What is occupational exposure?

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 is very small, and the risk can be reduced by following the advice given in this fact sheet.

Types of exposure

3 main types of HIV exposure:

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

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

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.

Preventing HIV exposure

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

- wear protection such as a mask, gown, goggles and gloves
- cover up cuts with plasters
- 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.
If you think you have 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’.

If the patient’s result is negative:
- talk to a healthcare professional - you will need to re-test for HIV in 3 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.

- 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 and 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 about the window period.

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 working there.
- Used needles or syringes could be reused or sold on, to people unaware they are contaminated.
- 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
- a HIV test to confirm your status.

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