Management of Needlestick/Sharps Injury

IMMEDIATE ACTION

STAFF MEMBER

- 1. Encourage wound to bleed
- 2. Check RED section of infection control manual for process and forms
- 3. Report incident to employer;
 - Fill in Reortable event on Medtech (Under patient if in contact with their body fluids) or under your name if no patient involvement
 - Fill in ACC work book (Reception pigeonhole)
 - Get ADT or Boostrix if needed.
- 4. Arrange for blood testing of **patient and injured staff** for HIV titre and Hepatitis B/C status (according to Health Department Circular 92/20) and Tetanus vaccination status.
- 5. Fill in the Aotea 'Exposed Persons" lab form
- 6. Document current immunisation status for HepB.

Note If exposure to a client's blood or body fluids has occurred **informed consent** is required before testing the staff member or patient for HIV Antibody and in all cases **CONFIDENTIALITY IS ESSENTIAL**

Needlestick test forms located in Infection Control folder RED section, on the shelf in resus.

MEDICAL ROLE

If the patient's Hepatitis B status and other is NOT known

- 1. Take serum sample for;
 - * HBs Ab (urgent)
- * Hepatitis C

- * HIV AF
- 2. Also test staff member for the above immediately (baseline bloods to be taken but can be sent to lab office hours).
- 3. If the staff member is not vaccinated against Hep B, bleed and test for

* HBs Ag

and arrange to receive HB Ig and the first dose of HB Vax

** **NOTE** ** The sooner these are administered, the less chance of the staff member becoming infected. They should be given urgently or at least within 24 hours.

OTHER DISEASES

If the client has <u>HEPATITIS C</u>, administer 5 mls immuno-globulin as soon as possible. Repeat LFT's and Hep C antibody at 3 months, 6 months and 12 months.

If the client has <u>HEPATITIS A</u> administer 5mls immuno-globulin as soon as possible. Repeat testing is only indicated if symptoms develop.

If the client has active **SYPHILIS** contact STD clinic for advice on management.