

# Blood or Body Fluid Exposure Procedure

## What is a Blood or Body Fluid (BBF) Exposure?

When a person is exposed to potentially infectious blood or body fluids through:

- needle prick or sharp instrument injury
- splash to the eyes, nose, mouth, and/or non-intact skin
- human bite

### Step 1. Determine if a BBF exposure has occurred.

Determine if the fluid contacted the exposed person in such a way that would allow for transmission of a Blood Borne Pathogen (BBP), including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). This would occur through:

- **an object with the body fluid punctured or broke the skin** of the exposed person (e.g. needle stick or cut with a sharp object), **OR**
- **the fluid came into contact with the mucous membrane of the eyes, nose, and/or mouth** of the exposed person; **OR**
- **the fluid came into contact with non-intact skin** (e.g. chapped, abraded or afflicted with dermatitis, etc.) of the exposed person.

**YES, BBF exposure has** (Proceed to Step 2.)

**NO, BBF exposure has not occurred.**

Contact the Incident Reporting Line (IRL) of the health region to report your incident as a NON-BBF EXPOSURE. (See Step 5. for health region-specific contact information)

### Step 2. Determine if the fluid is capable of transmitting a BBP (e.g. HIV, HBV, HCV).

The fluids/tissues that **ARE** capable of transmitting a BBP:

- lab specimens containing concentrated HIV, HBV, or HCV
- blood, serum, plasma, or other biological fluids visibly contaminated with blood
- pleural, amniotic, pericardial, peritoneal, synovial, and cerebrospinal fluid
- semen or vaginal secretions
- breast milk
- organ and tissues transplants
- saliva (HBV only)
- screened and donated blood and manufactured products (minimal risk in Canada)

The fluids that **ARE NOT** capable of transmitting a BBP (**unless they contain visible blood**):

- tears
- vomit
- urine and feces

**YES, fluid is capable of transmitting a BBP.**  
(Proceed to Step 3.)

**NO, fluid is not capable of transmitting a BBP.**

Contact the Incident Reporting Line (IRL) of the health region to report your incident as a NON-BBF EXPOSURE. (See Step 5. for health region-specific contact information)

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**Step 3. Complete first aid action and notify the nursing manager/supervisor/senior resident/attending.** First aid actions for a needle poke, sharps puncture, or human bite:

- quickly remove gloves and/or clothing to determine any injury to the hand(s) or affected body area
- allow injury to bleed
- wash the injured area well with soap and water

First aid actions for a splash to the eyes, nose, mouth, and/or non-intact skin:

- flush area well with running water
- for eye splashes, use the nearest eye wash station for 15 minutes

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**Step 4. Report IMMEDIATELY to the nearest open emergency department for BBF exposure assessment.**

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**Step 5. Contact the Incident Reporting Line (IRL) to report your incident as a BBF EXPOSURE.**

Saskatoon: 306-655-0820

Rural (Toll-Free): 1-866-966-0820

Prince Albert: 306-765-6452 or 306-765-6497

Regina:

Regina General Hospital: 306-766-4689 or 306-766-4431

Wascana Rehabilitation Centre: 306-766-4360 (Employee Health & Safety)

Pasqua Hospital: 306-766-2557 or 306-766-2518

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**Step 6. Complete a [University of Saskatchewan Incident Report](#) and submit to the [UGME.Exposure@usask.ca](mailto:UGME.Exposure@usask.ca).**

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**Step 7. USask students complete and submit a W1 for WCB reporting purposes and email to: [forms@wcbask.com](mailto:forms@wcbask.com) within five days of the incident.**

Visiting elective students contact their provincial compensation for coverage.

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**Step 8. Student is contacted by site-specific UGME Office to provide support, as required.**

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**Step 9. Associate Dean, UGME is contacted to ensure ongoing review of exposure incidents and will notify visiting elective students home Associate Dean of incident.**