SUBJECT: NEEDLE STICK/PUNCTURE WOUND PROTOCOL

PURPOSE:
To provide employees with an effective mechanism for care of needle sticks/puncture wounds and other exposures to blood and body fluids. To record needle stick and puncture wounds to trend problems with engineering controls and work practices. To review trends to adjust engineering controls and work practices to reduce exposure risk.

POLICY:
A sharps injury log with detailed information on sharp injuries shall be maintained. Employees exposed to blood and body fluids shall follow procedures to respond to potential exposure to contained needles and sharps and to document the stick or puncture. Employees should never recap needles or manipulate needles in any manner. Employees shall wear appropriate personal protective equipment.

PROCEDURE:

Evaluation of Risk and Medical Treatment:
1. In the event of a blood/body fluid exposure the employee should do the following:
   a. Report to the immediate supervisor and complete an unanticipated event report. Indicate the patient's name and medical number on the form.
   b. Report to the Administrative Director. The Administrative Director will make arrangements for the employee for medical evaluation if necessary.
   c. Treatment will consist of the following:
      i. wound will be cleaned and dressed accordingly;
      ii. tetanus immunization status will be checked and given if indicated; and
      iii. source of the wound will be determined and appropriate steps will be taken.

2. Management of Sharp Injuries
   a. If the needle or instrument was sterile and unused then no action other than cleansing the wound and checking tetanus immunization status is needed.
   b. If the injury involves an instrument or needle contaminated by blood or body fluids, the physician of the patient who is the source will obtain the following information:
      i. Risk status for Hepatitis B and C
      ii. Risk status for Human Immunodeficiency virus infection
The patient's physician will, if indicated, obtain consent and perform Hepatitis B and C serology testing of the patient.

The patient's physician will, with informed consent of the patient, request HIV testing of the patient. This clinical and laboratory information will be communicated to the Medical Director by the patient's physician then via the Administrative Director to the employee.

c. In cases of needle stick injuries the suggested Hepatitis protocol or the treatment determined by the employee’s physician will be followed.

3. In cases of contaminated sharps injuries:
   a. the injured employee will be counseled regarding the risk of HIV infection;
   b. the injured employee will be offered periodic HIV testing. If the employee refuses, they shall be asked to sign the HIV informed consent form as "refused";
   c. employees injured by objects contaminated with known positive blood/body fluids from high risk patients will be strongly encouraged to undergo testing. If employee refuses, they shall be asked to sign the HIV informed consent form as "refused".

4. All testing will be done with informed consent. This may be obtained by the physician.

5. HIV testing will be performed at 0, 6, 12 weeks, six months and twelve months. All positive tests will be confirmed by Western Blot.
   a. If the employee is negative at baseline and seroconverts later, the Workers Compensation carrier will be notified.
   b. If the source patient and employee were both negative at the time of exposure, and the employee seroconverts later, all reasonable attempts shall be made to retest the source patient.
   c. Employee with positive results (Western Blot confirmed) or AIDS:
      i. The Medical Director will counsel employee regarding the significance of the disease.
      ii. Such employee will not routinely be removed from their normal duties unless they have chapped hands or weeping lesions on their hands.
      iii. Employee should use barrier precautions for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.
      iv. Duration: Lifelong.
d. Employee with Hepatitis B (Acute or Chronic)
   i. The Medical Director will counsel employee regarding the significance of
      the disease.
   ii. They will be relieved from their normal duties.
   iii. Employee should use barrier precautions for procedures that involve
        trauma to tissues or contact with mucous membranes or non-intact skin.
   iv. Duration: Until antigenemia resolves.

e. The Center reserves the right to remove an individual from direct patient care if
   an infected employee has an opportunistic infection which may be transmitted to
   patients, is unable or unwilling to control body secretions, or in any way may be a
   risk to patients.

2. Information regarding HIV status of both patients and employees should be treated as
   confidential. Only medical personnel directly involved in an employee's or patient's care
   should have access to this information.

Reporting a Stick or Puncture:

1. The needlestick and sharp object injury report will be completed no later than six
   working days after the injury and submitted to the Administrative Director.

2. All information on the injury report will be complete in order to trend sticks and
   punctures.

3. Based on injury reports, employees will be involved in the evaluation of engineering
   controls and work practices. Adjustments to these exposure control components will be
   made in efforts to reduce sticks and punctures and the risk of exposure.