

"Needlestick" Protocol

To be followed after mucocutaneous exposure to potentially contaminated fluid or injury with a contaminated sharp object

IMMEDIATE ACTION

1. For ocular (eye) exposure flush thoroughly with water for 15 minutes.
2. For injury with sharp object, milk the wound if possible (squeeze it to get blood out). Immediately wash the area with soap (preferably Hibitane) and water. Rinse well under water for 5 minutes.
3. For exposure in the mouth, spit out fluids and wash mouth repeatedly with large amounts of water.

IMPORTANT

1. Don't panic! The *vast* majority of needlestick injuries end happily.
2. Remove yourself from the situation and seek help. Do not try and counsel the source patient or draw their blood yourself!
3. Get experienced advice. Not all exposures place you at high risk (see info sheet). Ask an experienced practitioner for advice and assistance once the steps below have been followed.

REPORT INCIDENT

1. Immediately report the accident to:
 - a. Working hours: Health and Safety Officer
OR Matron on duty
 - b. After hours: Matron on duty
2. Complete an Accident Report Form including:
 - a. Date, time & type of exposure (hollow needle, suture needle, lancet etc.)
 - b. How incident occurred (state whether puncture wound and if bled or not)
 - c. Name of source patient (a needle or sharp object of unknown origin should be kept for testing if required)

BLOOD TESTS FOR HIV AND HEPATITIS B

1. Employee should be given pre-test counselling and then tested for HIV antibodies (rapid test with confirmatory ELISA sent to lab) and HBSAb (Hepatitis B surface antibody) if HepB status unknown.
2. If the employee refuses HIV testing, they should sign the indemnity form provided.
3. Source patient should receive pre-test counselling and tested for HIV (rapid test with confirmatory ELISA sent to lab) and HBSAg (Hepatitis B surface antigen)
4. If the source patient refuses testing or is unable to give consent (e.g. is unconscious) either the matron on duty or doctor should be called. (A refusing patient may agree to have blood tested and not be told of the result.)

TAKE PROPHYLACTIC MEDICATION FOR HIV

If the employee tests POSITIVE for HIV no prophylactic antiretrovirals should be given. Follow up counselling and support should be offered. HAART is indicated.

If the employee tests NEGATIVE for HIV

- a. And the source patient tests POSTIVE for HIV or their status is unknown, prophylactic anti-retroviral medication should be recommended and ideally be started within 1 hour. The sooner it is started the better. It must be started within 48 hours to be worthwhile. (Rarely up to 72 hrs or even longer.)
- b. And the source patient tests NEGATIVE for HIV, the employee should be counselled about the window period and given the option whether to take prophylaxis or not.
- c. The employee should be given the Staff information sheet "HIV exposure – your questions answered" before deciding whether to take prophylaxis. If the employee chooses not to take antiretrovirals they should sign the indemnity form provided.

The antiretrovirals are available from pharmacy. The recommended regime is:

- Tenofovir (TDF) 300mg plus Lamivudine (3TC) 300mg plus Dolutegravir (DTG) 50mg as the combination "TLD" one tab daily.
 - If GFR<50ml/min, TDF can be replaced with AZT 300mg BD. If AZT also contraindicated, discuss with expert. (d4T 30mg BD possible if available)

- If DTG not tolerated or if <8wks pregnant, it can be replaced with Alluvia (200/50 2 tabs twice a day) or Atazanavir (300mg + 100mg Ritonavir, if >35kg) for 4wks
- If source patient has known resistance, discuss best regimen with expert
- EFV, NVP and ABC should not be used as prophylactic drugs.

Employees should be warned of the side-effects which include nausea, vomiting, fatigue, headache and insomnia. These side-effects may be debilitating while on the drugs. The benefits and risks of taking treatment, as well as drug-drug interactions should be discussed with all employees, especially those who are pregnant. Make plans for follow up adherence counselling.

FOLLOW UP AND MONITORING BLOOD TESTS

1. Employees who take anti-retroviral prophylaxis should have baseline blood tests for FBC, U&E and ALT taken on the day they start treatment.
2. These blood tests should be repeated after two weeks of treatment.
3. Employees who refuse to take antiretrovirals should be offered another HIV test after three months.
4. Employees who take anti-retroviral prophylaxis should have a repeat HIV test at three and six months.

PROPHYLAXIS AGAINST HEPATITIS B

1. Employees who have been immunised against Hepatitis B need no further prophylaxis to prevent infection.
2. Results of Hepatitis blood tests should be obtained as soon as possible. Intervention must occur within 72 hours of exposure to be effective.
3. If the source patient is HBSAg POSITIVE and the employee has a HBSAb level < 50iu/l then Hepatitis B Immunoglobulin should be administered. The employee should also be vaccinated against Hepatitis B.
4. It is noted that transport and other logistical restraints may make it impossible to reach this ideal in our current setting. Every effort should be made, however, to assist an exposed employee.

Extract from Zithulele Hospital Doctors' Handbook
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