



A Union of Professionals

Health and Safety Program

NEEDLESTICKS: TREATMENT AFTER THE FACT

Put yourself in the place of a worker who has been exposed to a needlestick. Needlesticks, blood and body fluid exposures seem a daily fact of life. You might respond to the exposure in a number of ways: you might dismiss it as unimportant because you're too busy, there might be too much paperwork to fill out about the incident, you might have to wait too long to find out if you became infected with a bloodborne disease, or you might be afraid that you'll be blamed for the accident. On the other hand, you may be upset. There's always the possibility that the patient or client could be infected with the Human Immunodeficiency Virus (HIV) or Hepatitis B virus (HBV). The worries increase when you don't know the source of the needle or blood. You lean toward reporting the incident.

Unions can do a lot to assist members who face this dilemma in the workplace. They can encourage members to report incidents, and can monitor the employer's post-exposure treatment program to guarantee that workers are treated properly when they do report injuries.

The Problem of Underreporting

Every day, workers in healthcare settings fail to report exposures for a variety of reasons. Leaving the floor may place a burden on co-workers. Workers who report an exposure may be made to wait for hours in an emergency room. Workers often feel that they will be blamed for the incident, and that it will be "held against them."

Unions have led successful campaigns to convince members to report incidents and seek care. In one major urban hospital, the union conducted a survey of the housekeeping staff on a one-on-one basis to determine their experiences with needlesticks. They used the survey as an opportunity to educate members on the importance of reporting and to assure them that the union would fight any effort to discipline workers who reported needlesticks.

The union used the results of the survey to demand a joint labor-management needlestick task force that would investigate incidents and improve the protective measures in the hospital. Reporting improved in the housekeeping staff and among other healthcare providers in the hospital after the task force was formed.

The Elements of a Good Post-Exposure Program

As the union encourages and educates members on the importance of reporting, it should obtain the employer's post-exposure treatment policy to make sure that it is responsive to the needs of exposed workers.

The union should first examine the policy or program for a provision or guarantee of strict confidentiality for the worker. There should be a formal system for separate and confidential records that are kept in secure files. The results of HIV antibody tests should never be entered into a worker's regular medical record or the employee health service records. The program should specify how confidentiality will be maintained when blood samples are sent for analysis (e.g., special codes without the worker's name or identity).

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Other important provisions include:

1. **A trained infection control specialist.** This individual will thoroughly investigate the incident, counsel the worker and follow the worker throughout the process.
2. **A detailed process to assess the exposure.** The infection control specialist should find out if needlesticks were deep (Did they draw blood? Did they penetrate through the muscle?). Similar questions should be asked when there is exposure to mucous membranes or non-intact skin. Human bites should also be thoroughly evaluated.
3. **Identification of the source patient.** The infection control nurse should make every effort to identify the source patient and determine if the patient has a Hepatitis or HIV diagnosis. Patients without a diagnosis should be approached by the infection control specialist or their physician and asked to test for HIV antibodies and HBV antigen. Counseling should be available for patients who agree to tests.

Many states have provisions for notifying emergency response personnel about the HBV or HIV status of patients. Several states also have instituted policies for testing prisoners. A written post-exposure policy should spell out the rights of emergency response personnel, corrections officers and law enforcement officials to this information in the event of an incident.

Uncovering the HIV status of a source patient may give some information, but it cannot answer all the questions. For instance, if a patient tests negative, he or she may still be in the six-to-12-week "window period" before antibodies are detectable. The decision to treat an exposed worker cannot rely solely on the test results of the source patient.

A recent study showed that the identity of the source patient is known in less than 40 percent of work-related exposures in healthcare settings. In these cases, treatment decisions should be based on the exposure assessment.

4. **Availability of vaccination treatment against hepatitis B for employees at risk of blood and body fluid exposure.** After an incident, if the source patient tests positive for HBV, the vaccinated worker should be tested for antibody to Hepatitis B; if antibody levels are too low, the worker should receive one dose of Hepatitis B immune globulin (HBIG) and one dose of vaccine. If an exposed worker has never been vaccinated, the worker should be vaccinated at no cost to the worker. A single dose of HBIG is also recommended and should be given within seven days of exposure.

Similar procedures should be followed when the source patient cannot be identified or refuses to be tested.

5. **Availability of treatment for Hepatitis C and other non-A, non-B Hepatitis viruses.** The rate of infection for Hepatitis C and other non-A/non-B Hepatitis viruses appears to be increasing among healthcare workers. Although there is no vaccine or specific treatment for these types of hepatitis, workers should be offered Immune Serum Globulin (ISG) as prophylaxis.
6. **Counseling for the exposed worker,** who may be asked to make several difficult decisions in a very brief period of time.

7. **Counseling for workers' compensation.** Provisions in the state workers' compensation program covering work-related infections should be reviewed carefully with the exposed worker.

Should an Exposed Worker Be Tested for HIV Antibodies?

Generally, it is recommended that exposed workers be tested if:

- the source patient is HIV-positive or has been diagnosed with AIDS;
- the source patient refuses to be tested;
- the source patient is unknown; or
- the worker is concerned about the "window" period of detectable antibodies in a patient who tests negative.

Worker privacy and confidentiality must also be protected. If workers are not certain that the employer can protect the worker's privacy, there should be a provision for referral to an anonymous testing program (if available in your area) where a worker can be tested and not be required to provide a name.

If the worker is confused and cannot decide whether to be tested for HIV, the employer should make provision for serum banking. This system permits a worker to store a blood sample in the event that the worker desires antibody testing at a later date (e.g., for workers' compensation documentation).

No worker should ever be pressured or forced to be tested for HIV or HBV. The decision to participate must be the worker's.

What Is the Procedure for HIV Antibody Testing?

A worker who agrees to be tested for HIV antibodies should be prepared to alter his or her life for a minimum of six months. HIV antibody testing should be performed at six weeks, 12 weeks and six months after exposure. During those six months, workers will be asked to behave as if they were infected. This can place a burden on the worker and his or her spouse or sexual partner. Among other things, the worker should be advised to:

- refrain from donating blood;
- postpone any plan for pregnancy;
- use safe sex (e.g., condoms and nonoxynol-9 spermicide during intercourse); and
- abstain from sexual intercourse if the worker's religion prohibits the use of contraceptives.

A good HIV testing program will provide counseling to a worker's family members as well so that the worker has adequate support during the testing period.

Workers may need repeated counseling from a trained professional to cope with the emotional trauma and uncertainty that accompanies HIV testing. This should be readily available and specified in the employer's plan, at no cost to the employee.

What About AZT Prophylaxis?

Many healthcare facilities are offering the drug AZT (zidovudine) to workers who have a serious needlestick injury or are exposed to large amounts of blood. AZT is an effective antiviral drug that is given both to AIDS patients and asymptomatic persons who are HIV-positive. It interferes with viral reproduction and therefore reduces the number of infectious viruses in an infected person's bloodstream.

Some researchers and physicians believe that AZT might block a new infection if it is administered immediately after exposure. There is not much evidence to back this theory. Animal studies of cats and mice infected in the laboratory with "HIV-similar" viruses found that those animals who were given AZT within a few hours of exposure did not develop an infection. We may never know if this is also true for human beings.

The National Institutes of Health routinely recommends AZT for workers who report needlestick injuries or mucous membrane exposure to the blood and/or body fluids of HIV-infected patients. Workers who choose this program must enter it within 24 hours of exposure and remain in the program for 42 days. Workers must be monitored regularly (i.e., provide regular blood samples) to measure toxicity levels of the drug. Workers are also tested for possible HIV infection during the course of treatment. Safer sex measures should be practiced during the treatment.

San Francisco General Hospital has a program similar to the one outlined above. It recommends AZT to workers who are exposed to massive amounts of blood or body fluid (e.g., deep injections). AZT is available for less severe exposures, but not encouraged; the worker must ask for the drug. Workers must also enter the program one to four hours after exposure. The program is administered for 28 days rather than the NIH-recommended 42 days.

If AZT is suggested or offered by the employer, a worker must make the decision to take it. A worker should be given an informed-consent form that provides detailed information about the limitations and advantages of taking AZT as well as the procedures the worker will be required to follow.

There is no evidence that AZT will stop HIV infection from developing, and the drug is highly toxic. Pregnant women or nursing mothers should not take the drug, nor should anyone taking AZT become pregnant. Patients with liver conditions and/or kidney problems should be monitored more frequently because of the drug's toxicity.

For more information, contact the AFT Healthcare Occupational Safety and Health Program at 202/393-5674.