

Definition

- puncture of your skin with a contaminated sharp
- contamination of an open cut or skin lesion
- contamination of mucous membrane or conjunctiva with blood / body fluids
- a human bite

If you are reading this after a blood / body fluid exposure incident, you should have cleaned the wound or site of contamination thoroughly and reported the injury to your line manager.

If not do it now.

Risks of becoming infected with a blood borne virus

HIV

The rate of transmission from a single percutaneous hollow bore needlestick injury contaminated with HIV infected blood is around 0.3% (1 in 300). The risk of seroconversion after a mucocutaneous exposure to HIV infected blood is estimated to be around 0.03% (1 in 3000). Transmission through intact skin is not known to occur.

Hepatitis B

The rate of transmission from a single percutaneous hollow bore needlestick injury contaminated with HBV infected blood is around 30% (1 in 3). The risk of seroconversion after mucocutaneous exposure is much lower.

Hepatitis C

The rate of transmission from a single percutaneous hollow bore needlestick injury contaminated with HCV infected blood is around 3% (1 in 30). The risk of seroconversion after mucocutaneous exposure is much lower.

Procedure after exposure

Immediately after exposure make sure you have thoroughly cleaned the site of contamination, then attend ED where you will have 10 mls of blood taken.

If you have been vaccinated against Hepatitis B this blood will be checked for Hepatitis B antibodies. If you have not had the course or are a non-responder to the vaccine, the attending doctor will determine if a vaccination course/immunoglobulin is required.

If the patient is not known to be HIV infected, but there are reasons to believe he/she may have been exposed to the virus, antiretroviral therapy will be discussed.

There is no post exposure prophylaxis for Hepatitis C but there is a post exposure protocol that ensures early treatment with near 100% clearance rates.

The ED doctor may discuss the matter at the time with the Infection Prevention and Control Team (IPAC) and will refer the individual to infection control for follow up serology and/or completion of a vaccination course.

You can contact IPAC during working hours Monday to Friday , from 8am to 5pm to discuss follow up.

The donor (if known)

Following pre-test counselling and with consent, 10 mls of clotted blood should be taken from the donor for HIV, HBV and HCV testing. The recipient has a responsibility to ensure donor blood is obtained through the relevant third party i.e. the recipient arranges for a blood sample to be taken via:

- the appropriate clinical team if a hospital patient
- the GP if a community patient

Contact the IPAC team if there is any difficulty with this.

HIV, HBV, and to a lesser extent HCV, are transmitted sexually. Safe sex practices are therefore necessary—duration of precautions will be discussed at follow up. The recipient should not donate blood / tissues for 6 months.

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Gouvèrnément d'Jèrri



Health and Community Services

Staff Information

Needlestick injury: blood/body fluid exposure

Information for staff

This leaflet is for Health and Community services staff who have suffered a needlestick injury.

It explains what you should do and what you can expect following exposure.

Infection Prevention and Control

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