



# CRA BULLETIN

Issue 95 – 18 May 2017

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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## BLOOD OR BODY FLUID EXPOSURE IN VEHICLES

An injury involving exposure to blood or other human material is known as a needlestick injury or blood and body fluid exposure (BBFE). Workers must take immediate action if they sustain such injuries.

BBFE puts a worker at risk of infection from blood borne viruses such as HIV, Hepatitis B virus (HBV) and Hepatitis C virus (HCV).

It is very important that BBFE's are managed correctly. Workers must be aware of, and have training in, BBFE procedures.

### Prevention

Consider:

- Do you have any concerns about the owner or the vehicle?
- Does the owner give you the impression they may use drugs?
- Does the car have a funny smell or is there other evidence in the vehicle that makes you suspect drug use eg. spotting knife, syringes, drug ampules?
- Is the vehicle a stolen and recovered?

Scan:

- Be systematic!
- First look for any objects that may cause a stick injury or cut.
- Do not blindly place your hands anywhere you have not been able to look first.
- Do not blindly force hand behind or between seat squab and seat back.
- Do not blindly feel your way under carpets, peel them back from an edge you have been able to view.
- Do not blindly feel through contents in glovebox, compartments or boot. Remove individual items one by one to reveal what is underneath.

PPE:

- Wear puncture resistant (not cut resistant) gloves.

Sharps found:

- If sharp objects, fragments of glass or needles found.
- Do not handle without the correct PPE.

## **Disposal**

Needles should be placed in 'sharps' containers, not simply thrown in the rubbish. Think about the next person that may discover them in the rubbish. Most domestic rubbish is now sorted at a refuse station, some manually. Place sharps in a sealable container. Ideally deliver to a chemist shop or doctors surgery where a sharps container will be on site and the items can be safely disposed of.

## **What to do in the event of a BBFE?**

### Step 1: Apply first aid

1. Immediately rinse the affected area under running warm water for at least 3 minutes.
2. Gently squeeze the puncture wound to flush out contamination.
3. Paint puncture wound with povidone-iodine (Betadine) or isopropyl alcohol.
4. Cover with a dry, water proof dressing.

### Step 2: Notify a doctor

1. Notify a medical practitioner to arrange specimen collection.
2. The doctor may also choose to contact a hospital clinical microbiologist, clinical immunologist or infectious diseases physician and, in consultation with them, may decide that post-exposure prophylaxis is needed.
3. Prophylaxis should be administered within hours of exposure. It is used to reduce the risk of disease, and prompt reporting of needlestick blood or body fluid exposure is important to diagnosing appropriate management measures.

### Step 3: Follow up testing on exposed person

1. 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.
2. Follow up testing of the exposed person should occur at 6 weeks, 3 and 6 months post-blood or body fluid exposure.