To obtain urgent advice:

Contact the A&E Department of your nearest hospital.

Then, at the earliest opportunity, report the incident to the University Safety & Environmental Protection Service with all available details on the next working day.

PLEASE NOTE:

Comprehensive advice about dealing with with Needlestick Injuries is available on the University's Safety & Environmental Protection website:

http://www.gla.ac.uk/services/seps/accident semergencies/

For Hep B virus exposure, regardless of the Hep B status of the source, the staff member/student is **not at risk** if they have shown an **adequate antibody** response following vaccination

Safety & Environmental Protection Service Pearce Lodge, University of Glasgow, Glasgow G12 8QQ Tel: +44 (0)141 330 5532

Fax: +44 (0)141 330 3545

safety@gla.ac.uk

Help

and

Support



URGENT ACTION

to be taken in the event of

NEEDLESTICK INJURY

or

other contamination incident involving

HUMAN BLOOD/BODY FLUIDS

Occupational Health Unit, 63 Oakfield Avenue, University of Glasgow G12 8LP, Scotland, UK

Tel: +44 (0)141 330 7171 Fax: +44 (0)141 330 3578 email: ohu@admin.gla.ac.uk

URGENT ACTION TO BE TAKEN IN THE EVENT OF NEEDLESTICK INJURY

In the event of a needlestick injury or contamination incident involving human blood or other body fluids, immediate action should be taken as follows:

- Wash the site liberally with soap and water (without scrubbing)
- Irrigate mucous membranes / conjunctivae with large quantities of water
- Bleeding must be encouraged for puncture wounds. Do not suck the site.
- Report the incident immediately to your "supervisor".
- Assess the risk as follows (this may be with the help of your "supervisor")

The following can be considered HIGH risk exposures:

- Exposure of body fluids involving percutaneous injury, contact with broken skin or the mucous membranes.
- Exposure to blood/body fluids from a subject known or strongly suspected to be at high risk of being infected with a range of blood-borne viruses.

Immediate action will be necessary based on the results of the risk assessment.

If "source" patient is available it may be considered appropriate (following a full explanation and with informed consent) to ensure that comprehensive personal details are obtained from the "source" patient and for a blood sample to be taken which should be sent to nearest virology laboratory to be tested for Hep B, Hep C and HIV with a request for an urgent response.

To obtain urgent advice:

Contact the A&E Department of your nearest hospital.

Then, at the earliest opportunity, report the incident to the **University Safety & Environmental Protection Service** with all available details on the next working day.

The following can be considered LOW risk exposures:

- Exposure of intact skin to any contaminate body fluids
- Exposure via any route to body fluids other than blood e.g. urine, vomit, saliva and faeces
- Exposure to body fluids/blood from a source known to be negative for blood borne viruses (Hep B, Hep C and HIV)
- For Hep B virus exposure, regardless of the Hep B status of the source, the member of staff/student is not at risk if they have shown an adequate antibody response following vaccination.