

# Needlesticks and Exposures Guidelines for Practice Staff

## Background

- 600,000 to one million needlestick injuries happen every year in the United States.
- There are effective processes in place to make our health care workers safer in the areas they work in.
- Office staff are vulnerable to needlesticks and blood borne pathogen exposures.
- Often there is no clear process for exposure follow up for these workers.

## Needlestick Safety Act 2000

- Since the Needlestick Safety and Prevention Act went into effect in 2000, needlesticks have decreased in hospitals by 30% in all areas except operating rooms.
- Needlesticks in operating rooms have gone up 6% since the law went into effect.

## What to Do When a Needlestick or Splash Occurs

- The area of the needlestick should immediately be washed with soap and water.
- When an eye splash occurs the eyes are to be flushed with water at an eye station.
- When a splash occurs in the inside of the nose or mouth, wash quickly!

## Report! Report! Report!

- It is crucial that the exposure is reported immediately.
- Some post-exposure prophylaxis medications need to be started within hours to be most effective.
- Report the exposure according to your facilities process.

## Reporting an Exposure

- There should be a person within the office who handles employee injuries. All reports of exposure should go to this person.
- Your exposure coordinator may ask you exactly how the incident occurred. They will evaluate the exposure and tell you how to proceed. You may be asked for the source patient's name and medical record number, so have them handy.

## What to Expect

- In the case of a true exposure, Hepatitis B surface antigen, Hepatitis C antibody, and a Rapid HIV will be drawn on the blood of the source patient. These tests must be ordered by a physician and charged to the office. These charges should never be charged to the source patient. If this cannot be done, the employee who was injured must proceed to Occupational Health and Medicine at Munson Community Health Center (MCHC).

## Negative Results

- If all three test results are negative on the source patient, there is no need for further follow up.
- The results are communicated to the employee through the office exposure coordinator.
- The incident is logged into the OSHA log.

## Positive Results

- If any test results are positive, the physicians at Occupational Health and Medicine will work together to ensure that everything possible is done for your employee.
- Post exposure medications will be started as soon as the results are known (if needed).

## **Employee Testing**

- This is done when results are positive on the source patient, when the source patient is unknown, or if the source patient is not available for testing.
- Tests needed on exposed employee if above criteria met: Rapid HIV, Hepatitis C antibody, Hepatitis B surface antigen (the latter need only be drawn if the employee has not had Hepatitis B Vaccine with documentation of lab confirmed immunity).
- Depending upon results and medical work-up the decision may be made to administer HBIG.

## **What Is an Exposure?**

- A percutaneous injury or contact with non-intact skin or mucus membrane with blood, tissue, or other body fluids that are potentially infectious. These include semen, vaginal fluids, cerebral spinal fluid, synovial, pleural, pericardial, and amniotic fluids.

## **What is Not an Exposure?**

- Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious exposure unless they contain visible blood. HIV, Hepatitis B, and Hepatitis C are not easily transmitted in these fluids.

## **Exposures by Human Bite**

- For human bites the evaluation must include the possibility that both the person bitten and the person who inflicted the bite were exposed to bloodborne pathogens. Only rarely have HIV or Hepatitis B been transmitted this way.

## **Vaccinations**

- Getting the Hepatitis B vaccine is one of the things that you can do to prevent transmission of a blood borne pathogen. It is recommended for all health care workers who are at risk of contact with blood and body fluids in their daily routines.

## **Risk of Transmission**

- Hepatitis B is 6%-31% or 6-31 in 100
- Hepatitis C is 1.8% or <2 in 100
- HIV is 0.3% or 3 in 1000
- Transmission of Hepatitis B can be prevented with a vaccine.

## **It is Important to...**

- Prevent exposures, report exposures, and get vaccinated!

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## **References:**

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*Guidelines for the management of Occupational Exposures to HBV, HCV, and HIV Updated Public Health Service Guidelines for the management of Occupational Exposures to HBV, HCV, and HIV Including Recommendations for post exposure prophylaxis.* June 29, 2001 / (RR11);1-42