Initial washing of area with soap & water

Dispose needle/syringe safely

Document a detailed history, including:
• Time, date, location of incident
• Type of exposure
• Appearance of needle
• Type of needle
• Immunisation history

Take blood for hepatitis B surface antibody + to store (serum gel tube)

Assess need for post-exposure prophylaxis based on patient’s tetanus and hepatitis B vaccination status

Known source needle user? Needle user known to be infected? Deliberate assault? Deep injection? Large-volume injection? Large-gauge hollow bore needle? Other reason for increased risk?

IF YES TO ANY OF THE ABOVE, CONSIDER REFERRAL TO INFECTIOUS DISEASES TEAM

Unimmunised against tetanus

Vaccinated against tetanus: last booster ≥ 5 years ago

Vaccinated against tetanus: last booster < 5 years ago

Administer first dose of tetanus vaccine and immunoglobulin

Administer booster dose of tetanus vaccine

No treatment necessary

Administer first dose hepatitis B vaccine + hepatitis B immunoglobulin if within 72 hours of exposure

No treatment necessary

Administer hepatitis B vaccine booster

See Management of tetanus prone wounds

FOR ALL PATIENTS
• Reassure patients and carers.
• Consider referral to Infectious Diseases outpatient clinic.
• If unavailable at time of discharge from department, follow-up hepatitis B serology. Arrange booster vaccination if required.