

- 1. if source is positive, follow-up at 6 weeks, 3 months & 6 months is required (also at one year depending on the risk)
- 2. if PEP is required early follow-up with ID physician is required for further counselling and monitoring of side effects (which are common)
- 3. precautions are required (esp safe sex) to prevent exposing others until follow-up is complete

follow-up issues

needlestick injuries

occupational health & safety issues

- 1. initiate the injury reporting system used in your hospital
- 2. document the exposure in detail
- 3. identify factors that may have led to exposure & could prevent further exposures in future; changes in unit policy may be appropriate

immediate management issues

- 1. stop the procedure, ensure that the patient is safe and take over if required
- 2. wash the wound immediately with soap & water & express any blood from the wound
- 3. identify the source patient and test from HIV, hep B, & hep C as appropriate
- 4. test exposed staff member ensuring appropriate confidentiality
- 5. post-exposure prophylaxis within 2 hours is recommended if the patient is HIV positive; Hep B immunoglobulin may be indicated (PEP as per CDC guidelines)
- 6. if PEP is indicated for HIV, regime should be discussed with infectious diseases specialist as a non-standard regime may be indicated if the source has resistant viruses
- 7. counselling regarding risk is required (overall risk of transmission of HIV is 0.3%) with specific risk depending on:
 - (i) depth of injury
 - (ii) whether there is visible blood on the needle
 - (iii) needle placement in a vein or an artery
 - (iv) lower risk with a solid needle (cf hollow needle) due to a lower inoculum