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 innoculum

Follow-up issues
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