

Faculty of Medicine
**Microbiology Diagnostics &
Infection Control Unit (MDICU)**
Medical Microbiology & Immunology Dep.



كلية الطب
وحدة التشخيص الميكروبي
ومكافحة العدوى
بمستشفيات جامعة المنصورة
قسم الميكروبيولوجيا والمناعة الطبية

Needle stick policy in Mansoura University Hospitals

سياسة التعامل مع الوخز بالإبر والآلات الحادة في مستشفيات جامعة
المنصورة و المراكز الطبية

مدير وحدة التشخيص الميكروبي ومكافحة العدوى

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Date : 11/6/2008
From : Director of Microbiology Diagnostics and Infection Control Unit (MDICU).
To : Dean Faculty of Medicine
Subject : Needle stick policy.

Needle stick policy

Immediate action after injury:

(1) Taking care of the wound immediately after the accident

- Let the wound bleed for a moment and then cleanse thoroughly with water or a saline solution don't squeeze or suck.
- Disinfect the wound using an ample amount of soap and water followed by 70% alcohol.
- In case of contact with mucous membranes it is important to rinse immediately and thoroughly, using water or a saline solution only, not alcohol.

(2) Reporting the incident

- It is important to report the incident immediately to the infection control team. This will allow proper registration and subsequent management of the event.

(3) Immediate action (dealing with the potential source)

- If the source of the blood is known the patient must be asked for permission to sample blood for a HBV, HCV and HIV test.
- If the patient refuses then it must be assumed the patient is a carrier of the virus.
- If the origin of the blood is unknown then any blood present on the needle can be used for a serological examination.

(4) Immediate action (injured person)

- A blood sample should be taken as soon as possible after the injury.

Treatment approaches

- Management is based on finding out whether there is a risk of HBV, HCV or HIV depending on the serological analysis of the sample.

What to do after a potential HBV infection

- Management of the situation is based on whether or not the injured person is immune for HBV, either as a result of vaccination or otherwise. There are two possibilities:

Subject has full immunity, if:

- the person has had at least three vaccinations against HBV plus a subsequent check for antibodies
- the person has had hepatitis B in the past.
- the anti HBs ab is more than 100 IU/l
- **In this case, the injured person need not receive any prophylaxis.**

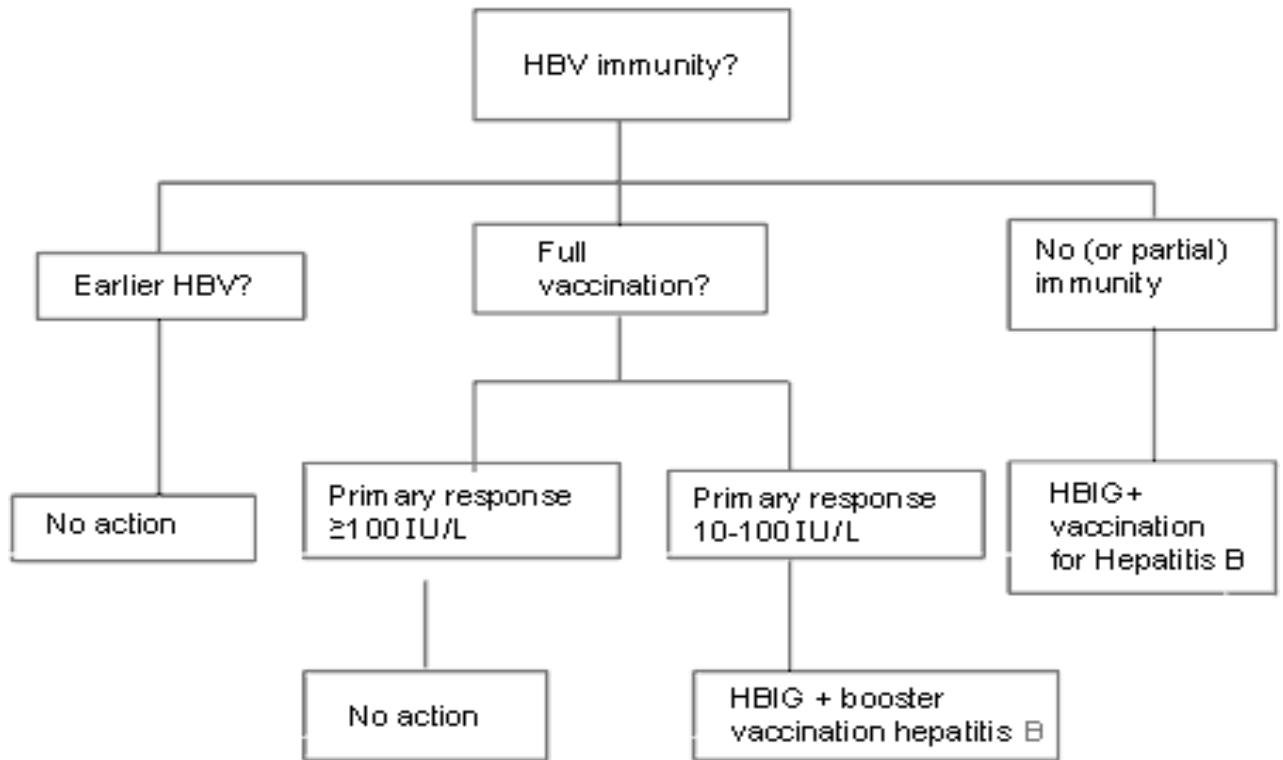
Subject has a partial immunity, if:

- there was only a limited vaccination against HBV (dose was not completed).
- the anti HBs ab is 10-100 IU/l
- **In this case the injured person needs to receive 5 ml intramuscular hepatitis B immunoglobulin (HBIG) which should be given within 48 hours of the injury + booster dose of the hepatitis B vaccine.**

Subject has no immunity, if

- There was no vaccination against HBV at all in the past.
- the anti HBs ab is less than 10 IU/l
- **Should this be the case then 5 ml intramuscular hepatitis B immunoglobulin (HBIG) should be given within 48 hours of the injury + HB vaccine in three doses separated by one week interval.**

Prevention of HBV infection after accidental exposure to blood



What to do after a potential HCV infection

- There is no effective drug prophylaxis for HCV.
- The injured person should receive a polyvalent IG given within 48 hours of the injury.
- The case should be followed closely for 12 months and a serological examination for HCV should be done after 2, 6 and 12 months of the incident.
- If one of these follow up analyses finds HCV antibodies, the level of liver enzymes should be followed up every two months.
- In case of a positive HCV case, a combination treatment of interferon and ribavirin is the treatment of choice. A liver specialist should be consulted.

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