COLLEGE OF PHARMACISTS OF MANITOBA

# NEEDLE STICK INJURY GUIDELINES

This reference document will outline information on prevention of needle stick injuries in the workplace and the procedures to follow in the event of an injury.

Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) are the diseases of concern for needle stick injuries with the highest risk of transmission occurring with Hepatitis B. **Under *The Workplace Safety and Health Amendment Act*, Section 45.1(3), *the employer must develop procedures to be followed in a medical workplace when a worker suffers a needle stick injury1 including instructions for the worker suffering the injury.***

Post exposure to a patient's blood via a needle stick injury is a serious health concern for pharmacists providing injections therefore it is required that pharmacy managers ensure all employees at risk of injury are educated in needle stick prevention and the protocol to follow should an injury occur.

## Prevention

Needle stick injuries are often associated with these activities:

- Recapping needles
- Failing to dispose of used needles properly in a puncture-resistant sharps container
- Trying to do several things at the same time, especially when disassembling or disposing of needles
- Difficult patient situations such as an immediate patient reaction to injection whether it be a patient experiencing an anaphylactic reaction, fainting or a child refusing injection

Reduce your risk by:

- Not recapping needles. If necessary, use the single-handed scoop technique
- Keeping handling of sharps to a minimum
- Only using safety-engineered needles (See *The Workplace Safety and Health Amendment Act* (Needles in Medical Workplaces) for more information)
- Placing sharps containers at eye level and within arms' reach
- Disposing of sharps immediately after use in designated sharps containers
- Sealing and discarding sharps containers when they are three-quarters full
- **Before** the beginning of a procedure, establishing means for the safe handling and disposal of sharps devices
- Ensuring patient is prepared for the procedure
- Ensuring your sharps handling policies and procedures are up to date and reviewed regularly by all affected staff
- Ensuring Hepatitis B vaccinations for pharmacy personnel are current. Pharmacist should have post immunization titre testing done to confirm immunity to Hepatitis B
- See Section 39 "Health Care Facilities" of the Workplace Safety and Health Regulation to the *Workplace Safety and Health Act* focusing on the areas of infectious materials and sharps containers

Review the pharmacy setting's environment, workflow, policies and procedures and make adjustments as needed to mitigate as many of these risks as possible.
*(Adapted from Alberta College of Pharmacists, The Link, September 10, 2013}*

**Manitoba Post Exposure Protocol**

**Definitions and Introduction**

Exposed*:* Individual who comes into contact with the potentially infected blood/body fluid.
Source: Individual from whose body the potentially infected blood/body fluid originated from.

*The Integrated Post-exposure Protocol for HIV, HBV and HCV: Guidelines for Managing Exposures to Blood and Body Fluids* from the Communicable Disease Control branch of Manitoba Health and Healthy Living is the protocol followed for a needle stick injury in Manitoba. A risk assessment of the exposure incident is conducted evaluating body fluid involved, type of exposure and evaluation of the Source (patient} if consent given. The Exposed (pharmacist} may have baseline testing done for Hepatitis B (HBV}, Hepatitis C (HCV} and HIV. If the Source (patient} has given consent then they also may have testing done. Post Exposure Prophylaxis (PEP} will be implemented weighing the risk and benefits of PEP based on the risk assessment of the exposure incident and evaluation of the Exposed (pharmacist}. Post Exposure Prophylaxis may include Hepatitis B vaccine, Hepatitis B immunoglobulin and/or HIV regimens. There is no known effective chemoprophylaxis or immunoprophylaxis for individuals exposed to an HCV-positive source. However, post-exposure testing, information sharing and medical follow-up may be indicated. Please see The Integrated Post-Exposure Protocol for HIV, HBV and HCV: Guidelines for Managing Exposures to Blood and Body Fluids for more information.

**Post Exposure Action**

1. Remove gloves or clothing to determine the injury area.
2. Encourage the wound to bleed.
3. Immediately wash the area well with soap and water but do not scrub.
4. Report the incident to your pharmacy manager.
5. Seek medical treatment promptly.

    **Option 1** - Proceed to local emergency department within 2 to 4 hours of exposure and not longer than 72 hours. Post exposure treatment to prevent infection is most effective if given promptly. Attend the nearest Urgent Care. The medical staff should be informed that the pharmacist will be filing a Workers Compensation claim as a medical report of the injury will need to be submitted to Workers Compensation. If being seen at Urgent Care during an Occupational Health nurse's off hours, pharmacists can call the Occupational Health nurse closest to them for advice and the Nurse will follow up on the next working day. Please check Occupational Health Services site for the latest Occupational Health Services and Designates Contacts – Provincial list. Those outside of Winnipeg should call the Occupational Health nurse in the Regional Health Authority at the site closest to them. The Exposed pharmacist must then see their family physician for all follow up treatment.

**Option 2** - The Occupational Health section of Winnipeg Regional Health Authority {WRHA) has set up contracts with some organizations to provide Post Exposure treatment services to their employees. **If** the community pharmacy has a contract with Occupational Health of the WRHA {see information below) or if the pharmacist works for the WRHA, then the Exposed pharmacist would contact the Occupational Health nurse at the site closest to them - Concordia, Victoria, Grace, Seven Oaks or Health Sciences. {St. Boniface Hospital is not a participant). Please check Occupational Health Services site for the latest Occupational Health Services and Designates Contacts – Provincial list. Regional Health Authority workers can also call the Occupational Health nurse at the site closest to them and will be assisted. The Occupational Health nurse would assess the risk, determine the baseline for HBV, HCV and HIV and provide the necessary treatment. Once consent has been obtained from the Source, the nurse would also contact the Source for the necessary blood work. The Occupational nurse will provide follow-up care for the Exposed pharmacist at 3 and 6 months as well as counselling as needed.
**For information on setting up a contract with WRHA Occupational Health, please contact Bernice Irvine, Manager WRHA Occupational Health and Disability Case Management at 204-926-1041 or BIrvine@wrha.mb.ca.**

6. The Exposed pharmacist and pharmacy manager must fill out an injury report and the pharmacist must submit a claim to Workers Compensation {or phone in the claim at 204.954.4100). Post exposure treatment may include vaccinations, immune globulin and/or HIV post exposure prophylaxis and if required post exposure counselling.
   An injury report should include the following information:
   - Date, time and location of the exposure.
   - Job duty being performed at the time of exposure.
   - Details of exposure incident {e.g. needle used, severity of exposure, Source).
   - Precautions taken while performing the job.
   - Witnesses.
   - Factors that may have contributed to the exposure incident.
   - If pharmacist was previously vaccinated against HBV.
   - Action taken after exposure.

**Obtaining Consent of Source for testing**

All testing is voluntary unless a court order has been issued. Both the Exposed and the Source have the right to refuse testing for HBV, HCV and HIV. In most cases the Exposed {pharmacist) should not be involved in obtaining consent of the Source {patient). The pharmacy manager or delegate should have a discussion with the Source to obtain their consent either verbally or in writing but the consent should be documented. Consent from the Source is also required to provide the results of the testing to the Exposed.

It is recommended to obtain consent of the patient for testing, should a needle stick injury occur, before an injection is even administered.

**Filing with Workers Compensation Board**

A needle stick injury requires immediate and possible short/long term medical treatment and in some cases post exposure counselling. If a pharmacist is injured at work he/she must file a Workers Compensation Board report. It is important for the Exposed pharmacist and pharmacy manager/ employer to submit the necessary claims to the Workers Compensation Board. Please view the Workers Compensation Board of Manitoba website for complete information and applicable forms.

**References**


Alberta College of Pharmacists, The Link, September 10, 2013
Saskatchewan College of Pharmacists - Guidelines for Post-Exposure to Blood, September 21, 2010
Manitoba Health, Communicable Disease Control Branch - Integrated Post-exposure Protocol for HIV, HBV and HCV: Guidelines for Managing Exposures to Blood and Body Fluids, March 2009
The Workplace Safety and Health Act - Manitoba
World Health Organization - Best practices for injections and related procedures toolkit, March 2010
Manitoba Health Fact Sheet - *Exposure to Infected Blood or Other Body Fluids*
*Information for Occupational Settings, September 2009*
Workers Compensation Board website - https://www.wcb.mb.ca/