



Accidents Involving Potentially Infective Materials

I. Purpose

This guideline provides recommendations regarding best practice to support the immediate assessment, management and follow-up of individuals who have been exposed (or suspect they have been exposed) to blood borne viruses (BBV). Occupational exposures to blood and body fluids in healthcare settings have the potential to transmit hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV).

The following protocol must be followed for:

- Penetrating injuries of the skin caused by sharps – dental instruments, needles, scalpel blades
- Direct skin contact with blood or saliva AND the skin is compromised (eg. Cut, open wound, abrasions, dermatitis)
- Bites or scratches from a patient
- Direct contact with blood or body fluids with the mucous membranes of the mouth, nose and eye

II. Taking care of the wound immediately after the accident

Let the wound bleed for a moment and then cleanse thoroughly with water or a saline solution. Disinfect the wound using an ample amount of soap and water.

III. Reporting the incident

It is important to report the incident immediately to the practice manager. This will allow proper registration and subsequent management of the event.

IV. Immediate action (injured person)

A blood sample should be taken as soon as possible after the injury. As stated in the ADA Guidelines for Infection Control 2012 "Follow-up tests must be offered after a significant exposure incident, and blood samples for testing obtained from the source (i.e. the patient) wherever practicable. These tests include HBV, HCV and HIV." It can act as a baseline value in case infection takes place and it becomes necessary to determine whether infection by one of the three viruses occurred at work. The kept sample may only be analysed for this particular purpose. Further blood samples are collected after 3 and 6 months.



V. Immediate action (dealing with the potential source)

If the source of the blood is known the patient must be asked for permission for a blood test. This test is strongly encouraged must be offered at no charge to the patient. The ADA Guidelines for Infection Control 2012 state "ensure dental staff are adequately informed of the rights and responsibilities of patients, especially in their right to refuse to give information on their infection status or to refuse to be tested for a bloodborne virus" so the patient should be given the opportunity to decline the test if they wish. This should be handled by the Practice Manager or suitably chosen/allocated staff member by the PM as it is a sensitive area and best handled with professional and delicate verbiage.

VI. Coverage for medical expenses

Employees who sustain a sharps injury from a contaminated or potentially contaminated source whilst undertaking work-related duties will have all expenses paid by ADG.

Further details on testing and follow up are found at the *ADA Guidelines for Infection Control 2012*