

## Needlestick injury

Some people, such as health care workers are at increased risk of needlestick injury, which occurs when the skin is accidentally punctured by a used needle. Blood-borne diseases that could be transmitted by such an injury include human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV). This article can only offer general guidelines, so see your doctor or occupational health and safety officer for further information and advice.

### Immediately after the injury

Suggestions include:

- Wash the wound with soap and water.
- If soap and water aren't available, use alcohol-based hand rubs or solutions.
- If you are at work, notify your supervisor or occupational health and safety officer - you will need to fill out an accident report form.
- Go straight to your doctor, or to the nearest hospital emergency department.

### At the doctor's surgery or emergency department

Your doctor or the emergency doctor should:

- Take detailed information about the injury, including how long ago it happened, how deeply the skin was penetrated, whether or not the needle was visibly contaminated with blood, and any first aid measures used.
- Explain the transmission risks, which are small.
- Offer blood tests to check for pre-existing HIV, HBV and HCV. You should be offered counselling about these tests before the blood specimens are taken.
- Inform the original user of the needle about the needlestick injury - if they are known. They will be asked to consent to blood tests to check their HIV, HBV and HCV status. They should be provided with counselling before the tests are done.
- Advise you about reducing the risk of transmission until the test results are received. You should practise safe sex and avoid donating blood.

Ask your doctor about additional counselling if you think that you will require it.

### Post exposure prophylaxis (PEP)

Your treating doctor may recommend post exposure prophylaxis. A decision to treat will depend upon:

- Where testing of the source of exposure is possible - whether the source tests positive to HBV or HIV.
- Whether there has been exposure to blood from that source.
- Where the exposure source is unknown or can't be tested, an assessment of the situation may suggest an increased risk - for example, a needle discarded from a drug treatment facility.

This may involve treatments with specific medications that may prevent development of infection. You should be referred to an infectious diseases specialist for this treatment.

### Ways to reduce the risk

Ways of reducing the risk of needlestick injuries include:

- Health workers who may come in contact with blood or body fluids should receive hepatitis B vaccinations.
- Follow all safety procedures in the workplace.
- Regularly undertake safety refresher courses.
- Minimise your use of needles.
- Remember that latex gloves don't protect you against needlestick injuries.
- Don't bend or snap used needles.
- **Never** re-cap a used needle.
- Place used needles into a clearly labelled and puncture-proof sharps approved container.

## Where to get help

- Your doctor
- Occupational health and safety officer
- Infectious Diseases Physician, the Austin Hospital Tel. (03) 9435 5000
- Infectious Diseases Physician, the Alfred Hospital Tel. (03) 9276 2000
- Infectious Diseases Physician, the Royal Melbourne Hospital Tel. (03) 9342 7000
- Ask to speak with the on-call infectious diseases registrar if you or your doctor are telephoning the hospital.

## Things to remember

- Blood-borne diseases that could be transmitted by a needlestick injury include human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV).
- Thoroughly wash the wound with soap and water, and go to your doctor or nearest emergency department as soon as possible.
- The risk of disease transmission is low.

**This page has been produced in consultation with, and approved by:**

Department of Health - Communicable Disease Prevention and Control Unit

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