



MONDAY, January 6, 2020

# Cadillac News

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## 'LET'S LOOK OUT FOR EACH OTHER'



CDC/JIM GATHANY

After accidental needlesticks, if the previous user of the needle is unknown or if they are known to have HIV or Hepatitis C, the person who was accidentally poked will likely have their blood drawn periodically over the next six months to a year.

## Accidental needlesticks can mean months of monitoring

BY KAREN HOPPER USHER  
CADILLAC NEWS

**W**hen the needle poked him, Detective Sgt. David Geyer acted on instinct.

"I grabbed the wound. I pinched it. I made it bleed like I got bit by a snake," he recalled of the inci-

dent that happened south of the Mackinaw Bridge nearly a decade ago, when Geyer—who now works out of Michigan State Police's Gaylord Post—was working as a trooper on the hometown security team.

Accidental needlesticks are one of the hazards of the job for law enforcement officers, and while it

may seem like a minor incident, the experience can impact an officer's life for the better part of a year — assuming everything turns out OK.

The big fear with accidental needlesticks is that person who gets poked might contract a blood-borne disease like HIV or Hepatitis B or C from the used needle.

For law enforcement officers, the accidental needlesticks often happen while searching a subject who has a used needle in their pocket or bags.

That's why officers always ask about sharps before they search people. But that doesn't mean the person is always telling the truth when they say no.

That's what happened to Geyer.

He said he pulled over a female driver who had a male passenger with her and witnessed behaviors that led him to believe they were potential drug users. He got consent to search the vehicle and asked if there were needles. They said no.

SEEN NEEDLES **ON PAGE A2**

# Needles

CONTINUED FROM PAGE A1

"I grabbed a purse in the backseat of the vehicle," Geyer said, and "I was immediately stuck by a needle that was protruding from the purse that I didn't see."

What happened next was a matter of procedure; MSP and city police follow the same steps.

Geyer got back up and drove himself to the hospital right away.

"And they gave me my options," he recalled.

When police know the identity of the person who used the needle before it stuck an officer, that person can be brought in for testing. If the person doesn't have HIV or Hepatitis B or C, the case is closed and the officer doesn't need any further treatment, according to Amy Perez, a registered nurse who works for Occupational Health at Spectrum Health Big Rapids Hospital, which handles accidental needlesticks.

But if the test comes back positive for one of the three diseases, the officer will have their blood drawn and tested several times over the next six months to a year to see if they develop the disease. In the meantime, patients are urged to practice safe sex, since in addition to being blood-

borne, HIV and Hepatitis B and C are transmitted sexually.

They also receive counseling about preventative medicines.

If the previous needle user tests positive for HIV, the person who received the accidental needlestick might opt for PEP, a 28-day medication regimen that can prevent transmission of the virus, though side effects include nausea, diarrhea and abdominal cramping — not so bad that you have to be off work but unpleasant, according to Perez. The regimen has to start within 24 to 36 hours after exposure.

Even without treatment, the chances of actually contracting HIV from an accidental needlestick, even when the original needle user has HIV, are very, very low.

The average risk is just 0.3%, according to Perez.

"People always like to hear that statistic," Perez said.

In-hospital treatment can prevent the transmission of Hepatitis B (if you aren't already vaccinated against Hepatitis B; Hepatitis C has no vaccine).

In Geyer's case, the people who had used the needle before he received the accidental poke did end up test-

ing positive for Hepatitis C. Though Geyer did not end up getting sick, he spent the next year being tested every few months.

"My story ended up OK but it could have definitely had a different turn," Geyer said.

He wishes the people he had pulled over had been truthful about the needles in the car.

"Most of the time, intravenous drug users will be honest with you," Geyer said. "Let's look out for each other a little bit."

One good thing that came out of Geyer's experience, he said, is that his unit received protective gloves to prevent it happening again.

Cadillac City Police Captain Eric Eller told the Cadillac News there haven't been any needlesticks for officers in recent years; Missaukee County Sheriff Wil Yancer said the same.

Asking the question about sharps is effective, according to Eller, who has been with the department for 24.5 years and worked in law enforcement elsewhere before that.

"When I started, that wasn't a question we asked," Eller said. "Now that's the first question we ask when we're going to search someone."

The Centers for Disease

Control and Prevention's FAQ on Hepatitis C doesn't mention law enforcement officers in connection with accidental needlesticks.

Instead, the FAQ focuses on another profession where accidental needlesticks are a hazard, health care.

Big Rapids Occupational Health handles approximately 50 "exposure" cases a year. Not all of those are accidental needlesticks after coming into contact with a syringe from an illegal drug user. Some are needlesticks from diabetic supplies. Some are a result of biting.

Health care workers, cops, and teachers were some of the patients Perez worked with recently after they were exposed to somebody else's blood. But most accidental pokes happen to law enforcement, in Perez's experience, she said.

When accidental needlesticks happen on the job, the employer usually covers the costs.

When it happens to somebody else — for example, if you got poked by a needle at a park, or if somebody left needles in your yard and you got poked cleaning the yard in the spring (something law enforcement officers have told the Cadillac News can be a problem in the area), the whole process

can be expensive, between the ER visit, labs, and possible preventative medication.

"I know it's not cheap," said Perez.

And yes, it really does merit a trip to the emergency room, especially if you don't know who the source patient is.

"I would (go)," Perez said.

**IF YOU ARE POKED BY SOMEONE ELSE'S NEEDLE**

— Wash the area with

soap and water right away. — Ask the "source patient" (the person who used the needle before it stuck you) to get tested.

— Go to the ER, especially if the person who previously used the needle is unknown. If the person is known, they may accompany you.

— Follow up with your primary care provider, as many people who carry bloodborne diseases do not show symptoms.

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