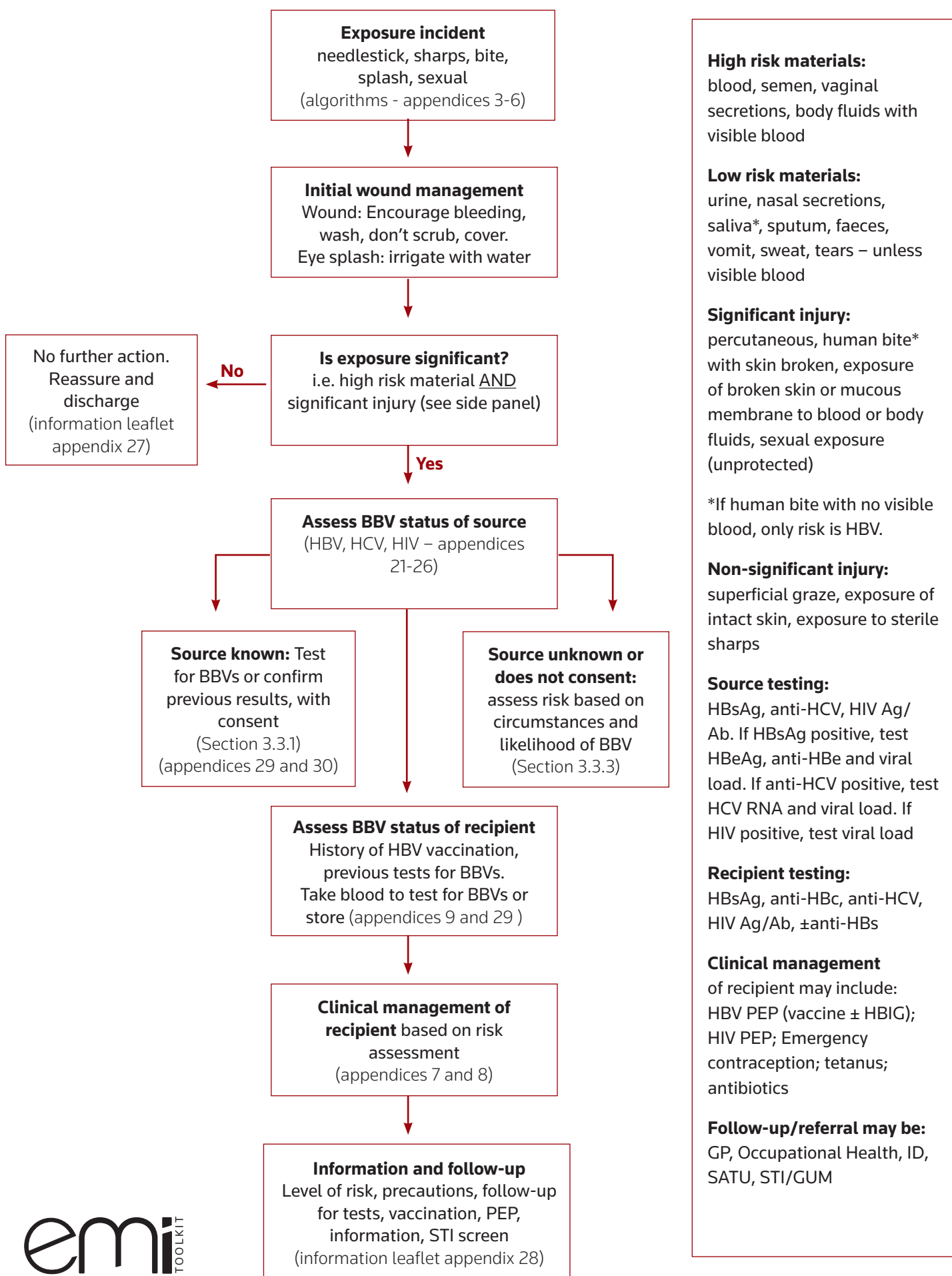


# Management of injuries where there is risk of bloodborne virus (BBV) transmission



**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 blood, only risk is HBV.

**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