

Needlestick Injuries

Introduction

A needle stick injury occurs when skin is accidentally punctured by a needle previously used by someone else.

This often causes concern due to the risk of blood borne viruses (BBV). There is a small risk of contracting BBV's such as hepatitis C, hepatitis B and human immunodeficiency virus (HIV) from a needlestick injury. It is important to remember that the risk of this is **very low**.

Groups of people such as healthcare workers or young children who would not recognise syringes and know to avoid them are at an increased risk of needlestick injury.

It is important to see a doctor as soon as practical if you or your child receive a needlestick injury. If it is obtained at work you must follow your workplace guidelines.

What should I do?

- Wash the area with soap and water.
- If appropriate, safely dispose of the needle/syringe.
- If you are at work, notify your supervisor or other appropriate people as per your workplace guidelines.
- Seek medical advice. This may mean going to the emergency department. There are ways that the low risk of contracting a BBV can be reduced.

What will happen when I go to the doctor/emergency department?

- It will likely be recommended that you have a blood test to check your baseline status and immunity to hepatitis B. You should be given education and asked for consent prior to this.

- If the person who used the needle is known, they may be asked to provide consent for a blood test to check their status.
- If the exposure is deemed high risk for HIV it may be recommended that you take post exposure prophylaxis (PEP) for HIV. This must be started within 72 hours and can reduce the risk of contracting HIV by up to 80%. Taking PEP is not always appropriate. For more information about this you can visit: <https://www.getpep.info/>
- If you are not immune to hepatitis B your doctor may recommend for you to start a course of vaccinations as well as have a dose of immunoglobulin. Immunoglobulin must be administered within 72 hours post exposure.
- There is no post exposure prophylaxis for hepatitis C.
- Your doctor should offer you further information or counselling as it is often the psychological trauma that has the biggest impact.

What is the risk?

The risk of transmission can be hard to ascertain and depends on a number of factors. It is estimated that from a needlestick injury **with a source that is known to be positive** the risk is:

Hepatitis B – 3-10%

Hepatitis C – 3%

HIV – 0.3%

The risk is higher if:

- The needle had been used on a person known to be infected with a BBV.
- The injury was deep.
- There was visible blood on the needle.
- The needle had initially been used to access an artery or vein.
- There was a large volume of blood or bodily fluids injected during the injury.
- A large gauge (wide) needle was used.

Getting a needlestick injury can be stressful due to the potential exposure to BBV's. Although infection with these should not be understated in their significance there are a few important things to remember:

- *95% of adults will naturally clear hepatitis B should they contract it and will not go on to develop chronic hepatitis B. Furthermore, there is a vaccination. Chronic hepatitis B can be extremely well managed with monitoring and sometimes medication to reduce liver damage.*
- *Hepatitis C is curable. Treatment is a simple course of tablets.*
- *HIV is a chronic disease that can also be very well managed enabling people living with HIV to lead healthy lives with normal life expectancies.*

How do avoid needlestick injuries and reduce the risk?

- Never recap, bend or snap a used needle.
- If possible utilise needles that sheath or retract after use.
- Ensure you utilise personal protective equipment as appropriate.
- Follow all workplace safety procedures.
- Dispose of needles in an approved sharps container.
- If you are working in a job in which you come into contact with blood or bodily fluids it is important to be vaccinated against hepatitis B.

- Avoid picking up, moving or disposing of syringes left in public areas unless absolutely necessary. All local areas have disposal services you can alert. If you must remove it, contact them first to ensure you do it as safely as possible.

Some broad guidelines are to:

- *Ensure you are not going to get pushed or knocked.*
- *Place a puncture proof container on a steady surface. Do not hold it in your hands.*
- *Do not put your hands anywhere you cannot see clearly.*
- *Separate syringes placed together with a stick or something similar.*
- *Only touch the barrel end of the syringe. Never touch the needle end.*
- *Never try to recap the needle.*
- *Wear thin gloves (thick gloves will only reduce your dexterity) and wash your hands afterwards.*
- *Ensure the syringe is then disposed of correctly.*

Where to get help?

- Your GP
- Hepatitis Infoline: call 1800 703 003
- Infectious Diseases Physician
Austin Hospital Tel. (03) 9435 5000
Alfred Hospital Tel. (03) 9276 2000
Royal Melbourne Hospital Tel. (03) 9342 7000

Ask to speak with the on-call infectious diseases registrar if you or your doctor are calling the hospital

This info sheet is intended as a general guide only. It is not intended to replace expert or medical advice.

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