Managing sharps injuries

1. First aid

- Gently encourage bleeding
- Wash with soap and water
- Mucosal exposure: wash copiously with water or saline
- Wash eyes before and after removing contact lenses
- Cover with impermeable dressing

2. Assess incident risk

<table>
<thead>
<tr>
<th>Incident risk:</th>
<th>High</th>
<th>Low</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Deep</td>
<td>Superficial</td>
<td>No skin breach</td>
</tr>
<tr>
<td>Needle use</td>
<td>Intravascular</td>
<td>Suturing/Subcutaneous</td>
<td>Not used on patient</td>
</tr>
<tr>
<td>Age of sharps</td>
<td>Recently used</td>
<td>Old, discarded</td>
<td>Contact with low risk fluids:</td>
</tr>
<tr>
<td>Blood on sharps</td>
<td>Visible</td>
<td>Not visible</td>
<td>Saliva, Urine, Vomit, Faeces</td>
</tr>
</tbody>
</table>

3. Assess source patient

- Is the source patient known to be infected with one or more blood borne viruses?
  - Yes
  - No

<table>
<thead>
<tr>
<th>Viral load</th>
<th>Detectable</th>
<th>Unknown</th>
<th>Fully suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment status</td>
<td>Untreated / advanced infection</td>
<td>Unknown</td>
<td>Long term treatment, good adherence</td>
</tr>
</tbody>
</table>

- High risk exposure
  - HIV: Begin immediate PEP with antiretroviral agents
  - HBV: Check vaccine status
  - HCV: Follow up and treat if necessary
  - See table 2, 3, 4

- Low risk exposure
  - No further action required

- Do risk factors apply?
  - e.g. Injecting drug users, men who have sex with men, sex workers
  - Yes
  - No

- Recent blood test negative for HIV, HBV & HCV
  - No
  - Yes

1. First aid
2. Assess incident risk
3. Assess source patient

for blood borne viruses. HIV, Hepatitis B (HBV) and hepatitis C (HCV) are the most common.

Post-exposure prophylaxis (PEP) and/or follow up treatment may be required.

The full BMJ clinical review on sharps injuries is available at: [http://bmj.co/sharps](http://bmj.co/sharps)

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