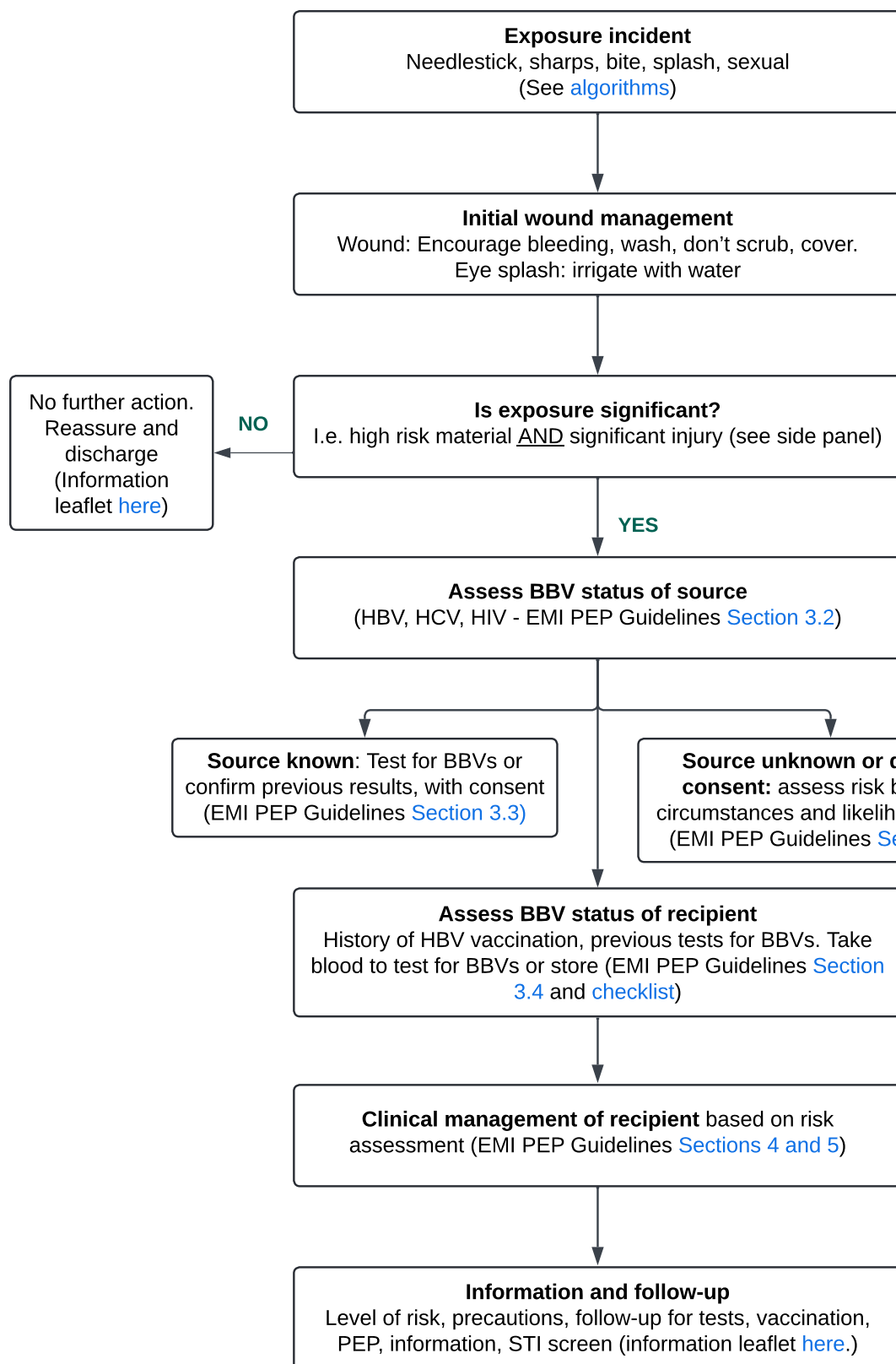




Management of injuries where there is risk of bloodborne virus (BBV) transmission

Guidelines for the Emergency Management of Injuries (EMI) and Post-exposure Prophylaxis (PEP)



High risk materials:
blood, semen, vaginal secretions, body fluids with visible blood

Low risk materials:
urine, nasal secretions, saliva*, sputum, faeces, vomit, sweat, tears –
*unless visible blood

Significant injury:
percutaneous, human bite* with skin broken, exposure of broken skin or mucous membrane to blood or body fluids, sexual exposure (unprotected) *If human bite with no visible source blood, only risk is HBV. See section 3.2.

Non-significant injury:
superficial graze, exposure of intact skin, exposure to sterile sharps

Source testing: HBsAg, anti-HCV, HIV Ag/ Ab. If HBsAg positive, test HBeAg, anti-HBe and viral load. If anti-HCV positive, test HCV RNA and viral load. If HIV positive, test viral load

Recipient testing:
HBsAg, anti-HBc, anti-HCV, HIV Ag/Ab, ±anti-HBs

Clinical management of recipient may include:
HBV PEP (vaccine ± HBIG); HIV PEP; Emergency contraception; tetanus; antibiotics

Follow-up/referral may be: GP, Occupational Health, ID, SATU, STI/GUM