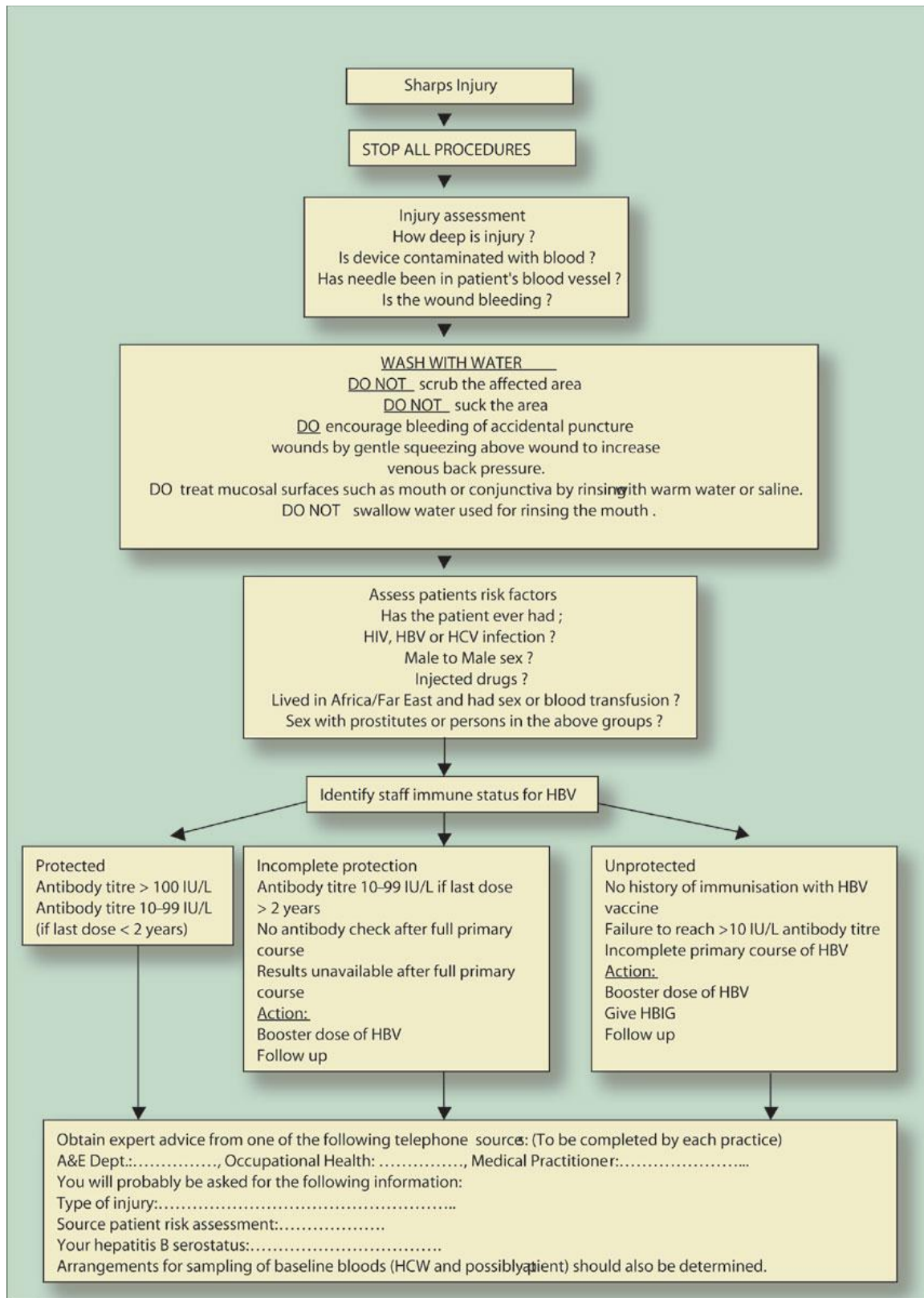


## **Accidental Needlestick Sharps Post Exposure Protocol (Figure 18)**

1. The wound should be washed immediately and thoroughly with soap and water.
2. The wound should then be disinfected and dressed. For mucosal contact, e.g. spillage into the eyes, the exposed part should be washed immediately and liberally with running water. The exposed person should seek medical advice for proper wound care and postexposure management.
3. Obtain OVR (Occurrence-Variance Form) and report incident on REPORT FORM from the DENTAL ASSISTANT in your clinical area and complete both forms.
4. The staff Health Clinic will carry out the blood tests and will report the results to you when finished.
5. If the patient has a medical record in KAUH, he / she may be asked to have a blood test (based on their consent). If the patient does NOT have a Medical Record, the patient may have a temporary record opened at KAUH-ER, at the same day of injury.
6. ALL BLOOD TESTS CARRIED OUT SHOULD BE WITH PATIENT'S FULL CONSENT.



**Figure 18: Accidental Needle stick Sharps Post Exposure Protocol**

## Accidental Exposure, Evaluation and Follow Up

### What is accidental exposure?

A specific occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious materials, including saliva.

### Incident report for students and faculty employee:

***Faculty employees include faculty staff members, auxiliaries, others.***

1. Emergency first aid should be available during all clinic periods to be administered approximately in case of exposure.
2. Immediately following an exposure incident, documentation to of the route(s) of exposure and circumstances surrounding the incident are recorded on Accidental Exposure form by the **faculty member or session supervisor**. The following information should be precisely described:
  - a. Circumstances of exposure.
  - b. Information on the activity the employee was engaged in at the time of the incident.
  - c. Extent of appropriate work practice.
  - d. Extent of protective barriers used.
  - e. Source of exposure.
3. **Both:** exposed person and source individual are offered the opportunity of having a blood sample drawn in the Oral Surgery Dept., ground level.
4. The procedures, routes of evaluation, results of testing are completely confidential.
5. If the exposed person and source individual agree on testing, the blood will be tested in the University Hospital for HBV, HCV and HIV.
6. If one of those persons declined testing, the infection control officer in charge should record that the exposed person declines testing on the form. The exposed person should sign it.
7. If the concerned persons consent to blood collection but not to any of the tests, the blood sample is drawn and frozen for ninety (90) days in case the exposed persons decides to proceed for testing.
8. Medical prophylaxis and consultations area available at no cost following accidental exposure at the outpatient University Hospital Clinic / Community Medicine Department.
9. Within 2 weeks of the incident, the infection control committee should prepare a report of test results, if any: and evaluation of the exposed person. However,

this information is confidential between the infection control officer and the exposed person.