



## NEEDLE STICK INJURY

**Directive: 14 – 104**

Date of Issue: July 2013    Amends/Cancel: 14-117

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### I. PURPOSE

The purpose of this Directive is to minimize potential exposure and to safely and effectively manage post-exposure of DGS-MCP personnel to actual or suspected needle stick injuries or other percutaneous injuries incurred in the line-of-duty.

### II. POLICY

It is the policy of DGS-MCP that in the event of a needle stick injury to DGS-MCP personnel, the procedures set forth in this Directive will be employed within a two (2) hour time-frame following the actual or suspected injury.

### III. DEFINITIONS

- A. AIDS: AIDS is a virus known as human immuno-deficiency (HIV), an infectious disease that alters the body's immune system by destroying white blood cells that fight infection and disease and render the victim vulnerable to a variety of serious, eventually terminal ailments. There is presently no cure for HIV.
- B. Bloodborne Pathogens: A pathogen is a germ or virus in human blood that is transmitted from one person to another by an exchange of blood or other body fluids containing blood.
- C. Needle Stick Injury: Any breaking of the skin (percutaneous) by a hypodermic needle or syringe, or similar sharp object that might transmit bloodborne pathogens.
- D. Percutaneous: Through the skin, as by a cut or a puncture.

### IV. PROCEDURES

- A. In the event of a needle stick injury to DGS-MCP personnel, the following procedures will be employed within a two (2) hour time-frame following the actual or suspected injury.
  - 1. Notify the immediate Supervisor.
  - 2. Encourage/induce the wound to bleed. Wash with soap and hot water, then swap the wound area with alcohol or agency-approved antiseptic towelettes.

3. Seek immediate attention at the nearest hospital for examination and treatment of bloodborne pathogen exposure.
  4. Request medical evaluation of the risk of HIV/AIDS or other infections caused by bloodborne pathogens.
  5. Request HIV/AIDS prophylaxis treatment of infection by bloodborne pathogens after consultation with treating physician.
- B. A full and complete administrative report will be completed by the injured member's Shift Commander concerning any actual or suspected needle stick injuries. All agency records of incidents involving employees potentially exposed to HIV/AIDS shall be retained in a secure repository with limited access and maintained in compliance with applicable privacy laws.
- C. All members of DGS-MCP will exercise due caution, and whenever possible, wear suitable protective leather gloves, when engaged in any of the following activities:
1. Searching of all arrestees and suspects, male or female, adults or juvenile – No exceptions.
  2. Handling hypodermic needles or syringes, and other similar objects, including collecting and packaging these items as evidence.
  3. Placing needle, syringes and other similar objects in an agency-approved puncture-resistant container for evidence/property collection and transporting purposes.
- D. If any member of DGS-MCP sustains an actual or suspected needle stick injury as the result of an on-duty interaction with a suspect or another person, DGS-MCP will request and encourage that individual to submit to a blood test.
- E. DGS-MCP will ensure that a sufficient supply of approved puncture-resistant containers and antiseptic towelettes are readily available in both Detachments.
- F. Medical test results of all agency members sustaining needle stick or other percutaneous injury will be confidential and will not be revealed to any other person or entity without the affected member's written permission.
- G. Members who test positive for any communicable disease, shall be treated by DGS-MCP in a manner that is in full accordance with federal, state and local laws with respect to employees with physical conditions that may affect their work performance and do not pose an additional safety and health threat to themselves, the public, or members of the agency.