



## **Emergency Department care of patients who have been potentially exposed to blood borne viruses by needlesticks**

### **– A position statement**

- The Emergency Department (ED) should provide initial care to all patients presenting with needlestick injuries sustained in the community. If the injury was sustained at work, treatment should be provided if the patient cannot access occupational health the same day. There should be no charge for this as it constitutes emergency treatment.
- A protocol or checklist is recommended. The initial care should include:
  - A risk assessment for the transmission of blood borne viruses and discussion with the patient of those risks.
  - Taking blood for baseline hepatitis B, C and HIV status with consent.
  - Provision of the first dose of hepatitis B vaccine, if required.
  - Provision of the first doses of post exposure prophylaxis for HIV in the form of triple therapy antiretrovirals, if required.
  - Availability of microbiology advice to support decision making.
- All subsequent follow up for a needlestick injury should be provided by the patient's GP, occupational health service, infectious diseases or sexual health department.
- The ED should send a letter to the service that will follow up the patient detailing the initial assessment and treatment. There should be an arrangement in the hospital as to how positive virology results are followed up should this occur.

*Clinical Effectiveness Committee, February 2013*