

Occupational Health Service

Advice Sheet for High Risk
Needlestick Injuries Whilst
on Medical Elective



bristol.ac.uk/safety/occupational-health

Advice Sheet for High Risk Needlestick Injuries Whilst on Medical Elective

Risk Assessment

It is essential that a risk assessment is carried out to establish the availability of Post Exposure Prophylaxis (PEP) at the recipient organisation and the prevalence of HIV/AIDS in the local area. The responsibility for this assessment lies with the student and is supported by the Medical Elective Coordinator. Part of the risk assessment should establish the likelihood of being able to access HIV PEP ideally within 24 hours of exposure and at the latest within 72 hours of exposure. This may involve travelling to access a source of PEP at short notice.

Risk Summary

HIV infection can be contracted through significant exposure to body fluids containing HIV. The risk is small — about 1:300 for an inoculation injury, 1:1000 for a splash onto a mucous membrane.

An exposure is significant where:

- The material is blood, CSF, genital secretions or other body fluids (this includes urine & gut secretions but only if visibly blood-stained); and
- Exposure is caused by a puncture wound, cut, or scratch sufficient to draw blood or by a splash into your eye, mouth or onto broken skin.

A splash of blood etc. onto visibly intact skin is NOT considered a significant risk unless extensive or prolonged.

The risk of infection is increased if:

- The source patient is suffering from terminal HIV disease (AIDS);
- The source patient is suffering from an initial HIV sero-conversion illness;
- The injury was deep or caused by a hollow needle especially if just used for venous or arterial puncture or there is visible blood on the device.

The risk of infection can be reduced by:

- Immediate cleansing of any wound or contaminated mucosa or broken skin;
- Early use of anti-viral drugs.

How might you become exposed to HIV on elective?

- There is a potential for occupational/ work related risk, and risk through sexual exposure, intravenous drug use, and use of unsterile equipment (e.g. tattooing).
- Higher risk procedures include: venesection, insertion of intravenous catheters, lumbar punctures, immunisation, and insertion of chest drains. All surgical procedures including obstetrics are considered high risk so should be avoided if possible.

What do I do if I suffer a high-risk incident whilst on elective?

- It is essential to inform the local experienced clinician immediately so that a risk assessment can be carried out. This will include details about the source patient such as known recent test results, HIV treatment status, reason for attending medical services, additional risk group activities above the general population prevalence. The clinician will then make the decision about the need for HIV PEP based on this risk assessment.
- Report the incident to the appropriate senior clinician locally and keep a copy of the incident details as this will be needed when you return to UK.

First Aid

- Encourage any puncture site to bleed, and wash with sterile or boiled water (if able), cover with a clean dressing.
- Irrigate contaminated conjunctiva or mucous membrane with sterile saline or water for at least 5 minutes.

Return to UK

- Report the incident to the Occupational Health Service, 1-9 Old Park Hill, Bristol BS2 8BB (Tel: 0117 455 6743 or student-occhealth@bristol.ac.uk). If you leave a message out of hours you will be contacted by an Occupational Health Adviser within office hours with further advice as necessary.
- Report incident to your GP.

If you require any further information, please do not hesitate to contact Occupational Health.

Sharps Injury Hotline Contact Details

Call the needlestick hotline: **(0117) 342 3400**

Open Mondays to Thursdays 8am-5pm and Fridays **8am-4:30pm**