Long-Term Care Survey Alert

Ocupational Safety: Know Your Options for Managing Needlestick Injuries

You should consider HIV prophylaxis in this scenario.

Picture this: You're administering an injection to a resident who jerks away and the contaminated needle jabs your hand. What you do next can have a major impact on whether you end up with a blood-borne infection.

Key: The Centers for Disease Control & Prevention "recommends that all healthcare workers who have a percutaneous or mucous membrane exposure to blood and body fluids seek occupational health counseling as soon as possible," says CDC's **Tara MacCannell, PhD,** an epidemiologist. That means you need to get advice within a couple of hours postexposure at least -- "and certainly within 24 hours."

Follow This Decision Tree

If you can identify the patient involved in the staff person's exposure,the facility can ask the patient (or his responsible party) permission for the patient to undergo testing for HIV, hepatitis B (HBV) and hepatitis C (HCV).

If you can't trace the needle to a specific patient (for example, a used needle left on a counter in the med room or exam room), the occupational health provider should assess the nursing home populations' prevalence of HIV and HBV to decide how you should proceed, says MacCannell.

When someone has an "unknown exposure" in a low-risk environment, the CDC doesn't recommend HIV post-exposure prophylaxis. Healthcare workers in institutions with a greater risk of HIV transmission should, however, initiate the prophylaxis, says MacCannell.

The currently recommended HIV prophylaxis typically consists of a 28-day course of Combivir, which contains AZT and 3TC, although "alternate regimens are available," she notes.

What if you have a sharps injury involving a patient who is HBV-positive? "Vaccinated healthcare workers with an unknown response to the vaccine should get an anti-HBV titer. If the healthcare worker is a known non-responder [to the HBV vaccine] or unvaccinated, they should receive HBIG immunoglobulin and start the HBV vaccine series," advises MacCannell.

There's currently no vaccine for HCV. "The recommendation [postexposure] is to have follow-up anti-HCV and ALT [alanine aminotransferase] levels testing to potentially identify early onset of the disease."

Reassuring news: "The rate of HIV transmission from a percutaneous exposure is very small," says MacCannell. "HCV is 1.8 percent whereas HIV is 0.3 percent."

Develop a Culture That Encourages Reporting

Your facility can enhance the chances that staff will report sharps injuries and get the ball rolling for prophylactic measures, if they need them. Whether people report does depend on the organization's culture, says **Terry Jo Gile**, a safety expert in Ft. Myers, Fla. "There's always the fear from the employees' standpoint that they might lose their job for reporting," she says.

Seattle-based long-term care expert **Nathan Lake, RN, MSHA,** thinks, however, that "most nurses in nursing homes do report needlestick injuries because you don't know if patients in the facility have HIV."