



# PROTOCOL FOR ACCIDENTAL SELF-INJECTION

**In the event of an accidental self-injection, rapid and adequate action is required! Delaying or underestimating the risk too long can have serious consequences.**

- 1** Immediately rinse the injection site, squeeze it, if necessary suck it out with a vacuum pump and finally disinfect it.
- 2** Then seek medical advice immediately from the doctor, even if the amount injected is minimal. Take the information leaflet with you.
- 3** If pain persists longer than 12 hours after medical advice/examination, contact the doctor again.

In case of self-injection with a vaccine based on mineral oil, seek medical help as soon as possible in connection with a possible surgical debridement! It may be necessary to irrigate and rinse the area, especially if the injection is made into a fingertip or tendon sheath. If infection has been ruled out, the doctor may prescribe corticosteroids to limit or prevent oedema formation.

## PREVENTION

- Inform all staff (and volunteers) on safe handling of sharps and avoidance of needlestick injuries.
- Avoid reapplying caps to (used) needles. If necessary, use the one-hand-scoop method. This involves placing the cap on a flat surface and "scooping up" the cap with the tip of the needle. Another option is to use forceps or another object to hold the cap securely.
- Provide easily accessible sharpsafes wherever needles are used and dispose of needles directly into the dedicated sharpsafes after use.
- All staff should report needlestick injuries and information on the circumstances surrounding them.

The biggest risk factors for accidental self-injection are reinserting the needle after injection, storing needles unprotected, handling and injecting animals at the same time, uncooperative animals and cold wet hands. In addition, the experience of the veterinarian and the busyness of the veterinarian (many patients and long days) appear to play a role. The most common site of self-injection is the non-dominant hand.

Infections and injuries can occur due to either physical trauma caused by the needle or by the injected substance and its pressure. A large injection volume under high pressure adversely affects tissue perfusion and hemodynamics. This can have disastrous consequences in small compartments, such as tendon sheaths, and can even lead to amputation.

In terms of serious side effects, mineral oil-based vaccines are a point of particular concern as they cause a prolonged, chronic granulomatous reaction resulting in sterile abscess formation. This can lead to severe tissue damage, pain, loss of function or even amputation. In addition to mineral oil-based vaccines, anesthetics, anthelmintics, euthanasia drugs, antibiotics, steroids and blood have been found to cause side effects in many cases.

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**Tip: hang up this protocol including the GP's number in central places in the practice, such as the consulting room or the lab.**