

# OSHA TRAINING 2021: APRIL



**NEEDLES AND SHARPS**

# Just The Facts



- **One out of five** healthcare workers sustain a needle stick injury **every year**
- **Serious or fatal infections** like HIV and hepatitis Band C have been acquired from needle sticks
- **Safety devices prevent needle sticks**  
(unless you do it wrong)
- **Safety devices are the law.**

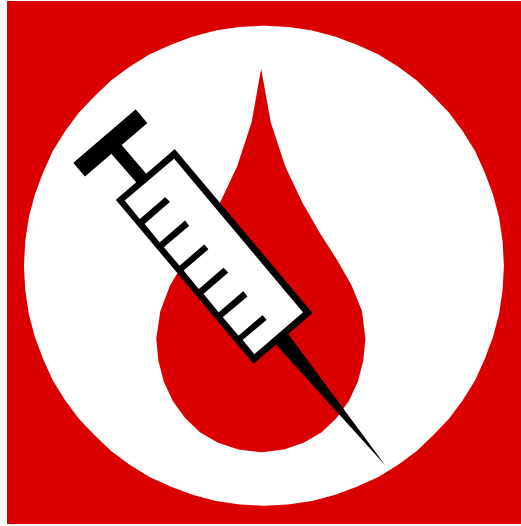
# To Prevent Needlestick Injuries:



- **DO NOT RUSH, TAKE YOUR TIME!**
- **Always use safety devices , dispose of them immediately and carefully**
- **Place a sharps disposal container close to the procedure area, NEVER over fill containers.**
- **Limit interruptions during procedures**



- **Explain the procedure to patients to gain their cooperation and avoid potential movement during the procedure**
- **Ask for assistance with patients that might be uncooperative, such as children (or men)**



- **Never recap needles!**
- **Get a hepatitis B vaccination; this should be provided at no cost by your employer**
- **Report all needle stick and other injuries immediately**

# If you have a needle stick Injury:



- The affected area should be rinsed and washed thoroughly with soap and water.
- The patient is not to be sent for testing or questioned at all about the status of their health
- Argus employees should immediately go to the designated clinic.

# Follow The Protocol

## ARGUS PROTOCOL FOR NEEDLESTICK INJURIES TO ARGUS EMPLOYEES

After an Argus employee experiences a needlestick injury, certain procedures must be followed to minimize the risk of infection for the recipient. The affected area should be rinsed and washed thoroughly with soap and water; the practice to "milk out" more blood is controversial and not recommended by the CDC.

**The patient is not to be sent for testing or questioned at all about the status of their health unless the patient was the victim of an injury with exposure to a bloodborne pathogen in the Argus managed office.**

Argus employees should immediately go to the designated clinic. Following are the guidelines to be followed by the clinic.

Lab tests of the recipient are obtained for baseline studies: HIV, acute hepatitis panel (HAV IgM, HBsAg, HB core IgM, HCV) and for immunized individuals HB surface antibody, HBV, HCV, and HIV post-exposure prophylaxis (PEP) should be initiated, ideally within one hour of the injury; typically this is done in the emergency department or the occupational health office. After 72 hours post-exposure PEP is much less effective, and may not be effective at all.

### Hepatitis B prophylaxis

Current CDC guidelines call for the administration of hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine. All Argus employees who work in physician offices should be given a Hepatitis B vaccination at the time their employment begins. If the person exposed is an HBsAg positive source (a known responder to HBV vaccine) then if exposed to hepatitis B a booster dose should be given. If they are in the process of being vaccinated or are a non-responder they need to have hepatitis B immune globulin (HBIG) and the vaccine. For known non-responders HBIG + vaccine should be given whilst those in the process of being vaccinated should have an accelerated course of HBV vaccine.

### Hepatitis C prophylaxis

CDC guidelines acknowledge that there is no active PEP for HCV, only recommendations intended to achieve early identification of chronic disease and, when detected, referral for evaluation of treatment options. According to the CDC identification of acute infection with HCV may not necessitate active intervention. However, there is some evidence that treatment with interferon alfa-2b may be beneficial preventing chronic hepatitis.

**HIV prophylaxis:** See attached Table A1 and Table A2

### Early reevaluation after exposure.

Regardless of whether a healthcare provider is taking PEP, reevaluation of exposed HCP within 72 hours after exposure is strongly recommended, as additional information about the exposure or source person may be available.

**Follow-up testing and appointments.** Follow-up testing at a minimum should include the following:

HIV testing at baseline and at 6 weeks, 12 weeks, and 6 months after exposure; alternatively, if the clinician is certain that a fourth-generation combination HIV p24 antigen-HIV antibody test is being utilized, then HIV testing could be performed at baseline, 6 weeks after exposure, and 4 months after exposure

Complete blood counts and renal and hepatic function tests (at baseline and 2 weeks after exposure; further testing may be indicated if abnormalities are detected) HIV testing results should preferably be given to the exposed healthcare provider at face-to-face appointments.

- **Wait for the results of your own blood tests.**
- **Determine with a medical specialist at the clinic whether you will need medication to prevent an infection**
- **Exposure follow- up may include drugs with significant side effects**
- **Blood tests and further evaluation may be needed for six months to a year following the injury.**

# LOOK AT NEW DEVICES EACH YEAR



- Ask your sales rep for samples of new devices that might be easier to use and work better for your practice.