

POLICY ON ACCIDENTAL NEEDLE STICKS

This policy is intended to provide students with information concerning steps to deal with accidental needle sticks. This is the most frequent route of exposure to blood-borne pathogens. Students should consult their health care provider if testing and treatment becomes necessary.

1. Report all needle sticks immediately to your instructor or immediate supervisor.
2. Complete an incident report concerning the needle stick in the agency where the needle stick occurred. This must be completed within 24 hours of the needle stick. (Review policy of that agency for completion of form.)
3. Determine if the needle was clean or dirty.
4. A "clean" needle is one that did not come in contact with the patient. For example, a clean needle may be used to draw up medication from a multi-dose vial. Or you may have dropped an unused needle on the floor and then stuck yourself while trying to dispose of it.
5. Treatment for clean needle sticks include:
 - a) Tetanus prophylaxis booster (if you haven't had one in 10 years).
 - b) Cleansing wound with antiseptic
 - c) Dressing if needed.
6. A "dirty" needle is one that came in contact with a patient or the patient's attachments, ie, piggyback needle from the IV tubing; a needle used for IM injection or an IV stylet needle.
7. Treatment steps for sticks by a dirty needle include:
 - a) Request that the identified patient be tested for Hepatitis B surface antigen and HIV antibodies (informed consent for HIV testing is required).
 - b) Have your blood tested for Hepatitis B and HIV antibodies as soon as possible. This will provide you with valuable baseline values to compare with all future tests.
 - c) Begin drug treatment if necessary.
 - d) Begin counseling concerning your treatment.
8. Anti-retroviral medications, such as zidovudine (Retrovir), significantly lower an exposed person's seroconversion rate. (Some studies indicate a 79% reduction.)¹ You should decide within 2 hours of exposure to an HIV-positive patient whether or not you want to receive Zidovudine (Retrovir) prophylactically.
9. If your baseline test for HIV is normal, you will need to be retested in the following manner: at 3 weeks, at 6 weeks, at 3 months, at 6 months, and at 1 year.
10. If your serum converts (become HIV positive), begin treatment immediately.
11. Follow up testing for Hepatitis B antibody should occur 30 to 60 days after a needle stick. You will be observed for 1 year for clinical evidence of Hepatitis B, C, or D. If infection doesn't occur in that time, follow-up is complete.

Reference:

Coats, D.T. (1997) HIV Occupational exposed health care workers and prophylactic drug therapy. *Journal of Emergency Nursing* (23), 116-119.