

# Administrative Forms

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## Needle Sticks and Exposure to Other Communicable Diseases

Physicians are at risk for acquiring some diseases from the patients they treat, and those who aspire to be physicians should do so with this knowledge. Knowledge of the nature of the pathogen involved and of proper practices to avoid transmission of infectious agents will minimize risk to the student.

### Prevention Principles

1. Universal Precautions. Students should assume all patients are potentially contagious and take proper precautions to avoid contact with blood and other body fluids.
2. Safe Needle Practices. Most needlestick injuries occur during the recapping of needles. Students should avoid recapping whenever possible and use the technique of single-handed recapping. Use safety devices/instruments whenever possible and wear protective clothing, eye shields, and masks.

### In Case of Exposure

Hospital personnel are especially at risk for acquiring blood borne agents like hepatitis B and human immunodeficiency virus (HIV) because of their frequent contact with blood. ***Should students come in contact with another person's blood or body fluid (e.g., through a needlestick injury or mucous membrane splash), the following steps should be taken:***

1. Wash/flush area
2. Contact supervisor
3. Specific location instructions
  - A. At UCSDMC: Mon-Fri between hours of 8-4 p.m., call 619-290-1447 or via the UCSD Medical Center page system (Call 619-543-6737, request beeper #1447). After 4 p.m., weekends and holidays, go directly to the Emergency Department at the hospital you are working (UCSD Medical Center or Mercy).
  - B. At Mercy Hospital: Report to Emergency Department immediately.
  - C. At VAMC: 7:30 - 4 p.m. go to Employee Health. PageBeeper 858-347-1789 or go to the Emergency Area after 4pm and weekends and holidays, as soon as possible.
  - D. At Children's Hospital: Contact the Infection Control Manager, Chris Abe at 858-966-5968, or page her at 858-493-0390. If the manager is not available, call the Division of Infectious Diseases at 858-495-7785. Contact Chris Abe for source testing.
  - E. At Navy Hospital (Balboa): Page Duty Pharmacist at 800-470-5210 ASAP.
  - F. At other sites: Contact the faculty supervisor & the Office of Admissions and Student Affairs at 858-534-3700 as soon as possible.
4. In each location, the injury will be documented and hospital personnel will ask the patient for consent for HIV and hepatitis B & C testing if the patient's status is not known. The student will also be asked for serum for testing. The student should make a decision about whether he/she wishes to take antiretroviral medication until the patient's HIV status is known.\*
5. **MANDATORY FOLLOW UP FOR ALL SITES**: Regardless of location where the injury happened, all follow up is by appointment at UCSD Center for Occupational & Environmental Medicine, 330 Lewis St., Suite 100, San Diego, 619-471-9210. Hepatitis B vaccine series and titer need to be provided at follow up. Injury report is mandatory. Website: <http://ucsdhealthcare.ucsd.edu/safetyoffice/>

*\*In June 1996, a Public Health Service interagency working group updated its recommendations for chemoprophylaxis after occupational exposure to HIV to include combination therapy with one or two additional antiviral agents in situations with the greatest risk of transmission. Since most authorities believe that the earlier therapy is initiated, the greater the likelihood of benefit, students and other health care workers should report all injuries promptly. If the donor is known to be HIV-positive or is a member of a group at high risk for HIV infection, and, the injury is deep, involves a needle placed directly into an artery or vein, or involves a device visibly contaminated with the source patient's blood, prophylaxis should be strongly considered. Of note, however, the recommendations are clearly A provisional @ and are not based on firm scientific data. The optimal doses and duration of therapy also have not been firmly established. Health care workers should be aware that there are reports of at least 13 people who took ZDV promptly after exposure who, nonetheless, acquired infection. In the dosages used for prophylaxis, ZDV may also be a difficult drug for many to take. Adverse symptoms include gastrointestinal intolerance, fatigue, headache, and anemia. In a recent study, 75% of health care workers who began ZDV experienced some side effects. In 31%, the side effects led to discontinuation of therapy. With the addition of other antiretroviral agents, additional toxicity may also occur.*

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