

Protocol to be followed after Needlestick Injury or Blood/Body Fluid Exposure

1. First Aid:

- Contaminated Intact Skin- wash the area with soap and water.
- Contaminated Eyes - Gently rinse the eyes while open with Saline or water.
- Contaminated Mouth- Spit out any fluid- rinse the mouth and spit out again.

2. Report and Document:

The exposure so that appropriate investigations and treatment are initiated.

3. Blood Testing: (consent required).

Health Care Worker: Hep B Status, HIV, Hep C Status

Source: Hep B Status, HIV, Hep C Status.

4. Immediate Action:

Assess risk of transmission of infection to the exposed person and initiate treatment according to risk.

- If the patient is known to be HIV positive, high risk or “unknown” then the exposed Health Care Worker should be given counseling and offered Post Exposure Prophylaxis (PEP).
- PEP drugs if required should be given within 1-2 hours and up to 72 hours following exposure. The earlier PEP is commenced, the more effective it may be.
- Refer to an infectious diseases consultant if the exposure is high risk.

5. Further Action:

If status of Patient and Health Care Worker is unknown and immune status can't be obtained within 48 hours then give:

- Hepatitis B. Immune Globulin
- Hepatitis B. Vaccine (first dose)
- If Health Care Worker is HBV immune then no further Hep B Vaccine required. Check Hep B antibody titre of Health Care Worker, if low give Hep B booster.
- If the H.C.W. is not HBV immune or HBV susceptible, then treat with Hyperimmune Hep B Immunoglobulin and offer Hep vaccine course.
- Give dTpa if indicated and advise safe sex until blood test results and source history are reviewed.

6. Follow Up:

- a. Complete the course of hepatitis B vaccine.
- b. Follow up HIV serology 6 weeks and 3 months.
- c. Complete Workcover/Adverse Outcome report and medical records.

Resources:

RACGP Infection Control Guidelines – 4th Edition
Brisbane South Division of General Practice.

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