

Management of Infection Risk following exposure of mucous membrane or non-intact skin to a Blood Borne Virus (BBV) in an occupational setting

Wound (or eye, mouth) irrigation

Was the fluid a high risk material?

NO

YES

Assess BBV risk of source. If source known, test for BBVs or confirm previous results (with consent). If source unknown or does not consent, assess risk based on circumstances and likelihood of BBV

Assess BBV status of recipient (HBV vaccination, previous BBV tests, baseline bloods. Clinical management of recipient based on risk assessment.

No risk of HBV/HCV/HIV transmission. Reassure.
Give patient information leaflet and discharge letter.

Advise GP/
Occupational health
via letter

HIV

HIV PEP should only be **recommended** where the following criteria are met:

- Exposure is within the past 72 hours
- Splash from high risk material to non-intact skin, eye or mouth
- Source is **known to be living with HIV with a detectable/unknown viral load**

HIV PEP is **generally not recommended** following a mucosal splash exposure

- if the HIV status of the index case is unknown or they are from a high prevalence country/risk-group (e.g. MSM or PWID)

HIV PEP is **not recommended** following a mucosal splash exposure

- If the source is living with HIV with an undetectable viral load
- If HIV status of the source is unknown and the source is from a low prevalence country/group

HCV

There is currently no PEP available for HCV, but if seroconversion occurs, early treatment is highly effective.

HBV

[See HBV PEP table](#)

Information and follow-up

Level of risk, precautions, follow-up for further testing, vaccination, PEP, give information leaflets ([significant exposure to BBV](#) and [HIV PEP information leaflet](#))