

HIV & occupational exposure fact sheet

Does your job put you at possible risk of HIV exposure?



Follow these basic procedures to minimise the likelihood of HIV infection at work.

What is occupational exposure to HIV?

Working in a healthcare setting can raise the risk of HIV exposure through:

- contact with sharp equipment
- contact with blood.

However the risk of HIV infection at work is very small, and the risk can be reduced by following the advice given in this fact sheet.

Types of occupational exposure

3 main types of HIV exposure:

1. your skin is broken by equipment that has been in contact with a patient's blood
2. a patient's blood gets into your mucous membrane, such as your eye
3. a patient's blood gets into an open cut in your skin.¹

The most likely cause of HIV exposure is from a needle, known as a needlestick injury.²

HIV exposure is a risk when you are treating a patient, and also afterwards if medical waste is not disposed of safely, especially needles, syringes and blood bags.

How am I at risk of HIV at work?

The risk of HIV transmission is greater if:

- your injury is deep
- you can see blood on the equipment
- the equipment (needle) was used in a patient's vein/artery.³

Precautions to prevent HIV exposure

Any patient is potentially HIV-positive; take these precautions with EVERY patient:⁴

- wear protection such as a mask, gown, goggles and gloves
- cover up any cuts or abrasions with plasters/bandages
- handle sharp equipment carefully
- dispose of sharp equipment in a solid (sharps) container
- clean up blood spills immediately
- wash your hands with soap after contact with a patient's blood.⁵

If you think you've been exposed

- Follow any standard procedures in your healthcare setting.
- Immediately wash the injury with water and soap.
- Encourage bleeding by pressing around the injury.
- Report the incident, so that further precautions can be put in place in the future.

If it is possible, enquire about the HIV status of the patient:

- ask a doctor to seek the patient's permission to test for HIV and other blood-borne viruses (you should not do this yourself)
- ensure patient consent is given
- ensure the patient is given help and support after the test results
- the test result may help form your decision about what to do next
- for example, you may be able to take emergency HIV treatment... see '*If the patient's result is positive*'.⁶

If the patient's result is negative:

Talk to a healthcare professional - you will need to re-test for HIV in three months in case the patient has an HIV infection that cannot yet be detected.

If the patient's result is positive:

Talk to a healthcare professional - they will assess your risk of HIV infection.

They may suggest you take post-exposure prophylaxis (PEP), which is a type of emergency HIV treatment that prevents HIV infection.

You must take it as soon as possible, within 72 hours of HIV exposure, for 28 days.^{7 8}

Read AVERT's '[Emergency HIV Treatment](#)' fact sheet for more information.

HIV test

There is a time delay (window period) in how long it takes an HIV test to detect HIV in your body.

This time delay is between 2 weeks or 3 months after HIV exposure, so any HIV test you have will not be conclusive until then.

Read AVERT's '[HIV Testing](#)' fact sheet for more information.

Importance of safe medical waste disposal

- Contaminated medical equipment is not correctly disposed of in many countries.
- It ends up on rubbish sites, which causes a hazard to people there.
- Used needles or syringes may be reused or sold on, to people unaware they are contaminated.⁹
- Ensure all your medical waste is disposed of safely in a solid, or 'sharps' container.

Know your rights

You have the right to:

- a safe working environment
- not disclose your HIV exposure
- an HIV test to confirm your status.

Remember, you have not done anything wrong; it is important to request support from your

employer.

- 1. World Health Organisation (2011) 'Healthcare worker safety - aide memoire'
- 2. World Health Organisation & International Council of Nurses 'Health Care Worker Health and Safety: Preventing Needlestick Injury and Occupational Exposure to Bloodborne Pathogens' [accessed March 2016]
- 3. World Health Organisation & International Council of Nurses 'Health Care Worker Health and Safety: Preventing Needlestick Injury and Occupational Exposure to Bloodborne Pathogens' [accessed March 2016]
- 4. World Health Organisation (2011) 'Healthcare worker safety - aide memoire'
- 5. World Health Organisation (2011) 'Healthcare worker safety - aide memoire'
- 6. NAM aidsmap 'Occupational exposure and healthcare workers' [accessed March 2016]
- 7. Kuhar, D.T. et al (2013) 'Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis' *Infection Control and Hospital Epidemiology* 34(9):875-892
- 8. WHO (2014, December) 'Guidelines on post-exposure prophylaxis for HIV and the use of co-trimoxazole prophylaxis for HIV-related infections among adults, adolescents and children: Recommendations for a public health approach - December 2014 supplement to the 2013 consolidated ARV guidelines'
- 9. WHO (2015) 'Health-care waste management'

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