

# Healthcare Personnel Occupational HIV Transmission Prevention

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## RESOURCES

The Division of Workers' Compensation (DWC) also offers several free Agriculture safety publications online at <http://www.tdi.texas.gov/wc/safety/videoresources/index.html>.

DWC features a free occupational safety and health audiovisual library. For more information, call 512-804-4620 or visit the Texas Department of Insurance (TDI) website at <http://www.tdi.texas.gov/wc/safety/videoresources/avcatalog.html>.

Safety module created by AgSafe. This publication is compiled from various reference sources and is designed to provide current and authoritative information on the subject matter covered. Information about the Agsafe Project can be obtained by writing to Agsafe, 140 Warren Hall, University of California, Berkeley, CA 94720.

## FOR MORE INFORMATION

CDC National AIDS Hotline: 1-800-342-AIDS • Deaf: 1-800-243-7889

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## INTERNET RESOURCES & GUIDELINES:

Updated U.S. Public National Center for HIV, STD, and TB Prevention:

National Center for HIV, STD, and TB Prevention, CDC: <http://www.cdc.gov/nchstp/od/nchstp.html>

Division of HIV/AIDS Prevention: <http://www.cdc.gov/hiv/>

Division of Health care Quality Promotion: <http://www.cdc.gov/ncidod/dhqp/>

National Prevention Information Network: <http://www.cdcpin.org/>

Division of Workers' Compensation

Resource Center • 512-804-4620 • [resourcecenter@tdi.texas.gov](mailto:resourcecenter@tdi.texas.gov)

Safety Violations Hotline • 1-800-452-9595 • [safetyhotline@tdi.texas.gov](mailto:safetyhotline@tdi.texas.gov)

**To prevent transmission of HIV to healthcare personnel in the workplace, the Centers for Disease Control and Prevention (CDC) offers the following recommendations.**

## PREVENTIVE STRATEGIES

**H**ealthcare personnel (HCP) should assume that the blood and other body fluids from all patients are potentially infectious. They should therefore follow infection control precautions at all times.

These precautions include:

- the routine use of barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids;
- washing hands and other skin surfaces immediately after contact with blood or body fluids; and
- the careful handling and disposing of sharp instruments during and after use.

Safety devices have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the risk of exposure to HIV. Many percutaneous injuries are related to sharps disposal. Strategies for safer disposal, including safer design of disposal containers and placement of containers, are being developed.

Although the most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures, plans for post exposure management of health care personnel should be in place. CDC has issued guidelines for the management of HCP exposures to HIV and recommendations for post exposure prophylaxis (PEP): Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis (June 29, 2001).



## BUILDING BETTER PREVENTION PROGRAMS FOR HEALTH CARE WORKERS

**C**ontinued work in the following areas is needed to reduce the risk of occupational HIV transmission to healthcare personnel:

**Administrative efforts.** All healthcare organizations should train HCP in infection control procedures and on the importance of reporting occupational exposures. They should develop a system to monitor reporting and management of occupational exposures.

**Develop and promote the use of safety devices.** Effective and competitively priced devices engineered to prevent sharps injuries are needed for HCP who frequently come into contact with potentially HIV-infected blood and other body fluids. Proper and consistent use of such safety devices should be evaluated.



**Monitor the effects of PEP.** More data are needed on the safety and acceptability of different regimens of PEP, particularly those regimens that include new antiretroviral agents. Furthermore, improved communication prior to treatment about possible side effects and close follow-up of HCP receiving treatment are needed to increase compliance with the PEP.

