

## INODAYA Hospitals - Kakinada

Documentation code:  
INH/HIC.Doc.No:10

### POLICY ON NEEDLE STICK INJURY

Prepared date: 05/09/2023

Reference: HIC .3 .e. NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

## HIC 03e: POLICY ON NEEDLE STICK INJURY

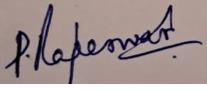
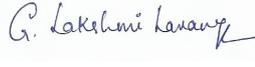
### 1.0 POLICY:

To provide guidelines for the management of accidental sharp injuries.

### 2.0 CODE OF PRACTICE:

- 2.1 The Hospital shall minimize the risk of sharp and needle stick injuries through adequate staff education, provision of disposable sharp boxes and other appropriate measures.
- 2.2 When a sharp or needle stick injury occurs, the Hospital shall adopt the guidelines below in the management of such an injury.
- 2.3 The cost for screening the staff member and the patient, following an injury shall be borne by the hospital.
- 2.4 In the event that a patient tests positive for Human Immune-Deficiency Virus (HIV) antibody, both the patient and the staff member shall be referred to the Infection Control Nurse for counseling and to an appropriate doctor for treatment. Medical/Nursing Superintendent must be notified.
- 2.5 The Hospital shall not bear the cost of any follow-up investigations and/or treatment once the staff member ceases to be employed by the Hospital.
- 2.6 The Hospital shall not be liable for any compensation resulting from sharp injury.

### 3.0 GUIDELINES:

Prepared by: 	Verified by: 	Approved by: 
Dr.P.Rajeswari	Dr.D.N.S.Prakash	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer



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- 3.1 In the event of an injury, squeeze out contaminated blood from puncture wound. Wash wound thoroughly with an antiseptic solution. Apply a suitable dressing.
- 3.2 Report to casualty medical officer and fill in a **Needle stick /Sharp Injury Report form**. See casualty Medical Officer immediately.
- 3.3 If patient’s status in unknown, do HBs Ag and HIV antibody tests.
- 3.4 Check healthcare worker’s (HCW) Hepatitis B status (HBs/Anti HBs) and do a baseline HIV Antibody test. In the event, the HIV test is not done or declined by the employee HCW, this shall be documented on the CMO treatment notes and on the Needle stick Injury report form.
- 3.5 The injured HCW shall be responsible for follow up for all subsequent blood tests.
- 3.6 Hepatitis **B**

<u>Patient’s HBs/Ag status</u>		<u>Health Care Worker</u>	<u>Action</u>
3.7.1	HBsAg positive	Susceptible (no immunization or infection i.e. HBsAg Neg/HbsAb Neg.)	Give HBIG and start primary immunization within 2-3
3.7.2	HBsAg positive	Immunized, but not tested for antibody	Test for antibody if negative, give immunoglobulin within 2-3 days and start HB vaccination
3.7.3	HBsAg positive	Immunised, Seroconvert by now but with very low HBsAb	Give HB booster
3.7.4	HBsAg positive	Immunized, antibody > 10 IU/ml within past 1 year	No further action Give booster in 1 year’s time.
3.7.5	HBsAg negative	Susceptible (no immunization or infection ) HBsAg Neg/HBsAg Neg	Start primary HB immunization for future prophylaxis

<b>Prepared by:</b>	<b>Verified by:</b>	<b>Approved by:</b>
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3.7.6	HBsAg negative	Immunized, but unknown antibody status	Retest for HbsAb. If negative or <10 IU/ml give booster.
3.7.7	HBsAg Negative	Immunized, antibody	No further action. > 10 IU/ml within past 1 year

**3.8 HIV**

	<u>Patient</u>	<u>Action for Health Care Worker</u>
3.8.1	HIV positive	Refer to ICTC/ ART Centre
3.8.2	HIV negative	Refer to ICTC/ ART Centre
3.8.3	Not tested or Refused consent	Do baseline HIV test and repeat at 3,6, 12 months

**3.9 Dosage**

<b>Recommended Dosing for the Currently Available HBV Vaccine</b>	
	Engerix B (20 ug/ml)
Infants* and children <11 yrs	10 ug
Children/adolescent (11-19 yrs)	20 ug
Adults (>=20 yrs)	20 ug
Haemodialysis patients	40 ug (2.0 ml)#
Immuno compromised patients	40 ug (2.0 ml)#
*The standard schedule is 0,1 and 6 months	
*Infants born to HBs-negative mothers	

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# Two 1.0 ml doses administered at one site in four does schedule (0,1,2,6 months)

**Post exposure Prophylaxis : if Source is HBs Ag positive**

Vaccination status of exposed person	Immune prophylaxis
Unvaccinated	HBIG (0.06 ml/kg) and initiate HB vaccination series
Previously vaccinated	
Known responder*	
Known non responder	
Antibody response	No Treatment
Unknown	HBIG x 2 doses or HBIG x 1 dose and initiate revaccination
	Test for anit-HBs
	If adequate *. No treatment
	If inadequate **., HBIG x 1 does and give vaccine
	Booster
* Anti-HBs titer > 10 mlU/ml	
** Anti-HBs titer < 10 mlU/ml	

**3.10 If in doubt, contact Infection Control Officer for advice**

**\*Notes**

1. A consent form for HIV test must be signed by both the HCW and the patient.
2. Hepatitis B immunoglobulin must be given within 72 hours after exposure.
3. Hepatitis B immunization and immunoglobulin are administered by CMO nominated for looking after staff members.

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