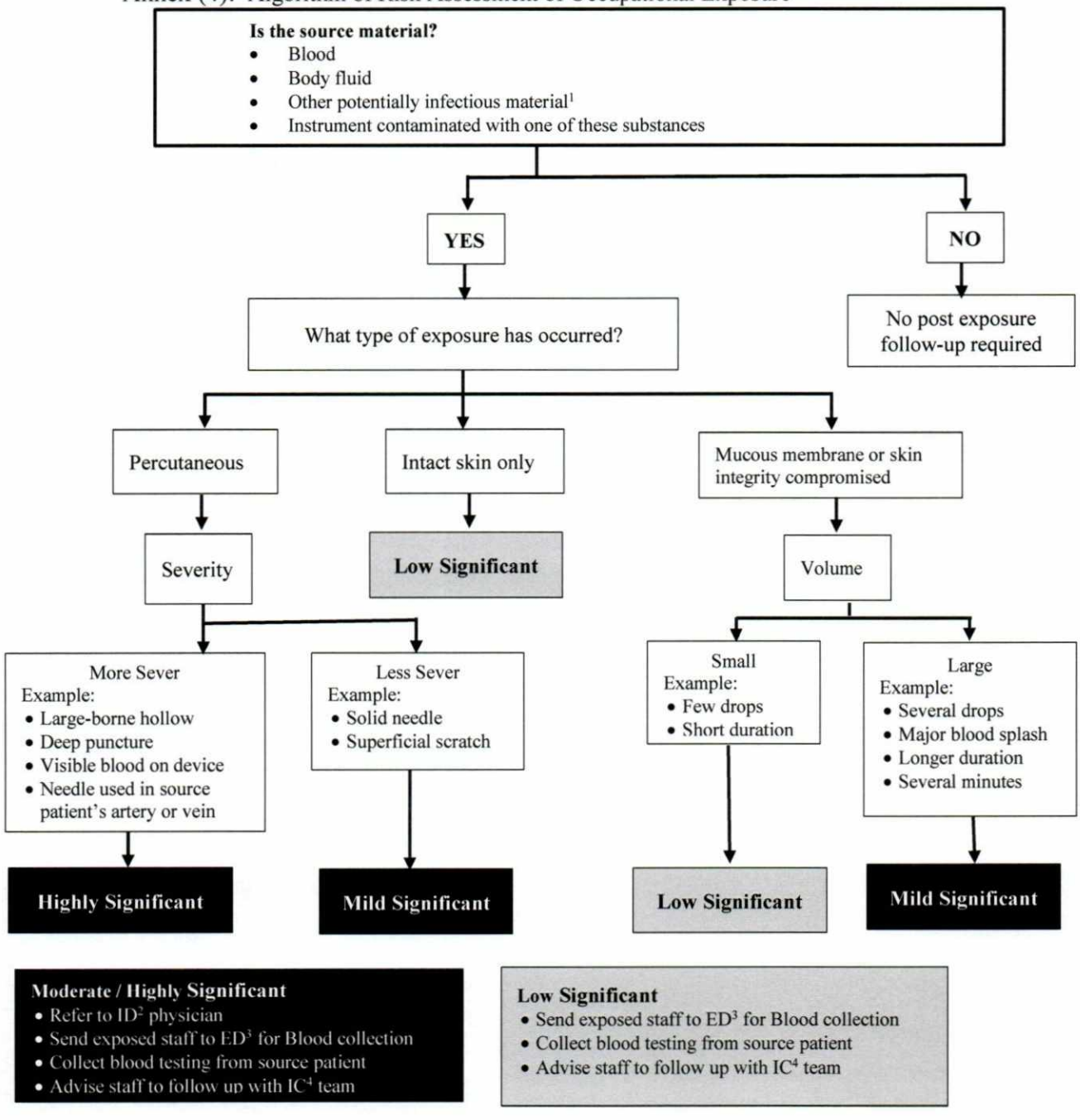
[1]Percutaneous Injury: A needle sticks or other sharp instrument accidentally penetrates the skin.

[1]Mucocutaneous Exposure: exposure of a mucous membrane (eyes, nose, or mouth) or chapped, abraded, or dermatitis skin to blood.

[2]Blood investigation: Exposed person: HBsAg, anti-HBV, anti-HCV, anti-HIV, LFT*
Source person: HBsAg, anti-HCV, anti-HIV

*LFT if source person is positive HCV.

Annex (4): Algorithm of Risk Assessment of Occupational Exposure



[1]-Infectious Materials: Semen or vaginal secretion, cerebrospinal, synovial, pleural, peritoneal [2]-ID: Infectious Disease
[3]-ED: Emergency Department [4]-IC: Infection Control

Annex (5): HIV Management Guideline in Oman. Chapter XII: Occupational exposure to HIV- page 108-109

12.1 Establishing eligibility for PEP

Individuals are eligible for HIV PEP if the following *4 criteria* are met:

1. Exposure occurred **within the past 72 hours.**
    - PEP is more effective when given within the first 72 hours following exposure.
    - A first dose of PEP drugs should be made readily available to potentially exposed individuals (starter dose).
2. The potentially **exposed individual is not infected** or not known to be infected with HIV.
    - HIV infection of the exposed person should first be ruled out by using rapid testing. However, an HIV test should NOT be a condition for initiating PEP, nor should PEP be delayed until the results of an HIV test become available (unless rapid testing is used).
3. Mucous membrane or non-intact skin was **significantly** exposed to a potentially infected body fluid (see section 9.1);
    - Type and size of the needle or sharp instrument.
    - The amount of blood or body fluids or tissues to which the individual was exposed.
    - Whether injury was with a sharp object and whether the wound bled.
    - Whether the injury was through gloves or clothing.
    - When the exposure occurred.
    - Personal risk for acquiring HIV infection.
4. The **source is HIV-infected** or the HIV status is unknown

Following first aid, the exposed person **should immediately report the incident** to the designated person (HIV focal point [Annex 4] and infection prevention and control focal point). The designated person should report the incidence using form MR-4.

-108-

12.2 PEP medicine regimens

Recommendation	NRTIs	NNRTI	PI
One preferred	TDF+3TC		LPV/r
Alternatives	AZT+3TC		LPV/r
	TDF+3TC		ATV/r
	AZT+3TC		ATV/r
For children under 10 years the preferred regimen is AZT+3TC+LPV/r			

12.3 Duration of PEP and follow-up

Duration: 28 days

Follow-up:

- To monitor adherence and to identify and manage side effects.
- HIV test after completing PEP to diagnose seroconversion.

12.4 Other considerations:

12.6.1 HIV testing in the source patient

If there is no recent positive or negative serology available, serology for HIV should be done along with serology for HBV and HCV.

12.6.2 Monitoring and counseling after PEP

HIV serology: HIV serology should be performed at the time of injury and repeated at 6 weeks, 3 months and 6 months. It should also be repeated at 12 months in HCW who acquired HCV with the injury, since this may delay HIV seroconversion.

Viral load: This is not recommended due to the high rate of false positive results. This should be done in patients with a febrile illness consistent with ARVS.

Precautions to potential transmission: The HCWs should be advised to practice safe sex or abstain and to avoid donating blood until serology is negative at 6 months after exposure. The greatest risk is first 6-12 weeks.

Time: PEP should be initiated as quickly as possible, preferably within 1-2 hours of exposure and up to 72 hours post-exposure.

Side effects: Nausea, fatigue, headache, vomiting and diarrhea are likely in individuals who receive PEP.

Annex (6): Reporting of Post-Exposure to Blood and Body Fluids

Directorate General for Disease Surveillance & Control
Department of Infection Prevention & Control

Reporting of Post-Exposure to Blood and Body Fluids

Governorate: ..... Institution Name: ..... Date: ...../...../.....

Sr. No	Date of Incident	Designation	Ward/ Unit	Device Used	Site of Injury	Lab Result	Categories A, B, C	Immunization Status	Post-Exposure Prophylaxis

Reported by: .....

Annex (7): Poster of post exposure management of blood and body fluids exposure

Post Exposure Management of Blood and Body Fluids Exposure

1 First Aid

If Percutaneous exposure

Wash the area with soap and water. Dry and cover it. Do not squeeze

OR

If Mucocutaneous exposure

Wash or irrigate the area under running water

2 Report it

Report it immediately to concern department

&

Fill Accidental Exposure Form

3 Seek for Medical Assessment

Blood Investigation:

Exposed person:	HBsAg	Anti-HCV	Anti-HIV	Anti-HBs
Source person:	HBsAg	Anti-HCV	Anti-HIV	

&

Follow up the investigation and asks infectious diseases about prophylaxis

Central Department of Infection Prevention and Control