Appendix 1: Needlestick Injury Management Pathway

Manage other injuries
First aid – wash site with soap and water
Dispose of needle safely

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Determine if high risk → Discuss with Infectious Diseases

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Take bloods for baseline serology

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Assess Tetanus risk

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Consider Hepatitis B post exposure prophylaxis

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Give appropriate reassurance to child and parents

Ensure follow-up planned with GP or Infectious Diseases

High Risk CA-NSI

- Source known to be infected with a blood borne virus
- CA-NSI from a deliberate assault
- Deep, large volume injection with a hollow bore needle
- Personal history of injecting drug use (adolescents)

Immunisation status

Consider a child to be inadequately immunised for hep B if <u>any of the following apply</u>:

- Not immunised or no immunisation record available (see above instructions for accessing the Australian Immunisation Register (AIR))
- Has not received a full hepatitis B vaccine course (=3 previous doses recorded on AIR), or =4 doses if born <32 weeks or <2000g
- Child is immunocompromised

Immunised children

Aged 5 years and under

No prophylaxis needed

Arrange GP follow-up to review serology results

Aged 6 years and over

Because of high rates of waning/anamnestic seroresponse by this age:

- <u>Give</u> age-appropriate monovalent hepatitis vaccination (Engerix-B® Paediatric/Adult IM OR H-B-Vax II® Paediatric/Adult IM)
- Arrange GP follow-up to review serology results

Inadequately immunised children *(see definition in text)*

- Give age-appropriate monovalent hepatitis B vaccination (Engerix-B® Paediatric/Adult IM OR H-B-Vax II® Paediatric/Adult IM) AND hepatitis B immunoglobulin.
- Hepatitis B Immunoglobulin (HBIG) accessed via BloodStar and the Transfusion Management Unit (Blood Bank) Ext 34015 (from PCH) or 6383 4015 (after hours).
- If previously unimmunised against Hepatitis B, give further hepatitis B immunisations at 1 and 3 months following ED presentation. Arrange via the GP or the Stan Peron Immunisation Centre (this is a drop-in service).