Postexposure Management and Prophylaxis

SHARP OBJECT INJURY
Following incidence of
- Percutaneous [laceration, cuts, non-intact skin, mucous membrane exposure, or permucosal [e.g. ocular, mouth]
- Exposure to blood or any other body fluids.

I. Immediate care of the site:
   a. Stop all procedures.
   b. Let the site bleed freely. Don’t squeeze the wound.
   c. Wash wound or skin exposure site with soap and water and flush mucous membranes [ocular, mouth] with water as soon as possible but do not scrub.
   d. Cover with a waterproof dressing.
   e. Assess patient risk factor. Has patient ever had: HBV, HCV or HIV infection?

II. Report the incidence to your Supervisor. The Supervisor then should report this to the infection control coordinator of the department for further documentation and management.

Reference:
Post-exposure prophylaxis

Immune status for HBV

Protected
Ab titre >100 IU/L
OR Ab titre 10-99 IU/L if Last dose <2 years

Incomplete protection
Ab titre 10-99 IU/L, last dose >2 years
No antibody check after primary course
Action - Booster dose of HBV

Unprotected
No immunization OR incomplete primary course
Action - Booster dose of HBV HBIG Follow up

HBV: - Hepatitis B Virus
HCV: - Hepatitis C Virus
HBsAg: - Hepatitis B surface antigen
Ab: - Antibody
HBIG: - Hepatitis B Immunoglobulin