A Needlestick or similar injury has occurred. Has the injured Health Care worker sustained a **SIGNIFICANT INJURY**? For the injury to be considered significant, both the **TYPE OF INJURY** + **BODY FLUID** must both be **HIGH RISK**.

**The Injury Was…**
- Percutaneous exposure (eg. Needlestick or other sharps injury)
- Body Fluid splash to **broken skin**
- Human bites that **break the skin**
- Mucous Membrane exposure (eg. Eye)

**Body fluid involved was…**
- Blood
- Pleural fluid
- Blood-stained low risk fluid
- Saliva associated with dentistry
- Semen
- Vaginal Secretions
- Breast Milk
- CSF
- Synovial Fluid
- Pericardial fluid
- Unfixed tissues or organs
- Peritoneal fluid

**Yes**
- **High Risk Injury**

**No**
- **Low Risk Injury**
  - Splash onto intact skin

**Low Risk Body Fluid**
- Urine
- Vomit
- Saliva
- Faeces

**You have high risk injury + body fluid.**
**TREAT AS HIGH RISK EXPOSURE.**
Sharps Post-Injury Protocol

Who does what? The chart below outlines the responsibilities of everyone involved in the injury.

**INJURED HEALTHCARE WORKER**

- Carry out first aid.
- Advise Clinician / Nurse in charge of clinical area.
- Contact Occupational Health within 1 hour for advice and to arrange follow up.
- Access nearest emergency treatment available.
- Complete Injury Report.

**CLINICIAN / NURSE IN CHARGE**

- Complete source patient risk assessment tool. Arrange to take source patients bloods for Hepatitis B, Hepatitis C and HIV if consent given.
- Please contact Occupational Health if any advice required regarding these steps.
- Arrange for bloods to be sent urgently to Virology and contact lab to inform them of sample.
- Advise Occ Health of source patient’s bloods results as soon as possible.

**OCCUPATIONAL HEALTH FOLLOW UP**

- Storage blood taken from injured Healthcare worker at the time of the injury or advice given on onboarding storage bloods within clinical area.
- Initial follow up includes assessment of hepatitis B status and arranging follow-up blood borne virus (BBV) testing as appropriate.
- The need for follow up BBV testing will be based on the source patient’s blood borne virus screening results. If the source results are negative then follow up testing of the injured person can be stopped. If results are positive or no results are available, then testing of the injured person will continue. Follow up testing involves HIV testing at 6 and 12 weeks and Hepatitis B and Hepatitis C testing at 6, 12, and 24 weeks after injury.
- The clinician taking bloods from the patient is responsible for notifying Occupational Health of the results.