

Name of Resource person: T. Mangaiyarkarasi **Podcast Title:** FAQ'S on Needle Stick Injury
Department: Hospital Infection Control Committee **Category:** Continuing Medical Education

TRANSCRIPT

Interviewer: Hi all, This is Dr. Udhaya sankar, Associate Professor of Microbiology interviewing Dr. T. Mangaiyarkarasi, Secretary, Hospital Infection Control Committee, SMVMCH

Welcome to Mana-kural mam! Today I will ask you few frequently asked questions on needle stick injury which will benefit our listeners

Resource faculty: Hi all. Thank you for the opportunity. We shall proceed.

Q1. Firstly, What is Needle stick injury mam?

A1. It is an occupational exposure which is percutaneous injury due to contaminated sharp usually needles. Also includes contact of body fluids with mucous membranes of eyes & mouth

Q2. What should we do immediately after an incident of NSI?

A2. Don't get panic – Accidents do happen
Perform first aid – Hand wash (60sec) / wash with eye shower for 10 mts
Particularly don't put your finger in mouth, don't squeeze and don't wash vigorously.
Report to nodal center - Casualty

Q3. What are the risks associated with NSI?

A3. Transmission of Blood borne pathogens - HIV, HBV, HCV

Q. 4. Should I find the source status before reporting to the nodal centre?

A.4 No need just finish your first aid and report to casualty. Our ICNs will find the status of the source. They also guide you about the process.

Q5. In case I find the source to be negative for HIV/HBV/HCV, should I still have to report the incident?

A5. Absolutely YES.
First thing is you will come under follow-up only when you report
Second thing the patient may be in incubation period where the tests may be negative
Third thing is you may miss a chance for counseling & retraining

Q6. Are there post expose prophylaxis for these infections?

A6. Yes we do have post expose prophylaxis for HIV & HBV.
Where as for HCV we don't have post expose prophylaxis till date.

Q7. Could you elaborate on PEP for HIV and HBV?

A7. Only when the source is unknown or positive PEP is recommended. If the source is negative no need for PEP but follow up for sero-conversion is recommended.
For HIV

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A7. Only when the source is unknown or positive PEP is recommended. If the source is negative no need for PEP but follow up for sero-conversion is recommended.

For HIV

FDC one tablet Tenofovir (300mg) + Lamivudine (300mg) + Dolutegravir(50mg) is available
First dose – preferably within 2 hrs & maximum within 72 hrs.
Duration is 28 days

For Hepatitis B virus – vaccine is protective.

If HCW has completed three dose of vaccination and his / her titer status is protective.

No need for PEP even when source is positive.

If HCW is not vaccinated / vaccine status is incomplete / titer is not protective

Immunoglobulin 0.06ml / Kg IM- 2 doses 1 month apart is recommended.

Q8. Is it mandatory to know my Anti-HBs titres following HBV vaccination?

A8. Yes, you are protected only when your titer value is $>10\text{mIU/ml}$.
Documented evidence is always needed.

Q9. After PEP, will be I be tested for seroconversion for these infections?

A9. Yes, once you have reported the incident irrespective of source status you will get tested 3 times
(6 weeks, 6 months & 1 year)

I also proudly inform here that in our institute all the test are done free of cost.

Q10. If you can suggest few tips to prevent NSI, we can conclude the session mam?

A10. Adhere to universal precaution all time.

Handle sharps with care

Never ever recap

Never bend / break the sharps using hands

Never pass sharps to others directly

Dispose in puncture proof white container

Thank you mam for the valuable information.

Thank you Udhay for opportunity.

Signature of resource person
20/3/2023

Dr. T. MANGAIYARKARASI
SECRETARY - HICC
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
PUDUCHERRY-605 107.

Signature of HOD
20/3/2023

Dr. T. MANGAIYARKARASI
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MEDICAL COLLEGE AND HOSPITAL
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