

PROTOCOL

TO BE FOLLOWED AFTER NEEDLESTICK INJURY OR BLOOD/BODY FLUID EXPOSURE

FIRST AID

Contaminated wound :	Encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water.
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 with water and spit out again.

REPORT ACCIDENT

BLOOD TESTING (consent required)

Healthcare worker: Hep B status HIV Hep C status	Source: Hep B status HIV Hep C status
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IMMEDIATE ACTION

If the patient is known to be HIV positive then the exposed healthcare worker should be given counselling and offered post exposure prophylaxis (PEP). Major metropolitan hospitals have Infectious Diseases Physicians on call who can discuss the case and recommend the best treatment in line with the CDC guidelines.

National Needlestick Injury Hotline 1800 804 823

General Practices need to know where they can access the PEP drugs as they need to be given within 1 – 2 hours following exposure. For your practice, the drugs are available from the Monash Medical Centre ph: 9594 6666.

FURTHER ACTION

If status of patient and healthcare worker is unknown and immune status cannot be obtained within 48 hours, then give:

- Hepatitis B Immune Globulin
- Hepatitis B Vaccine (first dose).

If the healthcare worker is HBV immune then no further Hep B Vaccine is required, but if HBV susceptible, then treat with immunoglobulin and vaccine.

Give ADT booster if indicated.

FOLLOW UP

- ⇒ complete the course of Hepatitis Vaccine
- ⇒ follow up HIV serology 6 weeks, 3 months, 6 months & 12 months.