



Laboratory Exposure to Human Bodily Fluids

 UNIVERSITY OF ABERDEEN	Laboratory Exposure to Human Bodily Fluids	Document No.	HS-GN-027
		Date	10.08.23
		Pages	2 of 5
		Revision	Rev 1


Revision Record

Issue	Date	Reason for Review
Rev 1	August 2023	Due for review & transferred onto new document template

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1.0 Purpose of the Guidance

The purpose of this guidance is to give advice on what actions to take following laboratory exposure to human bodily fluids when exposure occurs through mucous membranes, through broken skin such as abrasions, cuts, eczema, etc) and also via a sharps injury.

This guidance predominantly relates to significant exposure in a laboratory setting when handling bodily fluids during research activities.

2.0 Scope of Guidance

This guidance covers those activities occurring in a laboratory setting in the University.

3.0 Procedure

If present, the affected person's supervisor should take charge and ensure that the procedure below is followed. Otherwise, the most senior member of staff in the laboratory should assume responsibility for the response to the incident.

Immediate treatment:

- Gently squeeze wound (Do not suck area);
- Wash affected area with soap and water (Do not scrub);
- Rinse mucous membranes with warm water (Do not swallow water).

Ensure that the sample of the body fluid which resulted in the exposure is retained in case it is needed for testing.

If source of body fluid is known to be HIV positive, prophylactic therapy must be offered to exposed worker, if possible within one hour of contact. This can be arranged by telephoning the hospital switchboard (0845 456 6000) and asking to speak to the Infectious Diseases Register. (Work should not have commenced with known HIV positive material without arrangements having been made for post exposure treatment.)

Otherwise, exposed staff should call NHS 24 on 111 to arrange to attend Accident & Emergency at Aberdeen Royal Infirmary. This is to ensure that any blood samples or test can be taken and to ensure that they can assess the circumstances of the exposure and, if they deem it necessary:

- Take blood from exposed worker for storage or virology;
- Consider need for post exposure hepatitis B and/or HIV prophylaxis

Exposed staff should contact the University Occupational Health provider in order that the exposure can be risk assessed and an appropriate course of action regarding serum tests, regular follow up appointments, etc can be determined.

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Report the incident using the University Accident Report Form.

Note 1 – Minimise likelihood of needlestick injury by ensuring that laboratory rules include:

- prohibition on re-sheathing needles other than in exceptional circumstances (when it should always be a one handed operation)
- requirement for immediate discard of used sharps into sharps container
- requirement for needle and syringe to be discarded as complete unit (i.e. needle not to be removed from syringe)

Note 2 – Ensure that departmental safety guidance includes a strong recommendation that all laboratory workers working with human body fluids receive, where feasible, appropriate immunisations. Supervisors should ensure that they are aware of who has and who has not been immunised.