

BITING, SPITTING AND HEPATITIS

For Emergency and Corrective Services



HEPATITIS
QUEENSLAND
Hepatitis and Liver Health

HEPATITIS B AND C ARE **NOT** TRANSMITTED BY



BODY FLUIDS: URINE,
FAECES, SALIVA OR
SWEAT



SOCIAL
CONTACT



CLOSE PHYSICAL
CONTACT LIKE
KISSING OR HUGGING



SHARING CUPS
OR CUTLERY



EATING FOOD MADE
BY SOMEONE WITH
HEP B OR C

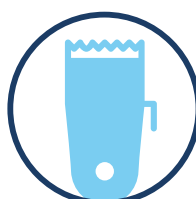
HEPATITIS B AND C ARE TRANSMITTED BY



UNSTERILISED
TATTOOING & BODY
PIERCING



INJECTING DRUG
USE



PERSONAL GROOMING
ITEMS: TOOTHBRUSHES,
RAZORS ETC



BLOOD TRANSFUSIONS
(IN AUSTRALIA
BEFORE 1990)



NEEDLE STICK
INJURIES

HEPATITIS B IS TRANSMITTED THROUGH BLOOD-TO-BLOOD CONTACT AND SEXUAL FLUIDS.
HEPATITIS C IS TRANSMITTED THROUGH BLOOD-TO-BLOOD CONTACT.

SEE TABLE ON PAGE 2 FOR MORE DETAILS

WHAT DO I DO IF I'VE BEEN BITTEN OR SPAT ON?¹

1 INFORM YOUR
SUPERVISOR
OR MANAGER

2 YOU SHOULD BE
RELEASED FROM DUTY
TO BEGIN A RISK
ASSESSMENT PROCESS

3 CLINICAL EVALUATION SHOULD
INCLUDE THE POSSIBILITY THAT
BOTH PEOPLE MAY HAVE BEEN
EXPOSED TO HEP B AND/OR HEP C.

CAN I STILL HAVE PHYSICAL CONTACT WITH MY FAMILY IF I'VE BEEN BITTEN OR SPAT ON?

There is no reason to change how you engage with your family if you have been bitten or spat on in the workplace. Hepatitis B or C cannot be transmitted through close physical contact like hugging and kissing.²



HOW LONG WILL I HAVE TO WAIT FOR TEST RESULTS?

You will have to wait 12 weeks² from the time of possible infection to receive an accurate result.



HOW TO PREVENT HEPATITIS B AND C

It is recommended that all staff are vaccinated for hepatitis B.³ If you are unsure whether you have been vaccinated in the past, speak to your doctor and request a blood test to check your immunity to hepatitis B.



There is currently no vaccine for hepatitis C.

Using standard precautions and infection control procedures will reduce the risk of transmission of hepatitis B or hepatitis C in the workplace

RISKS OF CONTRACTING HEPATITIS B AND C IF THE SOURCE IS POSITIVE²

TYPE OF EXPOSURE	HEPATITIS B (if unvaccinated)	HEPATITIS C
Biting	Very low	Very low
Spitting	Very low	Zero
Blood and saliva to unbroken skin and skin-to-skin contact	Zero	Zero
Other transmission risks common in a Correctional Centre		
Blood contact with broken skin, mouth or eyes <ul style="list-style-type: none">• fights/assaults: punch from a bleeding person causing a break in the skin of the other person• bloody saliva contact to mouth from giving mouth to mouth resuscitation if no protective equipment used• open wounds	Moderate	Low
Needlestick and other skin penetrating injury (non-occupational) <ul style="list-style-type: none">• cut by a blade which recently cut another person• recently used injecting needle piercing skin	Very high	High
Tattooing/body piercing <ul style="list-style-type: none">• sharing tattooing needles, ink• recently used unclean body piercing equipment	Very high	High
Sharing personal hygiene products when there is a transfer of blood <ul style="list-style-type: none">• sharing toothbrushes• razors• tweezers• barbering equipment	Very high	High

References

1. Queensland Health, Management of occupational exposure to blood and body fluid, 2017.
2. ASHM, Correctional Officers and Blood-Borne Viruses, 2020.
3. ATAGI, Australian Immunisation Handbook, 2018.

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STILL UNSURE? CONTACT US
1800 437 222 | www.hepqlld.asn.au