



Needlestick Injury Guidelines

DEFINITIONS

“Exposed person” refers to the pharmacist who was exposed to blood or body fluid.

“Source patient” refers to the patient whose blood or body fluid the pharmacist was exposed.

1. PURPOSE

- 1.1. Providing certain services in a pharmacy, especially injections, carries a risk for the pharmacist and pharmacy personnel of being exposed to the blood and body fluids of patients, particularly via needlestick injury. Exposure to the blood/body fluids of another person can result in the transmission of diseases like HIV, hepatitis B and hepatitis C.

This document provides an overview of:

- self-protection measures
- preventing needle stick injuries in the workplace
- procedures to follow in the event of an injury
- information on post-exposure management

2. PROCEDURES

2.1. Self-Protection Measures

- 2.1.1. Pharmacies should have a policy for accepting post-consumer returns that all pharmacy staff members should be familiar with. The policy should include but not limited to:
 - 2.1.1.1. Before touching or accepting any post-consumer returns, ask the patient if there are any sharps;
 - 2.1.1.2. All sharps must be returned to the pharmacy in a designated sharps container;
 - 2.1.1.3. Always wear gloves when handling post-consumer returns;
 - 2.1.1.4. All post-consumer returns must be in a clear plastic bag so all content is visible;
 - 2.1.1.5. Assume that any bag left on the counter could contain hazardous materials;
- 2.1.2. Pharmacists and pharmacy personnel responsible for handling blood/body fluids or providing injections should be vaccinated for hepatitis B as recommended by the [Public Health Agency of Canada](#) (PHAC);

- 2.1.2.1. Post-hepatitis B immunization antibody testing should be conducted as outlined in the [Canadian Immunization Guide](#);
- 2.1.3. Pharmacies should follow the standards for workplace setting and 'administration of drugs procedures manual' as outlined in SCPP's [Administration by Injection and Other Routes](#);
- 2.1.4. A pharmacy's emergency response protocol should include the nearest location of a Ministry of Health [PEP \(Post-Exposure Prophylaxis\) Kit](#);

2.2. Prevention of an Exposure Incident/Needlestick Injury

Most exposure incidents and needlestick injuries can be prevented by taking the appropriate precautions:

- 2.2.1. Assess the patient's readiness and ability to cooperate to allow the injection. Request that the patient remain calm and avoid sudden movements. Request assistance if necessary;
- 2.2.2. Have everything you will need to administer an injection within arm's reach;
- 2.2.3. When required to re-cap a needle, use the one-handed needle recapping method;
- 2.2.4. Do not recap a used needle. As with all sharps, immediately discard the used needle and attached syringe in a designated sharps container; and
- 2.2.5. Seal and dispose of sharps containers when they are no more than $\frac{3}{4}$ full. Sealed sharps containers should be disposed of in a designated receptacle;

2.3. Immediate Management of an Exposure Incident

- 2.3.1. Perform Basic First Aid to the Exposed Area as outlined in Advanced Method Certification training:
 - 2.3.1.1. Needle Stick Injury: Allow the wound to bleed freely, "milking" the wound if possible, then wash liberally with soap and water;
 - 2.3.1.2. Skin and Mucous Membranes: Rinse immediately and thoroughly using water or a saline solution;
- 2.3.2. Report the incident to the Pharmacy Manager or immediate supervisor; and
- 2.3.3. **Immediately** report to a hospital or emergency health care facility to be assessed. This step should be taken within 2 hours;

2.4. Post-Exposure Management

- 2.4.1. The “Guidelines for the Management of Exposures to Blood and Body Fluids” by the Saskatchewan Ministry of Health is a resource for health care providers managing an individual who has experienced an exposure to blood or body fluids;
- 2.4.2. Management of the exposed person by a hospital or urgent care provider includes:
 - 2.4.2.1. Performing a risk assessment:
 - 2.4.2.1.1. Information collected from the exposed person regarding details of the exposure; and
 - 2.4.2.1.2. Interviewing and/or testing the source patient, pending informed consent. This is to provide the most appropriate care to the exposed person;

It is recommended that the Pharmacy Manager or another pharmacist obtain consent to share the source patient’s contact information with the exposed person’s health care provider.

Note: Consent must be informed, specific, **given voluntarily** and documented.

- 2.4.2.2. Testing for HIV, hepatitis B and hepatitis C;
 - 2.4.2.3. Determining if the use of PEP (post-exposure prophylaxis) is necessary;
 - 2.4.2.4. Providing follow up testing, counselling and monitoring;
 - 2.4.3. If HIV PEP is indicated, ART (antiretroviral therapy) medications are most effective if initiated within 2 hours of the exposure. ART medications are unlikely to be of benefit if started more than 72 hours post-exposure;
 - 2.4.3.1. HIV PEP **starter kits** are provided by the Saskatchewan Ministry of Health. They are available from a variety of [health care facilities](#);
 - 2.4.3.2. If the initial or ongoing risk assessment indicates that HIV PEP should be continued, the full treatment period is 28 days. The remaining course of HIV PEP medications can be obtained from a community pharmacy with a prescription.

2.5. Reporting Requirements

- 2.5.1. Once the exposure incident has been attended to by health care professionals it will need to be reported to [Saskatchewan Workers Compensation Board](#) by the exposed person, the employer and the attending physician;

2.5.2. The exposed person should follow their employing agencies incident reporting protocols.

3. RELATED RESOURCES

- 3.1. Saskatchewan Ministry of Health – [“Guidelines for the Management of Exposures to Blood and Body Fluids”](#)
 - [Section 3](#) ART for HIV PEP:
 - billing information for ongoing HIV PEP medications
 - potential adverse effects of ART
 - special considerations for renal insufficiency, pregnancy and breastfeeding
 - [Appendix 5](#) Antiretrovirals in HIV PEP Kits - includes dosing adjustments for renal and hepatic impairment
 - [Appendix 17](#) Decision Making - detailed algorithms on the management of an exposed person
- 3.2. Saskatchewan Drug Plan – [HIV Post-Exposure Prophylaxis \(PEP\) Treatment](#) Claims details for community pharmacists dispensing the remaining course of HIV PEP medications.
- 3.3. Public Health Agency of Canada (PHAC) – [“Routine Practice and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings”](#)

4. ACKNOWLEDGEMENTS

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