

MED-1604	Needle Stick Injury Response
Version No.	1
Content Owner	Vikand Technology Solutions, LLC.

1. Protocol:

1.1 In an event of a needle stick (i.e. percutaneous inoculation by a blood contaminated needle or other instrument) or exposure of open wound, fresh abrasion, chapped skin, dermatitis, or mucous membrane with blood, bloody fluid or tissue) the following protocol and guidelines should be followed:

- Treatment should start ideally within 2 hours of accident.
- All Crew with a possible exposure should report immediately to the Medical Center for evaluation and treatment.

1.2 Definitions

- **Needle-stick injuries**
 - Injury from sharp objects which are stained by blood or blood products.
 - Splashes of blood/blood stained body fluids into the eyes and mouth.
 - Exposure of non-intact skin to blood or blood-stained body fluids.
- **Source**
 - A person whose blood or blood-stained body fluids has come into contact with a guest/passenger or crewmember by splashing into eyes, mouth or onto broken skin or by accidental injury.
 - If the source is unknown, the term source unknown shall be used.

2. Management:

2.1 Step 1:

- Initial management (First Aid) in an event of exposure.
- Encourage the wound to bleed, ideally by holding it under running water.
- Clean wound with normal saline or water and soap if not available.
- Control bleeding (dry wound and cover).

2.2 Step 2:

- Crewmember is to report to the Medical Center. Notify Head of Department as soon as possible of the Needle (blood contaminated instrument) in the cabin.
- Do not try to remove the item from garbage bag.
- Close bag and take it to the Medical Center for disposal as hazardous waste.

- Instruct source on proper needle disposal and provide sharps container if not in cabin.

2.3 Step 3: Medical Management

Review /risk assessment of incident & risk of infection:

- How exposure occurred, what body fluids were involved, social and medical history.
- HIV antibody status, Hepatitis B surface antigen status, and Hepatitis C antibody.
- Consent for Post Exposure Prophylactic (PEP) testing & treatment.
- Base line testing for the injured:
 - HIV test
 - Hepatitis B surface antigen status
 - Hepatitis C antibody status
- Initiate treatment when determined appropriate and after discussion of benefits/risks with the patient.
- Truvada plus Isentress or Tivicay as soon as possible post exposure.
- Initiate Hepatitis B vaccine series at this time if not vaccinated or status unknown. Repeat at one month and six months. Administer HBIG 1 dose 0,06 ml/kg IM.
- Provide tetanus toxoid booster if indicated.

2.4 Source: (Red top serum separator tube)

- It is encouraged, though not required to draw blood from the source. Please ensure consent has been signed.
- HIV test.
- Hepatitis B Surface Ag status.
- Hepatitis C antibody Status.
- RPR status.

2.5 Step 5:

- Completion of accident report and investigation.

2.6 Step 6:

Follow up actions:

- Referral to a specialist for follow up care as indicated (any positive test or unknown status of source or patient, or if any adverse effects of HIV prophylaxis,

and for any further management).

- CBC and Liver Function checked every 2 weeks if PEP is continued.
- Specialist Referral for follow-up if CREW develop signs of impaired liver function (Hepatitis) or other adverse reactions.
- Follow-up testing or shoreside referral of the patient should be done at 6 weeks, 12 weeks and 6 months.
- Extended HIV follow-up is recommended for HCP who becomes infected or exposed to a source co-infected with HIV and HCV.

3. Definitions

ACEP – American College of Doctors