Needlestick Policy and Guidelines

The following procedures apply to all Health Carousel Network affiliated organizations’ employees who have had significant contact from a contaminated needle or who have had contamination to an open wound or mucous membrane. These procedures apply to any contamination received at a Health Carousel Network contracted facility. However, if the exposure occurs outside the contracted facility and your employment through the Health Carousel Network, it is recommended that the employee seek medical care from the nearest emergency room or health care facility.

**Significant Contact Definition**

a. Contaminated needle with puncture of skin surface  
b. Any wound secondary to a contaminated object  
c. Contamination of any open wound or mucous membrane by saliva, blood or any body fluid.

**Insignificant Contact Definition**

a. Exposure of unbroken skin by blood or saliva or other body fluids.

**Procedure**

a. Cleanse wound thoroughly with soap and water, or appropriate substance for tissue cleaning.

b. Report incident to appropriate exposure management personnel at the contracted facility. Complete all appropriate reports required by the facility within the required time. Send a copy of the facility specific incident report(s) to your Health carousel Network recruiter.

c. Contact your recruiter within 24 hours or the beginning of the next regular business day. Complete all appropriate reports and interviews required by the Health Carousel Network within the required time.

d. Obtain patient’s (source of exposure) permission for blood sample to be drawn for Hepatitis B Surface Antigen (HBsAg), Hepatitis C Antibody (Anti-HCV), and Antibody to Human Immunodeficiency virus (Anti-HIV). Samples should be submitted to a lab using appropriate paperwork and usual process for the facility. Be certain you understand how this information can be retrieved.

e. The employee should have her/his blood drawn at the facility as soon as possible for HBsAg, Antibody to Hepatitis B Surface Antigen (Anti-HBs), Hepatitis C Antibody, and Anti-HIV. If the employee has had a documented seroconversion following a Hepatitis B vaccination series, the HBsAg and Anti-HBs are not needed.

f. The primary purpose of the initial visit is to document the incident and offer prophylactic therapy for HIV exposure.

g. If health care providers at the facility have questions about appropriate care, they can call the national HIV Post-Exposure Prophylaxis Hot-Line for Clinicians at 1-888-HIV-4911, which is open 24 hours per day.

h. If the source is Anti-HIV negative, further follow up is at the discretion of the employee and the employee’s physician. If the patient to whom the employee was exposed is shown to be Anti-HIV positive, repeat employee testing at 6 weeks, 3, 6, and 12 months from initial exposure is recommended. If these are done in the Health carousel Network contracted facility, there will be no charge for the follow-up testing as the Health carousel Network will reimburse the facility for tests recommended herein. At such time that the Health Carousel Network employee no longer works at the contracted facility where the contamination took place, the employee must obtain approval from their Health Carousel Network recruiter prior to engaging in any remaining follow-up testing.
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i. Any employee who seroconverts her/his Anti-HIV will be referred by the Director of Clinical Support for appropriate follow-up care unless the state in which the contracted facility is located mandates the results of the Anti-HIV test remain confidential; only the employee, her/his physician and the contracted facility director will know the test results. The employee’s physician or the contracted facility director may inform others of the employee’s Anti-HIV test result only after counseling and obtaining written permission from the employee.

j. If the patient to whom the employee was exposed is shown to be HBsAg negative, no further Hepatitis B testing or therapy is needed. If the patient to whom the employee was exposed is shown to be HBsAg positive but the employee is also HBsAg positive or the employee is Anti-HBs positive (either from prior disease or as a result of a Hepatitis B vaccination series), no further Hepatitis B testing or therapy is needed. If the patient to whom the employee was exposed is shown to be HBsAg positive and the employee is both HBsAg negative and Anti-HBs negative, the employee should receive one dose of Hepatitis B Immune Globulin (.06 ml/kg intramuscularly) as soon as possible within 72 hours after exposure, and begin a Hepatitis B vaccination series within seven days. If the employee has already received Hepatitis B vaccination but has a negative Anti HBs test result, the employee should receive HBIG and one dose of Hepatitis B vaccine.

k. In accidental exposure to blood from a patient with Hepatitis C, the employee should have a HCV-PCR in 2-3 weeks post-exposure. The employee should also follow-up for Hepatitis C serology at 6 weeks, 6 months, and 1 year.

l. Prophylaxis has been utilized by needlestick recipients in an attempt to decrease their risk of development of HIV infection. Before the employee utilizes this form of therapy, several points should be considered:
   1. This risk of transmission of HIV per episode of percutaneous exposure to HIV-infected blood is, on the average, approximately 0.4%.
   2. Anti-HIV seroconversion in a needlestick recipient has been documented despite use of prophylaxis.
   3. Drugs used for HIV prophylaxis have multiple possible side effects. Please contact your physician prior to discontinuing any prophylaxis medications to ensure it is indeed the medication responsible for the symptoms.

m. If the employee voluntarily elects to seek independent evaluation for any incidence related to a needlestick outside the confines of the Health Carousel Network contracted facility, unless otherwise noted herein, these costs will be the responsibility of the employee.

Guidelines for Needlestick and Body Fluid Exposures for Health Carousel Network Employees

It is recommended that you receive treatment within 2 hours of a needlestick or body fluid exposure. You are encouraged to seek counseling at the Health Carousel Network contracted facility so that your degree of exposure can be assessed and to assure appropriate data is collected on the source patient. With this necessary counseling, you will be in a better position to manage both your exposure and the related costs.

Risks

1. **HIV:** If you sustain an injury with a needle or other sharp object that has been exposed to a patient’s body fluids, or if you splash a patient’s body fluid onto broken skin or mucous membranes, you may be at risk to contract infection with human immunodeficiency virus (HIV), the causative agent of AIDS.
a. If this occurs, treatment is available that can substantially reduce the risk of acquiring HIV infection. The U. S. Centers for Disease Control and Prevention recommends that for maximum protection, you should receive treatment within two hours of exposure.

2. **HBV:** Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen status of the individual.

3. **HCV:** The average risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is believed to be very small; however, HCV infection has been reported from blood splash to the eye.

**Reporting**

1. The following are guidelines for what to do if you sustain a needlestick injury or body-fluid exposure.
   
   a) If the exposure occurs during working hours, care should be obtained from the Health Carousel Network contracted facility. Report the exposure to the department responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should start as soon as possible.

   b) If the exposure occurs during non-working hours, it is recommended that the employee seek medical care from the nearest emergency room or health care facility. Again, prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should start as soon as possible.

**Treatment**

1. Options vary and new treatments may emerge. As such, postexposure treatments should be discussed with the employee’s medical provider(s).

The procedures and guidelines provided herein are subject to revision and modification by the Health Carousel Network Executive Committee and supersede previous needlestick policies. The Health Carousel Network strives to keep all recommendations current based on regulatory instruction and/or expert findings within the medical community. However, due to the dynamic nature of treatments and healthcare in general, recipients of this document must understand that these are recommendations only, based on authoritative advise at a specific point in time. This document in no way attempts to take the place of professional, licensed medical advice; it is imperative that anyone affected by incidences described within this publication seek immediate professional medical treatment.