

## Initial Action Plan

### 1. IMMEDIATELY FOLLOWING EXPOSURE

#### Apply First Aid:

Encourage local bleeding of accidental puncture wounds by gently squeezing.  
DO NOT SUCK THE AREA

Wash the affected area with soap and warm water.  
DO NOT SCRUB THE AREA

Treat mucosal surfaces such as mouth or conjunctiva by rinsing with warm water or saline.  
Water used for rinsing the mouth must not be swallowed.  
DO NOT USE BLEACH ON THE INJURY

### 2. ASSESS THE INJURY

Establish whether a **significant injury** has occurred. In order for an injury to be considered significant, **both** the type of injury incurred **and** the body fluid involved must be high-risk. See boxes 1 and 2 below for definitions of high-risk injuries and body fluids.

Note: For advice on how to manage human bites, see section 4.1 of the guideline *Management of occupational and non-occupational exposures to bloodborne viruses\**

### 3. HAS THIS BEEN A SIGNIFICANT INJURY?

NO ↓

↓ YES

#### Health Care Worker

The risk of infection with a bloodborne virus is extremely small.  
Inform Occupational Health Department at earliest opportunity.  
Complete adverse incident form  
With your supervisor, reflect on the cause of the injury and take steps to ensure the future risk of such incidents is reduced.

#### Member of the public

Reassure that the risk of infection with a bloodborne virus is extremely small, and that no further action is required.  
If further reassurance is needed, advise to contact GP who can arrange counselling if required. Counselling services can be accessed through the Brownlee Centre, Gartnavel General Hospital or the Sandyford Initiative.  
If the incident has occurred during the course of the patient's work, advise him / her to inform their Occupational Health Department (where applicable) at the earliest opportunity.

#### Health Care Worker

Report injury to supervisor<sup>†</sup>  
Inform Occupational Health Department **immediately** or, if out of hours, page 0010 as soon as possible, ideally within one hour of the incident occurring.

<sup>†</sup>Supervisors should refer to section 1.3 of the guideline *Management of occupational and non-occupational exposures to bloodborne viruses\** for guidance on their roles and responsibilities.

#### Member of the public

Refer patient to the Emergency Department as soon as possible, ideally within one hour of the incident occurring.  
Those treating significant injuries should follow the guideline *Management of occupational and non-occupational exposures to bloodborne viruses\**

Box 1: Injury type

High-Risk Injury	Low-Risk Injury
Percutaneous exposure e.g. needlestick or other sharps injury Exposure on broken skin Mucous membrane exposure (e.g. eye)	Splash on intact skin – there is no known risk of BBV transmission from exposures to intact skin

Box 2: Body fluid

High-Risk Body Fluid	Low-Risk Body Fluid (unless blood-stained)
Blood Blood-stained low risk fluid Semen Vaginal Secretions CSF Pericardial fluid Peritoneal fluid Pleural fluid	Saliva associated with dentistry Amniotic fluid Breast milk Synovial fluid Unfixed tissues or organs Urine Vomit Saliva Faeces

\*A copy of the guideline for this department / ward is located at: .....