

Appendix A

Risk assessment tools for BBV transmission

The following tables are available for use by a suitably qualified medical practitioner or nurse - one with expertise in to risk assessment of blood borne virus transmission and management of exposed HCW following an occupational exposure.

Risk of transmission of blood borne viruses from an infectious bodily fluid, by injury type (based on UK guidelines)

Level of risk	Injury type
Higher risk injury	Deep percutaneous injury Visible blood on sharps Needle used on source's blood vessels
Lower risk injury	Superficial injury, exposure through broken skin, mucosal exposure (usually splashes to eye or mouth)
	Old discarded sharps
	No visible blood on sharps
	 Needle not used on blood vessels e.g. suturing, subcutaneous injection needles
Injury with no risk	Skin not breached
	Contact of body fluid with intact skin
	Needle (or other sharp object) not used on a patient before injury

Bodily fluids and risk of blood borne virus transmission (based on UK guidelines)

Level of risk	Body fluid
Infectious (good evidence of BBV transmission following occupational exposure)	Blood Visibly bloody body fluids
Potentially infectious (risk of BBV transmission following occupational exposure unknown)	(In alphabetical order): Amniotic fluid Cerebrospinal fluid Human breast milk Pericardial fluid Peritoneal fluid Pieural fluid Saliva in association with dentistry (likely to be contaminated with blood even when not visibly so) Semen Synovial fluid Tissue fluid from hums or skin lesions Vaginal secretions
Not infectious (unless visibly blood stained)	Nasal secretions Saliva (non-dentistry associated) Sputum Stool Sweat Tears

Note: For full assessment and management detail refer to section 2 to 5 of NSW Department of Health Policy Directive PD2017_010 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed