

# Guidelines for the Management of Exposures to Blood and Body Fluids

Appendix 1 – Acronyms and Definitions

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## Acronyms

Anti-HBs –Hepatitis B surface antigen antibody

ART – antiretroviral therapy

ARV - antiretroviral

BBP – blood-borne pathogen

CrCl – creatinine clearance

EDS – Exception Drug Status

HBIG – hepatitis B immune globulin

HBsAg – hepatitis B surface antigen

HBV – hepatitis B virus

HCV – hepatitis C virus

HCW – health care worker

HIV – human immunodeficiency virus

ID – infectious disease

IDU – injection drug use/user

MHO – Medical Health Officer

MSM – men who have sex with men. This includes men who report either homosexual or bisexual contact (Public Health Agency of Canada, 2010)

MSM/IDU – men who have had sex with men and who have injected drugs (Public Health Agency of Canada, 2010)

NIHB – Non-Insured Health Benefits

PCR – polymerase chain reaction

PEP – post-exposure prophylaxis

PIP – Pharmaceutical Information Program

POC – point of care HIV test

PrEP – pre-exposure prophylaxis

qam – every morning

qpm – every evening

STI – sexually transmitted infection

WCB – Workers' Compensation Board

## Definitions

Blood-borne pathogen – any pathogen that can be transmitted from one person to another via blood; usually refers to HIV, hepatitis B and hepatitis C. Such pathogens may also be transmitted by other body fluids; this varies depending on the pathogen and type of body fluid.

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Blood or body fluid exposure – an event where blood or other potentially infectious body fluid comes into contact with a person that would allow for transmission of blood borne pathogens For example, with non-intact skin, mucous membranes, or subcutaneous tissue (via percutaneous injury), (BC Centre for Disease Control, 2010).

CD4 count – CD4 cells are T Cells, a subset of white blood cells (leukocytes) found in blood, lymph nodes, and other organs that play a role in the body’s immune function. These "helper" cells are targeted by HIV infection and CD4 counts and are a marker for HIV disease progression and risk of opportunistic infections.

Chronic exposure pattern – occurring regularly, for example regular and ongoing unprotected sex with an intimate partner or ongoing needle sharing practices. The identification of repeated or chronic exposure to HIV should lead to greater emphasis on prevention and exploration and discussion if the individual is a candidate for PrEP. Refer to PrEP Guidelines at <https://skhiv.ca/pre-exposure-prophylaxis-prep/>

Episodic exposures – occurring occasionally. High-risk single or episodic exposure (such as rape by a stranger or needlestick injury). This may occur against a background of potential chronic exposure.

Exposed person – the person who came in contact with another person’s blood or body fluids.

## Exposure

1. The fluid the person was exposed to is capable of transmitting blood borne pathogens. See Guidelines for Management of Exposures to Blood or Body Fluids, Table 2.1.

### **AND**

2. The fluid contacted the exposed person in such a way that would allow for transmission of blood borne pathogens:

- an object with the body fluid punctured or broke the skin of the exposed person

### **OR**

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- b. the fluid came in contact with mucous membrane of the exposed person (e.g., occupational – splashes into eye, mouth or onto broken skin or non-occupational – sexual exposure).

HIV Point of Care Test – a rapid screening test for HIV using a small amount of blood from a finger prick. It is useful when a rapid HIV diagnosis would change clinical management.

HIV Standard Test – the current standard method of HIV testing uses ELISA with confirmatory testing using Western Blot. These standard tests can take several days for results to be available.

Injection drug users – persons who inject drugs.

Invasive procedures – procedures which involve penetration of the skin or mucosa during which transmission of HBV, HCV, and/or HIV from an infected person is more likely to occur.

Non-intact skin exposure – blood or body fluids comes in contact with a recent wound (less than 3 days old), or with skin having compromised integrity (e.g., dermatitis, abrasions, scratches, burns), (BC Centre for Disease Control, 2010).

Non-occupational (Community) exposure – exposure to blood or body fluids potentially contaminated with a blood-borne pathogen that occurs outside of a work setting. This may involve sexual exposures or needle-sharing activities.

Occupational exposure – exposure to potentially HIV contaminated blood or body fluids, or concentrated virus in an occupational setting. This includes any workplace setting such as health care setting, dental office, corrections and policing services or sanitation workers.

Percutaneous injury – blood or body fluids from one person is potentially introduced into the bloodstream of another person through the skin via needlestick, tattooing, body piercing, electrolysis, acupuncture, or other sharps injury.

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Per mucosal exposure – blood or body fluids from one person is introduced into the bloodstream of another person through contact with mucous membranes lining body cavities such as the eyes, nose, mouth, vagina, rectum and urethra.

Post-exposure prophylaxis – preventive medication treatment (such as medications) provided to an individual following an exposure to an infectious communicable disease in order to prevent the infection from occurring.

Pre-exposure prophylaxis – may be part of comprehensive HIV prevention services in which HIV negative people who are at high risk, take antiretroviral medication routinely to try to lower their chances of becoming infected with HIV if they are exposed to it. Studies have shown PrEP to be 99% effective in reducing HIV infection by sex and 74% by injection drug use (U.S. Centers for Disease Prevention and Control, 2017)<sup>1</sup> when the PrEP regime is followed.

In instances of chronic exposure patterns, PEP is likely not appropriate, however PrEP may be useful in selected circumstances. These cases should be referred to an ID Specialist for consideration.

Reciprocal Exposure - where there has been an exchange of blood or body fluids between individuals such as in sexual exposures or biting incidents. In these situations, it is prudent to assess both individuals from the perspective of being the exposed and the source.

Routine Practices/Standard Precautions – Routine Practices are the infection prevention and control protocols for use in the routine/daily care of all clients at all times.

Principles of Routine Practices include:

- Protecting clients and HCWs and everyone in the health care facility.
- Considering all blood, body fluids, secretions, excretions, drainage, and tissues of all clients potentially infective.
- Conducting a Point of Care Risk Assessment to determine the precautions required when providing care.

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<sup>1</sup> <https://www.cdc.gov/hiv/risk/prep/index.html>

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Routine Practices include:

1. Hand hygiene.
2. Point of Care Risk Assessment.
3. Use of personal protective equipment – (gloves, mask/respiratory/eye protection, face shields and gowns) when splashes or sprays of blood, body fluids, secretions, or excretions are possible.
4. Respiratory hygiene (cough etiquette).
5. Environmental Controls – cleaning of client care equipment, physical environment and soiled linen and patient placement/accommodation.

Sexual exposure – vaginal, anal or oral sexual contact that involves exposure to blood or body fluids, including semen or vaginal secretions. The exposure may be voluntary (consensual) or involuntary (as in an assault).

Source person – the individual whose blood or body fluids came in contact with another person.

Susceptible contact – an individual who does not possess sufficient resistance to a particular infectious agent to prevent contracting infection or disease when exposed to that agent. Interpretations for susceptibility for the blood-borne pathogens discussed in this guideline are identified below:

- **HIV** – no history of prior anti-HIV positive test.
- **HBV** – those who have not demonstrated protective antibody levels following completion of a hepatitis B vaccine series OR have no history of a chronic HBV infection.
- **HCV** – no history of a prior anti-HCV positive test.

Viral load – measurement of the amount of human immunodeficiency virus in the blood expressed as copies per milliliter. Plasma viremia is used to guide treatment decisions and monitor response to treatment.

## References

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