

## INFORMATION SHEET FOR EMPLOYEES WHO HAVE SUSTAINED A NEEDLESTICK INJURY OR OTHER BODY FLUID EXPOSURE

### Immediate Action

All employees who have sustained a bloodborne pathogen exposure should wash exposed area immediately and report to the health care provider (after notifying their supervisor) for initial evaluation and treatment. After evaluation, employees should report to Occupational Health (the same day or next business day if after hours or on the weekend) to set up a file and for further follow up. No appointment is necessary.

### Bloodborne Pathogen Exposure Risks

Employees who have sustained a needlestick or other similar type of exposure to blood or body fluids (e.g. splash) are at possible risk for development of several transmissible diseases, the most important of which are: HIV (human immunodeficiency virus or AIDS), hepatitis B and hepatitis C. More information about each of these diseases appears below.

I. **HIV (AIDS):** Although HIV is a serious disease, it is very difficult to transmit by needlestick injury. What is the risk of HIV infection after an occupational exposure?

- Exposures from needlesticks or cuts cause most infections. The average risk of HIV infection after a needlestick/cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no cases of HIV transmission documented due to an exposure involving a small amount of blood on intact skin. The risk may be higher if the skin is damaged (e.g., by a recent cut) or if the contact involves a large area of skin or is prolonged.
- If the source of the needlestick is unknown or not at risk for HIV then the chance that the source is positive is very low.
- If you should develop fever, chills, muscle aches, or severe headache during the next six months, it is important that you return for re-evaluation, since there is a possibility that these nonspecific symptoms could be related to HIV. Most such illnesses, however, are not related to HIV.

Risk from all exposures is probably increased if the exposure involves a larger volume of blood or a higher amount of HIV in the patient's blood. Source-patients near death with AIDS or patients with symptoms of acute HIV infection usually have higher amounts of HIV in their blood.

The health care provider will help to assess if there is any significant risk to you, and if there is, then you will immediately be referred to the Infectious Disease Clinic, Walter Reed Army Medical Center (WRAMC), and be followed by an infectious disease specialist. Treatment may be offered to you which may reduce the risk of you becoming infected with HIV. Even if your risk is considered very low, you should undergo testing, and be followed in the Occupational Health Clinic to be sure that you have not become infected.

II. **Hepatitis B:** Hepatitis B is a viral infection involving the liver which constitutes an important risk associated with needlestick exposures. Hepatitis B virus (HBV) is transmitted much more easily than HIV.

- The risk of transmission of HBV after an exposure depends on the amount of the virus in the blood or body fluid and correlates with the presence or absence of hepatitis B e antigen (HbeAg) in the source patient. Estimates of infectivity range from 2 percent (HbeAg absent) to 40% (HbeAg present).

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(Previous editions are obsolete.)

- The risk of HBV infection from body fluids, other than blood, is much lower.
- Fortunately, we have treatment available that helps considerably in preventing the development of hepatitis B and will lessen its severity if you become infected. We also have a safe and effective vaccine which is required for healthcare workers who have potential for exposure to blood or body fluid at the FGM MEDDAC. Your health care provider will assess the risk that you may have been exposed and prescribe appropriate therapy and/or follow-up in the Occupational Health Clinic as required. Should you develop: yellow color in the normally white portion of your eyes, marked darkening of your urine; or significant nausea and abdominal pain during the next six months, return to the Occupational Health Clinic for re-evaluation, as these may be signs of hepatitis.

**III. Hepatitis C:** Hepatitis C is another viral liver infection, and used to be the most common transfusion-associated infection, known as non-A, non-B hepatitis. We now have a screening test for hepatitis C which permits the exclusion of most infected blood from use. Even more commonly than with hepatitis B, hepatitis C can progress to chronic liver disease.

- The risk of getting hepatitis C from a known positive source is not well established, but appears to be about 2-10% by needlestick blood exposure.
- If the health care provider finds that the source might represent a significant risk for hepatitis C, you will be given a referral to the WRAMC Infectious Disease Section. Unfortunately, unlike hepatitis B, no passive or active immunization products are yet available to prevent hepatitis C infection.

**General counseling recommendations to prevent the transmission of HIV, hepatitis B and C to others until your case has been closed without evidence of these infections are listed below:**

- Refrain from donating blood, organs, tissue or semen.
- Do not share tooth brushes and razors.
- Safe sex practices to include the use of barriers (e.g., latex condoms). Hepatitis C infection can be transmitted to steady sex partners. The risk for transmission is low despite long-term, ongoing sexual activity, but having multiple sexual partners has been associated with an increased risk of acquiring hepatitis C. At this time there is insignificant data to recommend changes in current sexual practices for persons with a steady sexual partner. Additional counseling to discuss risk and changes in sexual practices can be obtained through confidential consultation in the Preventive Medicine Service.
- Transmission of these viral agents has been shown to occur in pregnancy and possibly in breast milk for HIV. If you are either pregnant or breast feeding you should contact your personal physician for further guidance.

### **Bloodborne Pathogen Exposure Control Plan**

MEDDAC/DENTAC Reg 40-19 is the MEDDAC's Bloodborne Pathogen Exposure Control Plan (BBPECP). A copy is located in the MEDDAC Infection Control Policy and Procedure Guide and is available on every shift in work areas where there is a risk for potential blood and body fluid exposure. It is also available on the MEDDAC's web site, in the Electronic Publications section. Employees should be familiar with the program and conduct all operations in accordance with the BBPECP to reduce the incidence of bloodborne pathogens exposure. Questions about this program should be directed to Infection Control.