

NEEDLE STICK AND BLOOD ACCIDENTS

AUSTRALIAN NATIONAL COUNCIL ON AIDS

This examines the management of exposure to blood/body fluids, contaminated with blood, It includes needle stick/sharps injuries with a potential for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) or other blood-borne infections.

The following information has been extracted for persons involved in the skin penetration industry.

PART A - INFORMATION FOR THE AFFECTED PERSON

1. If your skin is penetrated by a needle or other sharps injury, wash the area well with soap and water (alcohol based hand rinses or foams 60%-90% alcohol by weight should be used when water is not available).
2. If blood gets on your skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.
3. If your eyes are contaminated, rinse the area gently but thoroughly with water or normal saline while the eyes are open.
4. If blood gets in the mouth, spit it out, then rinse the mouth with water several times.
5. If you are an employee, you should report immediately to your supervisor the nature of the incident and complete an **Incident Report Form**, which should include the date and time of exposure, how the incident occurred and the name of the source individual, if you know it.
6. If you are the owner, manager or an employee, you should report the incident to your doctor or the Accident and Emergency Casualty Department at the nearest hospital.
7. If a needle syringe was involved, place it in a rigid walled container, such as a lunch box. Take it to your doctor; do not attempt to cover the needle because you may run the risk of further injury.
8. In the event of an exposure to a source individual, who has been previously tested and confirmed as HIV, HBV or HCV positive, the affected person should immediately be evaluated by a doctor, with experience in the management of these infections.

PART B - INFORMATION TO SUPERVISORS AND OHS OFFICERS

If an employee has suffered a possible or definite exposure it is important that you make sure that immediate steps are taken to reduce the risk to the employee of contracting a serious illness. An exposure may include one of the following;

- a superficial injury with a needle contaminated with blood or body fluid
- a wound that is not associated with visible bleeding produced by an instrument contaminated with blood or body fluid
- a skin lesion contaminated with blood or body fluid
- a mucous membrane or conjunctival contact with blood
- skin penetrating injury with a needle contaminated with blood or body fluid
- an injection of blood or body fluid

- a laceration or similar wound, which causes bleeding
- any direct inoculation

Ensure that the exposed area has been washed thoroughly.

Arrange for blood to be taken from the employee.

Find out whether a known source individual is involved in the incident, and if so, contact a medical officer to organise for blood to be taken from the source individual to be tested for HIV antibody, Hepatitis B surface antigen, and Hepatitis C antibody.

Blood samples should be collected as soon as possible after the incident and processed urgently. Remember informed consent is required.

When the source individual is known to be positive to HIV antibody, Hepatitis B surface antigen or Hepatitis C antibody, be sure that a doctor with experience in management of these infections has been contacted.

Ask the employee to complete an Incident Report Form.

Check to see that it is correctly filled out.

Make sure that the form includes the date and time of the incident, how the incident happened and whether the affected person has been stabbed by a syringe or other sharp or has been splashed.

Reassure the employee that only a small proportion of accidental exposure to blood results in infection.

The risk of infection with HIV following one needle stick exposure to blood from a client known to be infected with HIV has been reported as 0.3% (Annals Int. Medicine 1990; 113;740-746). The risk may vary according to the stage of infection of the source individual. Low risk is asymptomatic and high risk with symptomatic HIV infections (AIDS). This rate is considerably lower than for HBV.