

# What to do for: Accidents & safety issues

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# Needlestick

- Risk of infection from needlestick involving an infected patient is 6% to 30% for HBV and 0.5% for HIV.
- What to do after needlestick with contaminated needle:
  - Consult a physician immediately
  - Testing the source(patient) and the person exposed for diseases or immunity to:
    - HBV
    - HCV
    - HIV
  - Treatment should start as soon as possible, if required.
  - Additional follow-up testing is also recommended.

- OSHA requires that HBV vaccine must be made available to all employees who have occupational exposure.
- OSHA requires that employers maintain confidential medical records on all employees for at least the duration of the employment plus 30 years including information about the employee's HBV vaccination status and a medical evaluation after an exposure incident.

# Injury to blood vessels

- For a vein, direct pressure for 30 seconds to 1 minute with dry and clean cotton ball
- For an artery, up to 5 minutes of direct pressure may be required

# Safety about electrical stimulation

- not be used on patients with pacemakers or other electronic implants,
- used cautiously on patient with seizure disorders
- not be applied from one side of the chest across to the other side of chest in the region of the heart.
- The level of stimulus should never approach the sensation of pain.
- Stainless steel needles and relatively thick needles are advisable

# Safety issues about moxibustion

- Avoid causing burns
  - neural injury,
  - diabetes,
  - pathology resulting in paralysis
- indirect moxa: protect the patient's skin from any falling moxa or ashes
- direct moxa: patient sign an written consent.
- Management of burn:
  - Apply sterile gauze over a burn ointment
  - For severe burn, refer the patient to a physician

# Safety about bleeding techniques

- It is suggested that two layers of gloves be used