

SHARPS INJURY PROTOCOL & PLAN

- Stop the procedure!
- Report to clinic lead and/or other worker for support with this process.
- Wash the area well with soap and water. Gently encourage some bleeding. “If a skin wound has been sustained, let it bleed and cleanse thoroughly using an ample amount of soap and water followed by 70% alcohol. Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked. Antiseptics and skin washes should not be used – there is no evidence of efficacy, and their effect on local defences is unknown. In case of contact with mucous membranes, including mouth or conjunctivae, rinse immediately and thoroughly, using water or a saline solution only, not alcohol, and promptly report the incident to the department or person dealing with occupational accidents. This is critical for appropriate and rapid prescribing of PEP.” <https://www.nature.com/articles/bdjteam201475#Fig1>
- The lead will then meet individually with each party involved to conduct risk assessment

Risk Assessment *(made by someone other than the injured individual, preferably the station host or clinic lead.)*

- Give copies of this form to the patient involved (who had initial contact with the sharp or needle) and to the injured party. One completed copy is kept locked with clinic records.
- Description of Event and Injury:
 - Date _____ Time _____ Location _____
 - Instrument _____
 - Describe Injury _____
- Discuss these concepts with the **injured party** privately. Remember the injured party might be quite shaken. Be calming and reassuring.
 - Injured Party Name & Contact Info: _____
 - Encourage injured party to seek a professional opinion regarding PEP (see chart)
 - Encourage them to take a blood sample as soon as possible to serve as a baseline. Again, help them locate free testing if possible. Retesting for HBV, HCV, and HIV at 1, 3, 6, and 12 month intervals afterwards is recommended.
 - Explain the risk varies depending on type of contact (scalpel wound, visible blood on instrument, source patient has high viral level, etc.) and PEP should be considered when there is a potential for infection.
- Ask to speak privately with the **patient** to explain the situation and to ask kindly for their health history. *It is up to the patient what they wish to share!*
 - Patient Name & Contact info: _____
 - Inquire about History of Blood Born Viruses - Hepatitis B (HBV), Hepatitis C (HCV), HIV _____
 - Encourage testing. *Universally asking for testing of patient* helps to normalize the process, protecting from discriminatory decision making and helping us avoid difficult judgement calls. Free HIV and Hep C testing available at Atlanta Harm Reduction Coalition (404-817-9994)

PEP (Post Exposure Prophylaxis) *(see chart on next page)*

- Hep B - if the injured party has been vaccinated for HEP B, no PEP
- Hep C - no PEP is currently available
- HIV - evaluation by professional needed. The toxicity of taking PEP can sometimes outweigh the risk. PEP should be started within 1 hour, but still considered 24-72 hours later.

PLAN (Doctor's appointment, testing, follow-up increments, contact person)

Follow-up by the Clinic (attach additional notes as required)

- Check in with injured party and the patient the next day. _____
- Further follow up according to plan (1, 3, 6, and 12 month intervals)

<https://www.nature.com/articles/bdjteam201475/figures/1> Figure from the BJD Team

