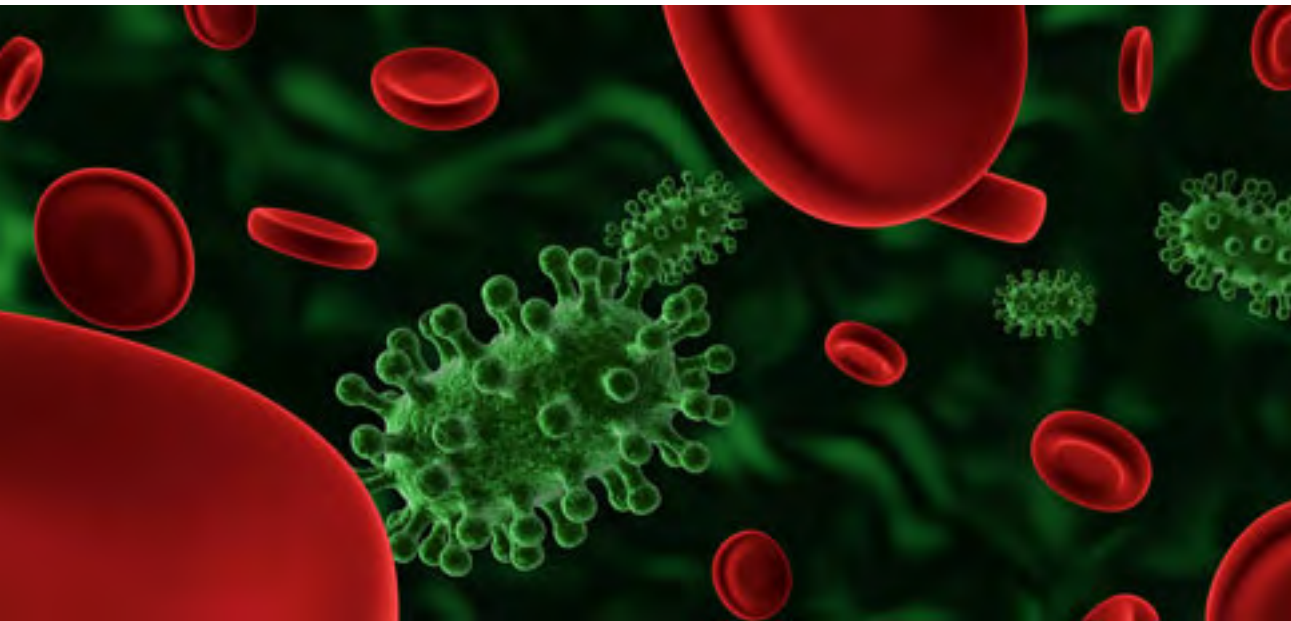




# Preventing the Transmission of Blood and Bodily Fluid Pathogens Guidelines



## DOES YOUR WORK PUT YOU AT RISK?



There is the potential, within a variety of workplaces, for persons to be exposed to blood and bodily fluid pathogens. Workers that may be at risk include (but are not limited to):-

- Healthcare and support workers
- Laboratory workers
- Working in the field
- Cleaners
- Childcare workers and working with children
- First aiders
- Working in public areas
- Teachers
- Landscapers
- Retail/ Food/ Hospitality workers
- Plumbers
- Security workers
- Accommodation workers

Even though the risk of transmission of certain blood borne pathogens is small following the advice in these guidelines will ensure that the risk is minimised as far as reasonably practicable.





## SOURCES OF INFECTION

There are 2 main sources of infection which include:

-  blood and body fluids/substances from persons who are infected with the pathogens; or
-  material contaminated or likely to be contaminated with infected blood or blood products or other body fluids/substances, such as sanitary waste, soiled linen, spills (vomit, blood), used needles and other sharps.

## EXPOSURE ROUTES

The main routes of exposure include:-

-  Contact with sharps
-  Aerosols (Airborne particles)
-  Open cuts or wounds
-  Mucosal contact (splashes in the eye/mouth)

# Preventing transmission

## RISK ASSESSMENT

Risk assessments must be undertaken to identify potential sources of risk and to develop control strategies to minimise the risks.

### 1. Identify potential sources of infection and procedures or activities that may pose a risk of infection.

**2. Assess the risks.** An effective assessment of risk should take into account:

- the type and frequency of exposure to blood or body fluids/substances and contaminated materials
- exposure and chance of recurrence
- frequency of contact with discarded syringes and needles
- risk from contamination due to work practices and work layout and design
- availability of relevant medical treatment
- level of knowledge and training of employees
- availability of personal protective equipment (PPE)
- suitability of equipment being used for the task
- individual risk factors for the individual, such as cuts to the skin, immunocompromisation, dermatitis and eczema
- number of workers and other persons at risk of exposure
- availability of vaccines
- potential need to update existing risk control measures

## 3. Develop control strategies including:

- safe work procedures
- using [standard precautions](#) to control infection
- develop regular cleaning and decontamination procedures
- post-injury testing and counselling
- immunisation
- appropriate training and supervision
- well designed equipment
- well-designed work areas

## 4. Review of controls

## HOW TO PREVENT TRANSMISSION

- always treat/handle any blood or bodily fluids as potentially containing pathogens
- always wear any personal protective equipment and clothing protection such as a mask, gown, glasses and gloves
- cover up any cuts or wounds
- handle sharps carefully. Never re-cap sharps. For more information refer to the [working with sharps guidelines](#).
- dispose of sharps in a solid (sharps) container.
- dispose of waste appropriately
- clean up spills immediately
- wash your hands with soap after any potential contact

## HYGIENE






It is recommended that anyone who is working with blood or bodily fluid be trained in the appropriate method of washing hands and removing gloves. Staff, students, supervisors and managers should wash and dry their hands:

- after contact with blood or body fluids
- immediately after removing gloves
- before leaving the laboratory or work area
- at the beginning and end of each shift
- before and after eating, drinking, smoking and going to the toilet.

Staff should check for cuts or abrasions on exposed parts of the body. Cuts or abrasions must be covered with a band-aid or other type of waterproof dressing.



## WHAT TO DO IF YOU THINK YOU HAVE BEEN EXPOSED?

-  Immediately wash the injury with water and soap. If a splash has occurred in mouth or eye flush with water for 10min.
-  Encourage bleeding by pressing around the injury.
-  Always seek medical advice. Your medical practitioner will assist with assessing the risks of infection and provide advice about any tests needed.
-  Report the incident, so that further precautions can be put in place.
-  Free counselling services are available to both staff and students.

## SPILLS

Promptly managing spills of blood or bodily fluids (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people.

### The Golden Rules for Spills Management .

1. Isolate the area. To ensure other people do not come into contact with spill.
2. All spills must be cleaned immediately.
3. Ensure appropriate personal protective equipment is worn. Disposable nitrile or latex gloves should be worn for all spills. For larger spills other personal protective equipment may be required.
4. Choose an appropriate disinfectant.
5. Perform hand hygiene measures. ALWAYS WASH HANDS.

**Gloves are not a substitute for washing hands**

## LABORATORY SPILLS

**For laboratory spills procedures refer to the [Biosafety Manual](#).**

## SPILLS IN PUBLIC AREAS

**For spills in a public area follow the procedure below.**

### 1. Isolate the area.

**2. Always wear gloves (disposal nitrile or latex gloves) and other personal protective equipment as required.** For larger spills consider safety glasses and a surgical mask as larger spills (especially vomit) have the potential to produce aerosols.

### 3. Use an appropriate disinfectant.

- For hard surfaces a 0.5% sodium hypochlorite (bleach) solution can be used.
- For carpeted surfaces use a hospital grade (non-bleach) disinfectant solution.
- For soft-furnishings use a hospital grade (non-bleach) disinfectant solution.
- Disinfectant solutions should be slowly poured onto the spill . Do not use a spray bottle as this will produce aerosols.
- All disinfectant solutions must be prepared freshly (just prior to cleaning).

**4. Cover and contain spill.** Place paper towels over the spill to help prevent aerosols from forming and also make a barrier around the spill to stop it from spreading. This will also help absorb the spill.

**5. Allow time for disinfectant to take effect.** Spills should be left for a minimum of 10min before cleaning up.

**6. Clean up spill using paper towels and place all waste and gloves in plastic bag.** Seal and place in bin.

**7. Ensure the area is thoroughly cleaned with the disinfectant solution again.** For carpeted surfaces and soft furnishings use a HEPA filtered wet/dry vacuum and/or have the area steam cleaned before opening up again.



## DEVELOP REGULAR CLEANING AND DECONTAMINATION PROCEDURES

Procedures must be developed for regular cleaning and decontamination of areas depending on the potential sources of infection.

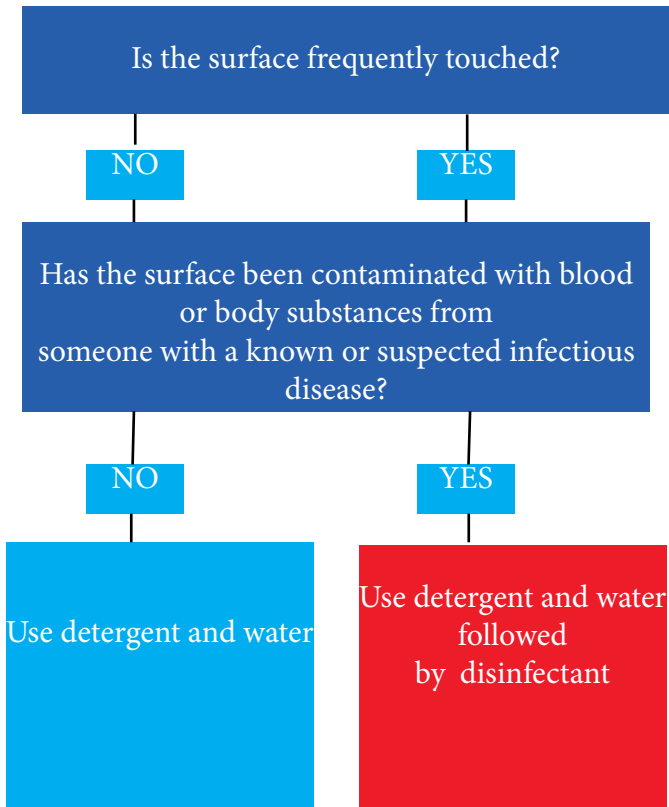
In laboratories decontamination must occur with an appropriate disinfectant after work with any potential sources of infection including benches and biosafety cabinets (Refer to the [Biosafety Manual](#)).

In other areas where there maybe a potential source of infection the level of cleaning required to stop the spread of infection depends on the objects involved and the risk of contamination.

### The Golden Rules for Cleaning

1. Most surfaces can be adequately cleaned with warm water and detergent as per manufacturer's instructions. Areas that have regular contact should be cleaned on a daily basis.
2. Allow the cleaned surface to dry completely.
3. Disinfectant is appropriate when an infection is known or suspected such as a visible sign of dried blood or known spill of blood or bodily fluid.

Use the following decision tree when deciding whether or not to use disinfectant.



In public areas as a general guide

- Floors should be cleaned on a daily basis or when visibly dirty
- Surfaces that have regular contact with children (such as toys, taps and door handles) must be cleaned daily or when visibly dirty
- Bathrooms—wash tap handles, toilet seats, toilet handles and door knobs should be cleaned as per a regular daily schedule
- Door handles daily

## WASTE DISPOSAL

Workplaces should develop and implement procedures to ensure blood, other body fluids/ substances and other potentially infectious material is disposed of safely. This may mean disposal as clinical waste or disinfection by steam sterilization. Each area should have its own procedures in place.

Refer to the [Biosafety Manual](#) for further information.

## RELATED DOCUMENTS

- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2010\)](#)
- [Industry Code of Practice for the Management of Clinical and Related Wastes, 6th Edition, 2010](#)
- [Biosafety Manual](#)
- [Working With Sharps Guidelines](#)



**VERSION CONTROL TABLE**

Version control	Date Released	Approved by	Amendment
1	June 1996	WHS Manager	New Document
2		WHS Manager	Documented updated to reflect current requirements
3		WHS Manager	Documented updated to reflect current requirements
4	March 2006	WHS Manager	Documented updated to reflect current requirements
5	July 2008	WHS Manager	Documented updated to reflect current requirements
6	August 2010	WHS Manager	Document updated to incorporate the Personnel name change to Human Resources Division.
7	June 2011	WHS Manager	Scheduled review. Updated superseded related documents.
8	March 2012	WHS Manager	Re-brand
9	June 2013	WHS Manager	Minor formatting changes. Updates to links, no content change.
10	December 2014	WHS Manager	Clarity provided around risk management guidance material for working with blood or bodily fluids. Also updated to incorporate recommended changes from Clare Atkinson.
11	January 2018	WHS Manager	Re-formatted and added more information about cleaning spills and cleaning

