



## Maratha Mandal's

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### POLICY FOR ACCIDENT AND EXPOSURE TO INFECTED MATERIAL.

#### What must be done in case of an accident and exposure to infected material

Although the transmission probability of HIV after an accident is below 0.5%, it is imperative that protection measures are taken. In case of professional exposure to HIV after been pierced with an infected needle or other sharp instrument used on a patient diagnosed with HIV infection, the following action must be taken:

- Prompt and meticulous washing of the injured area.
- Immediate placing of a gauze with a disinfectant solution on injury (e.g. Cidex , formaldehyde ,75% alcohol etc ) for at least 15 min.
- The professional must be examined as soon as possible. HIV can be detected in antigen presenting cells and peripheral ganglia within 72 hours after the infection while viraemia develops in about 5 days .The latter allows 72 hour period within which treatment can be provided.
- Chemoprophylaxis with antiretroviral drug must begin as soon as possible after the incident. After 72 hours have passed , there is no point in administering chemoprophylaxis medication.

#### Post exposure prophylaxis, PEP

- Depending on the size of the injury and the viral load of the patient two or three antiretroviral drug are used ( two nucleosides with addition or not of a protease inhibitor) . These same drugs are used to treat HIV infected people.
- Chemoprophylaxis with antiretroviral drugs lasts four weeks and has 80% chance of success in preventing seroconversion.

#### Protocol for Needle Stick / Sharp Injury

##### Take the following steps

Needle sticks / sharps and cuts should be washed with soap and water

1. Contaminated wound- encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water. Pricked finger should NOT be put into mouth as reflex action.
2. Contaminated Intact Skin – Wash the area with soap and water.
3. Contaminated Eyes – Gently irrigate the eyes while open with water, saline or sterile irrigants.
4. Contaminated Nose and Mouth – splashes to the nose and mouth should be flushed with water. spit
5. Out any fluid and rinse the mouth with water and spit out again.

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### Report the Exposure

All percutaneous or mucocutaneous exposure should be reported to the Head of the Department.

### Blood Testing (after obtaining consent)

Find out status of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) of source patient and the dental health care personnel (DHCP)

### HIV

1. If HIV negative patient, baseline HIV test of DHCP should be done on the day of exposure, 6<sup>th</sup> week and 12<sup>th</sup> week. Simultaneously, DHCP should receive basic regimen of prophylaxis.
2. If HIV positive patient, the exposed DHCP should be offered counseling and HIV post exposure prophylaxis (PEP) drugs and it should be started as soon as possible preferably within few hours. Initiating treatment after 72 hours of exposure is not recommended.

### HBV

1. If status of patient and exposed DHCP is unknown and immune status cannot be obtained within 48 hours then give:-  
(a) Hepatitis B Immune Globulin (within 7-8 hours).  
(b) Hepatitis B Vaccine (first dose).
2. If the DHCP is HIV immune then no further Hepatitis B Vaccine is required. Check Hepatitis B antibody titre of DHCP and if low give Hepatitis B Booster.

### HCV

1. The HCV status of the patient and the exposed DHCP should be determined, and for DHCP exposed to an HCV positive source, follow up HCV testing should be performed to determine if infection develops.

**All the medicines should be available with the Department of General Medicine at any given time.**

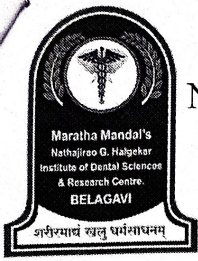
### FOLLOW UP

1. Complete the course of Hepatitis Vaccine.
2. Follow up HIV serology 1, 3 months and 6 months.

  
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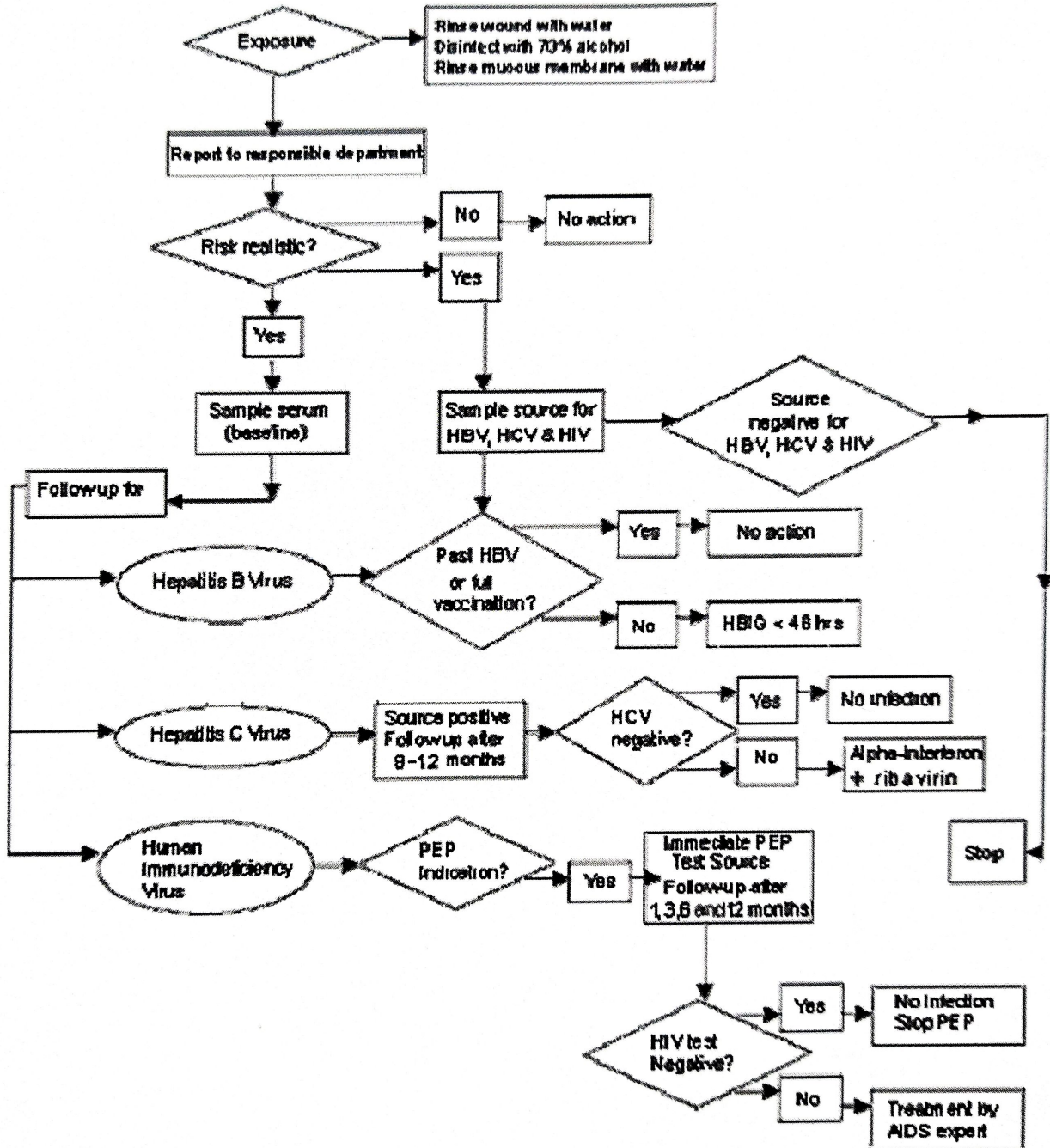


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