

PROTOCOL FOR HEALTH CARE WORKER WITH NEEDLE STICK OR SHARP INJURY
HEALTH CARE WORKERS WITH A NEEDLE STICK ARE TREATED IN ACCORDANCE WITH HEALTH REGION
PROTOCOLS FOR STAFF

[LINK TO CENTRES WITH PEP KITS](#)

Immediately:

- Needle stick/sharps injury/human bite—remove gloves or clothing covering the injured area; ensure it bleeds and is washed well with soap and water. Use alcohol gel if soap and water is unavailable.
- Splash to Eyes – flush eyes with running water for 15 minutes at nearest eye wash station, or if unavailable, with running water out of a tap for 15 minutes. If the exposed person wears contact lenses, the lenses need to be removed before eyes are flushed.
- Splash to Nose or Mouth – flush the area well with running water for 15 minutes. If splash to nose, blow nose first then flush.
- Non Intact Skin – wash area well with soap and running water for 15 seconds. Use alcohol gel if soap and water is unavailable.
- The worker is to inform their supervisor that the incident has occurred.
- The supervisor will complete an incident report with the Workers Compensation Board.

Report to Emergency Department in your Community:

A Health Care Worker (HCW) who experiences a needle stick must within **two hours** go directly to the Emergency Department at any hospital in Saskatchewan for assessment and prophylaxis as needed. If possible, have the patient accompany the HCW so blood work and assessment can be completed at the same time. If the patient isn't willing/unable to accompany the HCW, then making himself/herself available by phone for the MD to assess over the phone is next best option.

Post Exposure Prophylaxis (PEP)

PEP is medication taken after exposure to hepatitis B or HIV to reduce the risk of infection. A health professional will assess the risk of HIV or hepatitis B infection to determine the need for PEP. For hepatitis B, PEP is not required if you have been fully vaccinated and are immune. PEP for HIV is usually only offered for high-risk exposures. There may be major side-effects of the medication so it is not routinely given to everyone with a possible exposure. If PEP is recommended, it must begin within 72 hours, but preferably within 24 hours, of the exposure. PEP is not available for hepatitis C. But it is still important that a qualified health professional assesses the risk of infection and follow-up arrangements.

Awaiting Test Results and Avoiding Transmission

While waiting for test results it is important not to place others at risk:

- Practice safer sex, i.e. use a condom for vaginal or anal intercourse
- Cover any sores, cuts or abrasions and attend to any household blood spills yourself
- do not share personal items such as razors and toothbrushes
- Do not share injecting equipment and dispose of used injecting equipment safely
- Do not donate blood or organs
- Seek advice from a qualified health professional if you are, or are planning to become pregnant or are breast feeding. A possible blood-borne virus exposure should not affect your ability to perform

normal duties. Health Care Workers should speak to the qualified health professional conducting the risk assessment if they are concerned about returning to work. For hepatitis B, no further testing is required if you are immune. For hepatitis C, blood tests are recommended at 12 and 24 weeks after the exposure. A negative test result at 24 weeks means you did not contract hepatitis C. If earlier confirmation of possible infection is required, a different test (HCV RNA) can be performed after 2-4 weeks from the time of possible exposure. For HIV, you will usually be offered HIV tests at six and 12 weeks after the exposure. A negative blood test 12 weeks after the exposure means you did not contract HIV. Post Exposure Prophylaxis (PEP)