

Needlestick & Sharps Injuries: Action Guide for Staff



What to Do After Contact with Blood or Body Fluids

1. Allow the wound to bleed naturally.

- Do not squeeze the wound or apply bleach, alcohol, or other harsh chemicals.

2. Clean the area immediately.

- Wash thoroughly with soap and water (do not scrub). Dry and cover with a clean, waterproof dressing.

3. Document what happened.

- Record any details available, including the date, time, location, and source of contact, if known.

4. Tell your supervisor.

- Let your supervisor know as soon as possible.

5. Seek medical care.

- Go to the nearest emergency department for an assessment, ideally within a few hours. Tell the triage nurse you had a needlestick injury and may have been exposed to blood.
- Request assessment, baseline testing, and treatment if needed. Ask for results to be sent to your healthcare provider.

At the hospital:

You may be offered post-exposure prophylaxis (PEP), which may include medications, vaccines, or other preventive treatment to reduce the risk of infection.

- Blood tests may include hepatitis B, hepatitis C, and HIV, with follow-up testing over the next three months.
- A tetanus vaccination may also be recommended.

The chance of getting an infection from a needlestick injury is low, but follow-up is still important. Hepatitis B has the highest risk if a person is not vaccinated, estimated at 6% to 30%. The risk is much lower for hepatitis C, about 1.8%, and HIV, about 0.3%.

In community settings, the risk is usually even lower because the needle often has not been used recently, may not contain fresh blood, and the injury is often shallow.

Wash, report, get assessed. Quick action supports timely treatment and follow-up.