

# LA TROBE UNIVERSITY

## GUIDELINE – NEEDLE STICK INJURY

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A needle stick injury can be a worrying time for the recipient. It is important that all needle stick injuries are reported and follow up promptly.

The following information is provided as a guideline in the actions required following a needle stick injury.

### **COURSE OF ACTION**

Report any needle stick injury to your supervisor.

### **Action for Administrative Managers, Heads Of Schools and Departments**

Where the original user of the needle is unknown (discarded syringe), the initial efforts are to be directed at reducing the risk of exposure to contracting an infectious illness.

- Immediate first aid – wash the site.
- Assess the nature and degree of exposure - was the skin punctured, did bleeding occur, and did the needle /syringe have visible blood contamination?
- Refer to medical advice for post exposure prophylaxis. This may include Hepatitis B immune globulin intramuscular injection if exposure is less than 72 hours from time of exposure injury, Hepatitis B vaccination, Tetanus vaccination based on tetanus immunisation history and type of wound.
- Provide counselling for staff or students.  
For staff counselling is available through the University Employee Assistance Provider <http://www.latrobe.edu.au/hr/ohs/employee-assistance.htm>  
For students counselling is provided through LTU Student Counselling Services. <http://www.latrobe.edu.au/counselling/>
- Review tasks being undertaken which led to needle stick injury and implement changes to processes, practices as required
- Education. Review current information available in school/department handbooks.
- Complete an Incident Report, <http://www.latrobe.edu.au/hr/forms/ohs.htm> and attach a first Aid treatment record.

Where there is a body substance exposure accident to staff / or a students in the health sector the management is similar to that described above.

Occupational Health and Safety Section

This guideline was endorsed by the Executive OHS Committee 5 March 2007.