

Steps after a stick

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

1. **Before a stick incident occurs, make sure procedures are in place so that everyone knows what to do and where to go. It's often difficult to find a place that does HIV post-exposure testing, so you need to choose a facility and have policies in place BEFORE an injury occurs.**
2. **Provide immediate first aid to the exposure site by washing with soap and water** (*for mucous membrane exposure, flush with water*)
3. **Report the incident to employer immediately.** (*If there is a problem, postexposure drug prophylaxis should be given within an hour or two, absolutely within 24 hours, to be most effective. Also, immediate reporting allows you to talk to the source patient while the patient is in the office so that he can be immediately sent for baseline testing.*)
4. **Determine the risk of exposure and fill out an incident report.** Not every stick needs testing and followup. (*Document the type of fluid involved, the type and degree of exposure, information about the source patient's health and level of infectivity, and the health status of the exposed person.*)

Call the PEP 24 hour Hotline: 888-448-4911 for advice. This hotline is staffed 24 hours a day by medical professionals who are specially trained to handle stick injuries. They can give excellent advice as to whether the employee needs to be tested/take a prophylactic drug treatment.

5. **Refer the employee to a health care professional for testing, evaluation and followup counseling.** The employer must provide a copy of the Bloodborne Pathogens Standard, job description of the employee, an incident/exposure report, any available information about the source patient's HIV/HBV/HCV status, if known, and information about the employee's HBV vaccination status and any other relevant medical information. The health care professional's job is to test the employee and the source patient (*no testing of the source patient is necessary if his HIV/HBV/HCV status is already known*). The physician also notifies the employee of results of all testing, provides any counseling and provides post exposure prophylaxis, if needed. He also sends the employer documentation that the employee was informed of all results and the need for any followup and indicates whether HBV vaccine was administered. The employer must furnish the employee with a copy of this opinion within 15 days. This information should be placed in the employee's private medical record and kept separate from the rest of the OSHA materials. The employee has the right to refuse testing, or to delay testing of the drawn blood for up to 90 days.

The employer must maintain all related medical records for a period of thirty years past the term of employment. Please note:

Employer is responsible for paying for all testing, post-exposure prophylaxis, and testing of the source patient. Employer is NOT responsible for treating any diseases resulting from an exposure incident.

Followup testing info:

No testing of the source patient (SP) is necessary if his HIV/HBV/HCV status is already known. If the source patient is negative for HIV/HBV/HCV, no followup testing of the HCW is necessary.

HIV

- If SP is HIV positive, re-test HCW for HIV at 6 weeks and at 3 months. (*Extended HIV testing to 12 months is indicated only for HCW who actually acquire HCV infection after exposure to an HCV-HIV co-infected source person.*)
- If SP cannot be tested for HIV or SP is unknown, testing should be as above.
- Symptoms of acute HIV should prompt immediate evaluation.

HBV (See Exposures to HBV)

- Follow-up testing is only necessary for exposed persons who do not have hepatitis B immunity – so no testing if the HCW has finished the vaccine and her titer test was sufficient
- For those who do not have HBV immunity, see section on HBV.
- Symptoms of acute hepatitis should prompt immediate evaluation.

HCV (See Exposures to HCV)

- See section on HCV for testing protocols.
- Symptoms of acute hepatitis should prompt immediate evaluation.