



**NEEDLESTICK INJURY MANAGEMENT
POLICY (Amendment January 2004)**

**HIV/AIDS & SEXUALLY TRANSMITTED
INFECTIONS UNIT**

**HEALTH DEPARTMENT
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INTRODUCTION

This policy aims to provide guidance on the policy on management and the treatment of City of Johannesburg Health staff that have sustained accidental injuries/exposure to blood and blood stained body fluids in the course of their duties.

It is considered very important to start Post Exposure Prophylaxis (PEP) (anti – HIV medication) within 6 hours of injury. If not done, it must be started within 24 hours after the injury/exposure. Post-exposure prophylaxis means taking antiretroviral medications as soon as possible after exposure to HIV, so as to minimize chances of HIV infection.

Previous studies have proved that PEP can reduce the rate of infection in health care workers exposed to HIV by 79%; some workers who take PEP still get HIV infection. Medication is taken for four weeks (28 days)

Usually the exposure is from a 'needle stick', when a health care worker accidentally gets jabbed with a needle containing HIV-infected blood.

PRE-TEST COUNSELING

Pre test HIV counseling is essential as any HIV test has the potential to be positive. Staff members have to be prepared to deal with results whether negative or positive. The consequences of a positive test have been shown to be much more serious if pre-test counseling has not occurred.

ACCIDENTAL INJURY/EXPOSURE INCLUDES:

- Needle-stick injuries
- Injury with other sharp objects which are stained by blood or blood stained body fluids
- Splashes of blood/blood stained body fluids into the eyes and mouth
- Exposure of non-intact skin to blood or blood stained body fluids.

SIDE EFFECTS FROM PEP MEDICATIONS

The most common side effects from PEP medications are nausea and generally not feeling well. Other possible side effects include headaches, fatigue, vomiting and diarrhea.

Serious side effects can sometimes make it difficult for affected staff to finish the treatment. Staff is encouraged to seek medical attention if serious side effects are experienced.

RESPONSIBILITIES OF THE PERSON IN CHARGE OF THE EXPOSED HEALTH WORKER

Immediate action:

1. Confirm that bleeding was encouraged and washing done.
2. Arrange to send exposed staff member to appropriate service provider as soon as possible (medication should ideally be administered within 6 hours and the sooner the better).
3. Fill the necessary forms and send to Occupational Health and Safety Unit within seven days of the accident.
4. Ensure that the administration of prescribed treatment is given unless medically contra-indicated.
5. If the exposed person is HIV positive, arrange to do 24 hour follow up counseling and refer the exposed person to their preferred health care providers or their General Practitioner, for appropriate follow up counseling.

RECOMMENDATION

There is a need to remove current organizational and logistical obstacles in the present system of providing PEP service. Therefore, COJ needs to implement a simple, consistent, practical policy for ensuring that the service and support is provided efficiently, is accessible and confidential.

It is recommended that regions be permitted to establish partnerships with local private sector clinics for easy access to PEP service that would ensure prompt management when required, since maximum benefits are likely to be obtained when prophylaxis is started immediately.

THE REASONS FOR PROPOSING OUTSIDE SERVICE PROVIDERS

The current system for managing PEP is not user friendly to health workers due to the following:

- HIV/AIDS counseling and testing service is not user friendly, it compromises confidentiality as colleagues provide the service.
- Drug supply system is not easily accessible, and creates extra responsibility for managers to store the PEP drugs.
- Services are not readily available especially if exposure happens closer to clinic facilities closure time.
- If the staff member tests positive, confidentiality is not easy to maintain.

BENEFITS OF PRIVATE SECTOR SERVICE

- Services are available for 24 hours.
- Decision on whether to provide or not provide PEP will be taken by a qualified medical practitioner who is competent in taking that major decision
- Drug supply system will be more efficient and accessible.
- Confidentiality will be maintained, therefore minimizing the number of exposed staff members who refuse the management due to fear of being managed by their colleagues.
- System of managing Post Exposure Prophylaxis will be user –friendly to health care professionals
- Pressure will be reduced from the already overwhelmed health care professionals.
- Service needs of workers will be met due to the presence of specialized services i.e. Psychologists and Social Workers.

VOLUNTEER WORKERS

In health facilities where volunteer workers support in the provision of HIV/AIDS education and counseling services, strict measures should be taken to ensure that they are not involved in procedures that may expose them to blood or body fluids.