NEEDLESTICK INJURIES POLICY

Policy for the procedures to follow in the event of staff and students who have been exposed to blood and blood stained body fluids in the course of carrying out their duties.

INTRODUCTION

It has become necessary to introduce a policy to manage the treatment of uct staff and students who have sustained accidental injuries/exposure to blood and blood stained body fluids in the course of their duties.

It is considered very important to start anti - hiv medication within 6 hours of injury. If not done, it is still valuable to start up to approximately 24 hours after the injury.

PREAMBLE

There are two important principles which have guided our policy:-

1. Clinical principles:

a) Pre-test counselling for HIV testing is essential.

Rationale: Any test has the potential to be positive. The consequences of a positive test have been shown to be much more serious if pre-test counselling has not occurred.

b) Ensuring that post exposure prophylactic (prevention) treatment is taken as early as possible (at least within 6 hours).

Implication: The need to remove organisational and logistical obstacles.

Namely, implications for the timing of testing (with essential pre-test counselling) of the source person. Groote Schuur Hospital have indicated that they can only cope with pre-test counselling of the injured person, but not the source person as well. Therefore, we need to have a simple, consistent, practical policy for ensuring that the pre-test counselling for the source person takes place without delaying the focus or acquiring the prophylactic medication. For this to occur, the next working day is the most practical plan we can envisage.

2. Clarity of cover: (People and Situations)

The fundamental concept is that each faculty and department must identify students at risk and ensure that there is adequate financial cover for these events. In certain cases there may be no need for departmental cover, e.g. see the Provincial Administration of the Western Cape (PAWC) footnote below.
However, the department needs to ensure that there is adequate financial cover for these events therefore, if there is no non-UCT cover (e.g. PAWC) the department will need to budget specifically for this themselves.

There are a wide range of circumstances in which exposure to a needle stick injury can occur. Some of these are clear, structured course work situations but some are structured voluntary situations and some are unstructured voluntary situations.

Examples:

- **Structured course work for students covered by PAWC**
  E.g. taking blood from a patient or occupational activity covered in a job description for staff.
- **Structured course work not covered by PAWC**
  E.g. dissecting in laboratories, Hospice, private settings and some community health settings.
- **UCT structured voluntary work**
  E.g. SHAWCO.
- **Non-UCT unstructured voluntary work**
  E.g. student doing St. John's First Aid.

We recommend that the department is obliged to provide cover for structured course work situations and structured voluntary situations. All students in the Health Sciences Faculty need to be educated about circumstances where they will and will not be covered, at the start of the academic year.

NB: This policy has no provision for treatment for any active condition acquired through exposure prior to or after the event. We would like to point out at this point in time the policy does not dictate a specific approach to the situations or rape or interpersonal collision.

**Circumstances which apply to students not covered by the provincial administration of the Western Cape**

Medical students and students in related fields who are working in institutions that are administered by PAWC who are exposed to situations requiring post-exposure HIV and Hepatitis B prophylaxis will receive AZT as laid out in circular H4/0/15/7 from the Provincial Administration of the Western Cape (see attached), which states:

The availability of AZT to health care workers after a significant exposure to HIV infected blood is extended to medical students and students in other related fields of study.

The incident must be fully investigated and documented. Where it is established that the Provincial Administration cannot be held responsible for the incident, the costs incurred will be recovered from the student concerned.

The medical aspects of management of these exposure events to staff and students will be executed by Groote Schuur Hospital (GSH). They will invoice UCT for the cost of this service.

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**POLICY**

**1 DEFINITIONS**

1.1.1 Needle-stick injuries.

1.1.2 Injury with other sharps objects which are stained by blood or blood

1.1.3 Splashes of blood/blood stained body fluids into the eyes and mouth.

1.1.4 Exposure of non-intact skin to blood or blood stained body fluids.
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1.2 Source Person: A person whose blood or blood-stained body fluids have come into contact with a staff or student member by splashing into eyes, mouth or onto broken skin or by accidental injury. If the source person is unknown, the term source person unknown shall be used.

1.3 Accident area: The site of the injury.

1.4 Immediate care area: The area where emergency management of the injured student or staff member is carried out, i.e. the Groote Schuur Hospital Occupational Health Clinic (GSH-OHC) or Trauma Unit after hours.

2. RESPONSIBILITIES OF THE EXPOSED PERSON FOLLOWING AN INCIDENT

Immediate Clinical Action:

2.1 Encourage bleeding. Wash with soap and water, then clean with spirits. (at least with water, if no soap or spirits available)

2.2 Inform person in charge. Office hours - line manager See 2.7

2.3 If Line Manager is unavailable, inform the appointed deputy. Action to be taken within 6 hours:

2.4 In all incidents first proceed to the area where prophylactic treatment may be administered.

2.5 Only obtain the source person's blood for testing the following day. (See Preamble)

2.5.1 The only exception to this case is one involving a source person who will not be contactable the next day (e.g. a patient at a SHAWCO clinic who's residential address is unknown and who may be untraceable the next day).

2.6 If the incident occurs during office hours, report to GSH OHC where the following will take place:

- pre-test counselling
- filling in forms requesting relevant testing
- testing
- receiving test results
- receiving an appropriate supply of antiviral tablets (HIV prophylactic treatment).
- At present:- GSH administer AZT and 3TC if the source person is positive.
  - GSH give nothing if the source person is negative.
  - GSH give AZT only, if the source person is unknown.

Since our plan involves a delay in testing the source person, we prefer to regard the source person as positive until shown to be negative, and hence AZT and 3TC is given until this time.

The hours of service of the Groote Schuur Hospital Occupational Health Clinic (GSH - OHC) will be: (as at June 1998) - Phone for directions, see point 10.
Monday - Friday 08H00 - 16H00
Saturday - Public Holidays 08H00 - 16H00
2.7 If the incident occurs after office hours, report to Groote Schuur Hospital Trauma Unit where the following will take place:

- an initial dose of prophylactic treatment (enough AZT and 3TC tablets for 24 hours) will be administered unless medically contra-indicated (as assessed by Trauma Unit Medical Personnel).
- forms to be filled out.

Proceed to GSH OHC the next day for:

- pre-test counselling
- filling in forms requesting relevant testing
- undergoing baseline testing:
  1. Baseline testing is done to determine the HIV status of the injured person prior to the incident.
  2. If your baseline indicates that you were already HIV positive prior to the incident, no prophylactic treatment will be given since prevention is no longer a possibility.
  3. If you refuse to undergo baseline testing, no prophylactic treatment will be given. The reason for this is that the responsibility for and the expense of the treatment can only be justified if baseline testing objectively indicates HIV negative status prior to the incident.
- to receive results
- receiving an appropriate supply of AZT tablets with your informed consent (one month if source person is unknown and with the inclusion of 1 month of 3TC if the source person is known to be HIV positive).

2.8 When at the GSH OHC, you will be expected to undergo pre-test counselling, filling in request forms requesting relevant testing, undergoing testing and return to receive results. Non-compliance could result in the department not being accountable for the costs incurred.

**Action to be taken the next day:**

2.9 If incident occurred after office hours, inform Line Manager (if staff member - line manager, if student - faculty officer or course supervisor) of incident.

2.10.1 Follow up the source person (being tested) by ensuring your line manager contacts the person-in-charge of the source person who makes the necessary arrangements for:

- pre-and post-test counselling
- filling in forms requesting testing
- undergoing testing.

2.10.2 If there is no suitable person at the setting where the source person is, refer the source person to UCT Student Health Services for arrangements to be made for pre-and post-test counselling and for testing.

3. RESPONSIBILITIES OF THE PERSON IN CHARGE OF THE EXPOSED PERSON. (EG.
LINE MANAGER, or IN HER/HIS ABSENCE, THE DELEGATED DEPUTY

Immediate action:

3.1 Confirm that bleeding was encouraged and washing was done.(see 2.1)

3.2 Telephonically inform GSH - OHC if incident occurs during office hours or Trauma Unit after hours (if the line manager is still on duty).

3.3 Arrange to send exposed student or staff member to GSH as soon as possible (medication should ideally be administered within 6 hours and the

3.4 To ensure that the administration of prescribed treatment is given unless medically contra- indicated (as assessed by GSH Medical Personnel).

3.5 To ensure that the GSH Occupational Health Nurse (OHN) has completed set tasks. (This may only be able to be checked the next working day if the

Later:

3.6 To determine whether there is an identifiable source person involved in the

3.7 Identify, whether there is a person in charge of the source person.

3.8.1 To request their help in persuading the source person to make

3.8.2 Otherwise if the source person is a UCT staff member - contact the

3.8.3 If the source person is a UCT student - contact Student Health.

3.8.4 In other settings the person in charge is to decide where the source

3.8.5 If there is no suitable person at the setting to do the pre-test

3.8.6 Example: If the source person is a patient at Victoria hospital and the

3.9 If the HIV status of the source person is found to be HIV positive treatment

3.10 To ensure that the blood results of the source person reach the GSH OHN
3.10 To ensure that the blood results of the source person reach the GSH OHN so that the exposed person's treatment can be modified, if necessary.

3.11 To inform the UCT OHN about the incident telephonically during office hours. (All Needle Stick incidents must be investigated by the UCT OHN in the first instance and not by the Health and Safety Representatives, owing to the confidentiality required in these potentially sensitive incidents.)

3.12 To ensure the costs in relation to the short term prophylactic treatment, testing and counselling of the source person and the exposed person are dealt with by the department and in relevant cases dealt with by the Provincial Administration of Western Cape (PAWC). Refer to attached annexure.

4. RESPONSIBILITIES OF THE PERSON IN CHARGE OF THE SOURCE PERSON

4.1 To attempt to persuade the source person to make themselves available for:
   - testing for HIV, Hepatitis B and Hepatitis C and Syphilis (VDRL)
   - pre-test counselling
   - completion of forms.

   (Situation for testing, see 3.8)

4.2 If the HIV status of the source person is found to be HIV positive, treatment will not be administered to the source person. Post test counselling procedures will be followed where testing takes place at UCT according to ATTICC guidelines with appropriate referrals.

4.3 To ensure that the blood results of the source person reach the GSH OHN so that the exposed person's treatment can be modified, if necessary. The results of the test should remain confidential to the source person, the tester and the involved GSH OHC Medical Personnel in this process.

4.4 To ensure the account in relation to the testing and counselling of the source person, is sent to the UCT OHN.

5. STEPS TO BE TAKEN AT GROOTE SCHUUR HOSPITAL OCCUPATIONAL HEALTH CLINIC (OFFICE HOURS)

   On arrival:

5.1 Pre-test Counselling of exposed person.

5.2 Ensure consent for testing for HIV, Hepatitis B, Hepatitis C and Syphilis (VDRL) has been obtained.

5.3 Fill in request forms for HIV, Hepatitis B, Hepatitis C and Syphilis (VDRL) tests.

5.4 Take blood specimens and send for testing.

5.5 If incident occurs during office hours, administer AZT tablets (prophylactic HIV treatment) for 24 hours unless medically contra-indicated. If the student or staff member is pregnant, Gynaecology Registrar must be paged to provide counselling in consultation with the specialist on call.

   5.6.1 To ensure that the exposed person fills out a PIF form which must be completed in the event of accidental injury/exposure to blood or blood
stained body fluids.

5.6.2 This form must be sent to the UCT OHN by the GSH OHN.

5.7. Collect baseline test results on:

1. HIV
2. Hepatitis B
3. Hepatitis C
4. Syphillis (VDRL)

5.8 If the exposed person is HIV positive, arrange to do 24 hour follow up counselling and refer the exposed person to their preferred health care provider e.g. Student Health Services (if exposed person is a student), Aids Training Information and Counselling Centre (ATICC) or their General Practitioner, for appropriate follow up counselling.

If the exposed person is Hepatitis B positive, Hepatitis C positive or Syphillis (VDRL) positive, complete counselling and refer to their preferred health care provider.

5.9 Thereafter:

5.9.1 Enquire about and if relevant, locate source person's test results for:

- HIV
- Hepatitis B
- Hepatitis C
- Syphillis (VDRL)

5.9.2 In the event that the source person's results are HIV positive, ensure one month supply of AZT tablets are administered and include one month supply of 3TC in the treatment regimen for the exposed person.

5.9.3 In the event that the source person is unknown, administer AZT tablets for one month.

5.9.4 In the event that the source person is found to be HIV negative, discontinue AZT.

5.9.5 In the event that the source person's results are Hepatitis B positive, proceed with Hepatitis B immunisation and possible immunoglobulin at the discretion of GSH OHC Medical Personnel and other relevant treatment as well as counselling of the exposed person.

5.9.6 In the event the source person's results are Hepatitis C positive, proceed with counselling of the exposed person and refer to their preferred health care provider.

5.9.7 In the event VDRL results are positive, proceed with relevant treatment and counselling of the exposed person.

5.10 Arrange for follow up testing:

1. HIV - 6 weeks, 3 months, 6 months
2. Syphillis (VDRL) - 6 weeks and 3 months
3. Hepatitis C - 3 months and 6 months
4. AZT safety monitoring - 2 weeks, 1 month

5.10.1 Arrange for follow up on appropriate changes to treatment depending on results of the above.

6. RESPONSIBILITIES OF THE GSH TRAUMA UNIT

6.1 Ensure the exposed person completes a PIF form.

6.2 Photo-copy the exposed person's staff or student card (if unavailable record the staff or student number) and send both forms to the GSH OHC.

6.3 Administer initial prophylactic treatment (sufficient AZT tablets for 24 hours or for as many hours required until the exposed person is able to attend the GSH OHC).

6.4 Inform the exposed person to report to GSH OHC at the next opening time (see 2.5).

6.5 Inform the exposed person that if the source person is unknown or HIV positive, a full month course of AZT must be obtained from the GSH OHC and if the source person is positive, 3TC must also be taken for a month (and hence emphasise the importance of returning to ensure appropriate prevention strategy is instituted).

7. RESPONSIBILITIES OF THE UCT OCCUPATIONAL HEALTH NURSE:

Within 6 - 24 hours: (office hours)

7.1 To check Immediate First Aid measures have been applied (see 2.1)

7.2 Ensure that the exposed person has reported to GSH and taken the initial dose of prophylactic treatment

The next day:

7.3 When informed of incident, record the details of:

- the time of the injury
- the name of the exposed person
- the name of the source person if available
- the place of the incident
- the circumstances under which it took place.

7.4 To enquire about the follow up plan for the exposed person:

7.4.1 Discuss with line manager (see 3.1 - 3.12)

7.4.2 Discuss this plan with the GSH OHN (see 5.1 - 5.10 and 6.1 - 6.5)

7.5 To proceed with pre-test counselling, testing and post-test counselling if the source person is a UCT staff member and there is no other suitable person to do pre-test counselling at the workplace.

7.6 To notify the health and safety representative that:

7.6.1 An injury has occurred, but not to divulge details of names and outcomes for confidentiality purposes).
7.6.2 The UCT OHN will be doing the investigation (for confidentiality purposes).

7.6.3 If changes in safety procedures are needed, recommendations will be forwarded to the health and safety representative.

7.7 To report incidents and statistics at Health and Safety meetings, in a confidential manner.

7.8 To follow up on various elements of billing and forward these to the line manager, if valid. Billing elements listed:

1. initial prophylactic treatment
2. pre-test, post-test and crisis counselling of exposed person
3. initial baseline testing for HIV, Hepatitis B, Hepatitis C and Syphillis (VDRL) and counselling of exposed person (see 5.7)
4. source person testing for HIV, Hepatitis B and Hepatitis C and Syphillis (VDRL) and counselling, if relevant

Follow-up for:

- HIV - 1 month prophylactic treatment (not for treatment costs after seroconversion)
- Hepatitis B - possible immunoglobulin injection and 3 immunisation doses
- Syphillis - treatment course
- remaining testing procedures (see 5.10)

7.9 To validate incidents and to inform the HOD of the involved exposed person.

8. RESPONSIBILITIES OF THE HEALTH CARE WORKER AT STUDENT HEALTH SERVICES

8.1 To be available for pre- and post- test counselling (office hours) of the source patient if there is no other suitable person at the workplace.

8.2 Prior to testing source person, obtain consent to inform result to GSH OHC and exposed person. (There is legal provision for a court order, should the source person refuse consent).

8.3 To ensure signed consent for testing is acquired for the HIV test and informed consent for Syphillis (VDRL), Hepatitis B and Hepatitis C tests.

8.4 To inform the GSH OHC, who counselled the exposed person, of the result.

8.5 To contact the UCT OHN to arrange transport to deliver the source person's blood to GSH as soon as possible. If the UCT OHN is unavailable, Campus Protection Services must be contacted to assist.

8.6 To ensure the appropriate post test counselling procedure is organised. (If the source person is found to be HIV positive, arrange for 24 hour follow up counselling and then refer appropriately.)

9. RESPONSIBILITIES OF THE UCT HEALTH AND SAFETY REPRESENTATIVE

9.1 Due to sensitivity of the situation, the UCT OHN will conduct the investigation into the incident.
9.2 The health and safety representative should strive to make contact with the UCT OHN, to determine whether there were any recommendations of health and safety procedures to be instituted and followed up.

9.3 Where the incident involves UCT staff members, report the injury to the UCT OHN, who will report the injury to the Compensation Commissioner.

9.4 The UCT OHN is to complete Annexure 2 which must be brought to the next Health and Safety Committee meeting.

10. RELEVANT TELEPHONE NUMBERS

- Groote Schuur Hospital 4049111
- Groote Schuur Hospital Paging service 4043333
- Groote Schuur Hospital Occupational Health Clinic 4045485/6
- Groote Schuur Hospital Trauma Unit 4044403/4112
- UCT Occupational Health Nurse, Sister Sue Key 6503873
- UCT Student Health Service - Director, Dr Kevin Gough 6503662/3000
- UCT Health and Safety Officer, Mr John Tunstall 6502227

11. COST IMPLICATIONS FOR SHORT-TERM POST INCIDENT PROPHYLAXIS

Each faculty/administrative department is expected to:

11.1 Estimate the possible frequency of incidents requiring post-exposure prophylaxis.

11.2 Estimate the costs of medical management by contacting UCT OHN (which in June 1998 involves R2000 where the HIV status of the source person is unknown and R3000 where the status is known to be positive).

11.3 Set aside finances in its annual budget to cover the above cost of medical management as an insurance option was explored but was found to be prohibitive. Contact the Insurance Office for current formula for budgeting for these expenses.

12. EDUCATION

According to the Occupational Health and Safety Act, line managers are responsible for the training of their employees re:

- safe working procedures, i.e. Universal Precautions in respect of HIV
- the availability of personal protective equipment
- training in the use of personal protective equipment.

They have a duty to inform employees about:

12.1 Health and Safety Policies, i.e. Needle-stick injury Policy.

12.2 To provide training in Policy procedures.

It is essential that students "at risk" be regarded as employees regarding the above.

For further information contact:

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