

Shenandoah University

Bloodborne Pathogen Student Exposure Policy

Policy

It is the policy of Shenandoah University to ensure the safety of clinical students from unnecessary exposure to bloodborne communicable diseases through education on universal precautions and immunization; and to implement procedures when accidental exposure occurs in order to minimize risk of contracting disease.

Definitions

For the purposes of this procedure, the term "clinical faculty" will mean the individual who provides instruction and direction at the site where clinical services are provided. Other terms considered synonymous include: preceptor, (approved) clinical instructor, and field work educator. The term "clinical coordinator" will mean the Shenandoah University faculty or staff member assigned responsibility for directing the clinical curriculum. Other terms considered synonymous include: field work coordinator and director of clinical education.

Procedure

1. Students must immediately report any occupational exposure to blood or body fluids to their clinical faculty.
2. The clinical faculty will ensure that the student cleans/flushes wound, mucous membranes, eyes, or otherwise provide necessary palliative measure to the contaminated area at the time of exposure
3. The clinical faculty initiates process to determine the source patient's HIV, HBC, or HCV status and to evaluate whether the source and/or exposure are considered high risk. Confidentiality to the student and patient will be maintained according to HIPAA during this process.
4. The clinical faculty will complete an incident report and any other documentation required by the agency where the student is assigned. The student shall contact the clinical coordinator within 24 hours to report the incident; and immediately contact the Director of the Wilkins Wellness Center at 540-665-5483 to discuss evaluation and a treatment plan. The student will be responsible for all costs associated with the follow-up treatment.
5. The clinical faculty will inform the clinical coordinator of the policy for the host institution in which the injury occurred and treatment performed according to the host institution's policy.
6. If the exposure occurred in an institutional setting, the Infection Control Officer of that facility will determine the follow-up course of treatment per their policy, including documentation of the incident.
7. If the exposure occurred in a clinic setting not associated with a licensed hospital and there is no policy, the Director of the Wilkins Wellness Center will determine if the exposure requires follow up with a medical professional according to the CDCs standards.
8. The clinical coordinator will assist the student in completing the Bloodborne Exposure Worksheet which will be faxed a copy to the Wilkins Wellness Center at 540-665-5576 within 48 hours of the occurrence. The worksheet will remain in the student's permanent medical record. The clinical coordinator will ensure a copy is placed in the student's clinical file.
9. Copies of the any lab results shall be sent directly to the Director of the Wilkins Wellness Center in a sealed envelope marked confidential. The record will remain in the student's permanent medical record and only be released to a third party with written consent and original signature of the student.
10. Student will meet with SU clinical coordinator to review universal precautions and be advised on how to minimize risk of exposure. Other educational interventions may be implemented if a student demonstrates a pattern of exposure. This may include suspension from clinical training activities or sanctions determined to be appropriate by the educational program.
11. Student will be offered counseling services through Wilkins Wellness Center.

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Bloodborne Pathogens Student Exposure Worksheet

To be completed by the student immediately after an exposure is reported

Student's Name _____ SU ID Number _____

Program of Study _____ Clinical Faculty _____

Date of Incident _____ Time of Incident: _____

Clinical Site Location _____

1. Description of Incident and type of exposure: Include activity at time of exposure (e.g. needle stick while removing vacutainer needle from barrel after blood drawn, part of body exposed type of device, severity or depth of injury).

2. Treatment of Exposed Area: Include actions taken (e.g. washed wound with soap and water or attach emergency room sheet, and timing of actions (e.g. washed within 3 minutes of exposure).

3. Source/Patient: Did the host institution document the incident? Yes No

4. Was the source or patient known? Yes No

5. Risk Status of Source Patient: "Was the patient a high risk patient" (e.g. IV drug abuse, unprotected sex with multiple partners, immunosuppressed) or record "not known" per record.

Yes No

6. Patient Test Results/Test Ordered: Include names of all blood tests performed in the past and tests ordered on the patient at the time of exposure (e.g. HBsAg, HIV antigen, anti-HCV or Western Blot), dates and results of said tests. Include the lab or hospital name or record "never tested" or "test not ordered".

A. HBsAg Date _____ Result _____

B. Anti-HCV Date _____ Result _____

C. HIV antigen Date _____ Result _____

D. Previous test results Date _____ Result(s) _____

Fax to: Director of the Wilkins Wellness Center at 540-665-5576 Date Faxed: _____

Health Professions Clinical Coordinator notified: _____Yes _____No Date/Time _____

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I, _____, consent to having my blood drawn by the Wilkins Wellness Center or clinical hospital for serology testing due to a reported exposure of a bloodborne pathogen exposure. Serology testing will be performed for HBsAg, Anti-HCV, and HIV antigen only.

I, _____, was offered prophylaxis for a bloodborne pathogen exposure by the hospital's infection disease department or Shenandoah University's Wilkins Wellness Center.

I, _____, was offered prophylaxis for a bloodborne pathogen exposure by the hospital's infection disease department or Shenandoah University's Wilkins Wellness Center. I have declined the prophylaxis treatment and understand the consequences of declining treatment.

Signature: _____ Date _____

Print Name _____

Post Exposure Labs Test Tracking

Blood drawn Date _____ Time _____

Counseling provided Date _____ Time _____

Results reported to patient Date _____ Time _____

Referred to ID physician (If applicable) Date _____ Time _____

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Bloodborne Pathogens Student Exposure Information

Explanation of Terms

1. Exposure

a. Type

1. A percutaneous injury (e.g. needle stick or cut with a sharp object) involving blood, tissue, or other body fluids.
2. Contact of a mucous membrane or non-intact skin (e.g. chapped, abraded, or dermatitis with blood, tissue, or other body fluids).
3. Contact of blood, tissue, or other body fluids with intact skin when the duration of contact is prolonged.

b. Body Fluids Associated with HIV

1. Blood, semen, vaginal secretions, or other body fluids including saliva contaminated with gross blood that have been implicated in the transmission of HIV infections (excluding tears, sweat, nonbloody urine or feces, or human breast milk).
2. Cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids, which have an undetermined risk for transmitting HIV.

c. Body Fluids Associated with HBV or HCV.

1. See HIV Body Fluids listed above.
2. Saliva, sputum, or vomitus.

2. Post Exposure Prophylaxis

Students who need Post Exposure follow-up will be sent to an Infectious Disease physician as soon as possible for counseling and treatment protocols. Student will also maintain contact with the Wilkins Wellness Center.

3. HIV High Risk Sources

- a. Infected patient with initial acute infection
- b. Infected patient with terminal illness
- c. Infected patient with high viral load
- d. Intravenous drug user
- e. Hemophiliac (blood or blood products prior to 1985)
- f. Homosexual/bisexual
- g. Unprotected sexual contact with multiple partners
- h. Sexual partner of any situation listed above

4. HBV and HCV High Risk

- a. Include all the HIV High Risk Sources above
- b. Hemodialysis patients
- c. Transfusion recipients (prior to 1985 or recipients of multiple recent transfusions)

5. High Risk Factors for Transmission of Any Bloodborne Pathogens

- a. Device is visibly contaminated with blood
- b. Procedure where device was place directly in a vein or an artery
- c. Deep injury to the body
- d. Injury from a hollow bore needle
- e. Exposure involving a large volume of blood