EMPLOYEE BODY FLUID EXPOSURE/NEEDLE STICK POLICY AND PROCEDURE

Responsible administrator: Associate Dean for Clinical Affairs and Outreach
Last updated/reviewed: 8/17/23

POLICY:

- The purpose of the policy is to outline procedures to be followed by the Harrison College of Pharmacy (HCOP) employees in the event of an accidental exposure incident (significant body fluid exposure or contaminated needle stick) which occurs while the employee is providing care or participating in research through an HCOP sponsored activity or clinic.
    - This policy will not apply when incidents occur outside of an HCOP sponsored activity/event.
    - This policy outlines procedures to be followed by the HCOP employees in the event of an accidental exposure incident (significant body fluid exposure or contaminated needle stick) which occurs while the student is participating in an HCOP activity. Employees students should contact their immediate supervisor for additional information.

- This policy outlines steps to be taken by HCOP employees if an exposure incident occurs to decrease the risk of the student developing infection with human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

- An **exposure incident** as defined by the Occupational Safety and Health Administration (OSHA) is a "specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials."[1] Examples include contact with a contaminated needle/lancet with puncture of the skin or contamination of an open wound or mucous membrane by saliva, blood, or body fluid. Non-intact skin includes skin with dermatitis, hangnails, abrasions, chafing, burns, etc.

PROCEDURES:

EMPLOYEE TRAINING AND DOCUMENTATION:

- Employees will receive annual training on safety precautions (universal precautions, blood borne pathogens, biohazardous waste disposal).
- Upon completion of this designated training, the HCOP faculty or staff member will follow departmental policies and procedures to report completion to their supervisor.

- HCOP employees must read and review Auburn University's Exposure Control Plan, and must complete Appendix E of this plan acknowledging that the employee has been trained on the hazards of blood borne pathogens, and made aware that the HCOP employee's job may put the employee at risk of blood borne pathogen exposure. For more information, see HCOP's Hepatitis B policies and procedures.

SAFETY PROCEDURES:

- HCOP employees must follow all AU blood borne pathogen, universal precautions, and biohazardous waste disposal safety procedures at all times in order to minimize the risk of an exposure incident.

- These safety measures include use of universal precautions, personal protective equipment, and use of safety devices.

- Employees must be trained on the proper procedures for collecting, handling, and disposing of blood or body fluids that may contain blood borne pathogens which increases the risk of accidental exposure and infection.

- When collecting blood for point of care testing (such as blood glucose, cholesterol, Hgb A1C, INR or other testing) at HCOP sponsored/sanctioned patient care events, employees should **ONLY** use single-use retractable safety lancets:
    - These lancets are provided for use during all HCOP skills labs when student training is being conducted.
    - Employees should **NEVER** use a patient's own lancet device/lancets (which are not retractable and carry a risk of an accidental needle stick).
    - These safety lancets must be used for **ALL** outreach activities such as co-curricular activities in the community (health fairs, community health screenings, patient care events, etc.).
    - Lancets should be disposed of immediately in a puncture resistant sharps container.

- When administering vaccines or giving injections:
    - Employees should always wear personal protective equipment including a lab coat and disposable gloves.
    - Exposed needles should **NEVER** be passed from person to person.
    - Needles should **NEVER** be re-capped after use.
    - After administering an injection, the syringe and needle should be placed directly into a biohazardous waste sharps container.
    - Sharps containers should be located in all patient care areas to facilitate the immediate disposal of lancets, needles, broken ampules, or other sharps.
    - Additional safety precautions can be found on the Centers for Disease Control and Prevention (CDC) website.[3]

POST-EXPOSURE PROCEDURES:

- An employee who experiences a body fluid exposure should **immediately** cleanse the wound or mucous membrane with soap and water, or if contact is to the eye(s), flush with water for several minutes. **Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure per CDC recommendations.**

- The employee should seek **immediate** care with "employee healthcare clinic" for the healthcare system where the employee is practicing as part of their AU HCOP-affiliated job responsibilities (if this resource is available).

- If care at the affiliated site is not available, or if the employee is providing care /student supervision at an off-campus AU-HCOP-affiliated event, then the employee should seek care at the nearest urgent care center/emergency department, health care facility or personal physician of choice (if there is immediate access to this physician). If on AU campus, the Auburn University Medical Clinic can be used for patient care.

- The employee's personal health insurance will be utilized for coverage of all patient care and laboratory testing that is required to assess employee's infection status following exposure and all medications (if necessary)

that are required for post-exposure prophylaxis management.

- The exposure should be reported **immediately** to the employee's direct supervisor and/or the employee's department head.

- An **Auburn University incident report** should be completed per AU guidelines (see AU's Risk Management website). Information that is required in this report includes employee's name; date- time; type of accident/incident/condition; description of incident; a description of any immediate actions taken; information on any emergency care / responders contacted; witnesses to the event; name of supervisor; date report completed; and other pertinent information.

- The AU Employee's supervisor / administrator (if available / able to contact) should contact the person/patient who is the source of the potential blood borne pathogen. (Note: if a direct supervisor is not available, the employee should discuss this with the source patient him or herself). The supervisor/administrator/employee (as a self-representative) should obtain consent from the patient for testing to be conducted (if the patient will agree). See the consent form in "Appendix A".

Information to be obtained from the source patient includes the following to help determine whether the source is considered high risk:

- HIV status (if known)
- Whether the source had a blood transfusion between 1978-1985
- IV drug use history
- History of multiple sexual partners or homosexual activity
- History of hepatitis B or C

The source is considered high risk if any of the above criteria is positive. If the source is high risk, it is recommended that the student pharmacist receive post-exposure prophylactic (PEP) treatment **within 2 hours** per CDC recommendations. Student pharmacists should seek medical evaluation even if the source is not thought to be high risk.

The costs of source testing will be covered by the person's healthcare insurance, with AU HCOP paying any non-covered costs of this care (out of pocket deductibles, co-insurance, or co-pays associated with care). If the patient does not have insurance or refuses to bill his or her insurance, then AU HCOP will cover all costs associated with testing.

EMPLOYEE LABORATORY TESTING:

- Laboratory testing should be conducted for HIV, Hepatitis B and Hepatitis C based on current guidelines and available source patient data.

- Laboratory testing should be conducted immediately post-exposure and may require additional testing over the next few weeks-months (depending on available data / laboratory results from the source patient).

- Results of laboratory testing should be communicated from the physician / medical practice directly to the employee. Employee confidentiality should be maintained.

SOURCE PATIENT LABORATORY TESTING:

- Consent must be obtained from the source patient for laboratory testing (see Appendix A).

- Laboratory testing should be based on current guidelines and available patient history obtained from the source patient.

- The results of the source patient laboratory results should be shared with the physician / medical practice that is treating the HCOP employee to guide the HCOP employee's acute and follow-up care. These results should be kept confidential.

- If the source patient refuses testing, the employee should proceed with the appropriate evaluation and treatment as recommended by current CDC guidelines.

- For exposures that occur at non-HCOP affiliated practice sites (healthcare systems, community pharmacies, other healthcare environments) it is assumed the site will pay for the source patient testing. For all approved / sanctioned health fairs, HCOP practice sites (Clinical Health Services), or non-HCOP sites who decline to cover source testing, HCOP will cover source patient testing. All required tests should be processed to the patient's primary insurance first with any balance covered by HCOP unless patient refuses insurance processing.

This policy will be reviewed annually by HCOP's Clinical Services Advisory Committee (CSAC) and the HCOP Compliance Committee. It will be updated as necessary to ensure current standards and procedures for documentation, treatment, and management are maintained current.

REFERENCES:

1. United States Department of Labor Occupational Safety and Health Administration Standard Number 1910.1030 - Bloodborne pathogens. (accessed 10/2/2022)

2. Auburn University Exposure Control Plan. (accessed 10/2/2022)

3. Center for Disease Control (CDC) and Prevention: The National Institute for Occupational Safety and Health (NIOSH)- Blood Borne Infectious Diseases. (accessed 10/2/2022)

APPENDIX A:

BODY FLUID EXPOSURE/ACCIDENTAL NEEDLE STICK REPORT FORM

Instructions: This form is used to report body fluid exposure, accidental needle stick/sharps injuries, or other possible exposure to blood borne pathogens that are experienced by HCOP student pharmacists or graduate students during:

- Introductory Pharmacy Training Experiences (IPPEs)
- Advanced Pharmacy Training Experiences (APPEs)
- Co-Curricular Events
- HCOP Research

For HCOP professional Doctor of Pharmacy students, complete this form and return it to the Introductory Pharmacy Practice Experiences Coordinator for IPPEs or the Executive Director of Experiential Programs for APPEs within 24 hours of injury or exposure.

For HCOP graduate students, complete this form and return to the Director of Graduate Programs within 24 hours of the injury or exposure.

Today's Date: _____

STUDENT PHARMACIST/GRADUATE STUDENT INFORMATION (PERSON EXPOSED/INJURED):

Name: _____

Auburn University Banner ID: _____

Telephone Number: _____

E-mail Address: _____

Medical Provider: _____

Date Provider Seen: _____

EXPOSURE INFORMATION:

Date of exposure: _____

Time of exposure: _____

Brief description of exposure:

TYPE OF EXPOSURE/INJURY:

- ☐ Needle stick
- ☐ Lancet stick
- ☐ Cut skin from contaminated broken glass
- ☐ Blood or other body fluid exposure to broken skin, cut, burn, or other mucous membranes
- ☐ Other (specify): _____

LOCATION OF EXPOSURE/INJURY:

- ☐ IPPE training site (specify): _____
- ☐ APPE training site (specify): _____
- ☐ IPE training site (specify): _____
- ☐ HCOP approved/sanctioned/sponsored co-curricular event (specify): _____
- ☐ HCOP clinical research site (specify): _____
- ☐ HCOP research laboratory (specify): _____
- ☐ Other (specify): _____

IF AN ACCIDENTAL STICK, THE CIRCUMSTANCE OF THE EXPOSURE WAS:

- ☐ During finger stick
- ☐ During phlebotomy
- ☐ During administration of an injection
- ☐ When processing a sample
- ☐ Other (specify): _____

THE STICK OCCURRED:

- ☐ After the use of the sharp
- ☐ During the use of the sharp
- ☐ Other (specify): _____

INVOLVED BODY PART (STUDENT):

- ☐ Arm (but not hand)
- ☐ Face/head/neck
- ☐ Hand
- ☐ Leg/foot
- ☐ Torso (front or back)

PATIENT/SOURCE INFORMATION:

Name: _____

Contact Information: _____

Medical Provider: _____

STUDENT INSTRUCTIONS:

1. Immediately cleanse the wound or mucus membranes with soap and water or if contact is the eye(s), flush with water for several minutes.

2. Contact the appropriate HCOP personnel:
    a. IPPE:
        i. Preceptor
        ii. IPPE Coordinator (if in Mobile, the Assistant Director of Experiential Programs for Mobile)
    b. APPE:
        i. Preceptor
        ii. HCOP Faculty Regional Coordinator
        iii. Executive Director of Experiential Programs (if in Mobile, the Assistant Director of Experiential Programs for Mobile)
    c. Co-Curricular Event:
        i. Event coordinator or faculty preceptor/mentor
        ii. Director of Experiential Programs Operations and Co-Curriculum
    d. Research
        i. Research Advisor
        ii. ADR

    Note: If the exposure involves a known HIV positive source, seek immediate medical attention since, if indicated, post-exposure prophylaxis should begin within 2 hours of exposure

3. Seek medical attention
    a. IPPE: Seek evaluation through the student health center, your physician of choice or nearest urgent care center or emergency department.
    b. APPE site: Seek evaluation through the organization's employee health center or other employee sponsored sites or, if directed by the site, seek evaluation at your physician of choice or the nearest urgent care center or emergency department.
    c. Community/campus event: Seek evaluation through the student health center, your physician of choice or nearest urgent care center or emergency department.
    d. Graduate students

4. When you arrive for care post exposure, inform the provider of the exposure to potential blood borne pathogen(s). All care received (lab testing, prophylactic medications, if indicated, etc.) will be billed through your personal insurance and you may be responsible for any co-pays or other out of pocket expenses.

5. Source testing (testing of the patient) will be requested by an HCOP faculty member.

6. Submit the incident form (Appendix A) to the appropriate HCOP personnel.

    a. IPPE: IPPE Coordinator
    b. APPE: Executive Director of Experiential Programs
    c. Co-Curricular Event: Director of Experiential Programs Operations and Co-Curriculum
    d. Research: Director of Graduate Programs

APPENDIX B:

BODY FLUID EXPOSURE/ACCIDENTAL NEEDLE STICK SOURCE PATIENT TESTING

Auburn University Harrison College of Pharmacy post-exposure consent for testing:
Source patient* testing for HIV, HBV, and HCV infectivity

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation.

EXPOSED INDIVIDUAL'S INFORMATION

Name: _____

Telephone Number: _____

Exposure Date: _____

Source Patient Statement of Understanding

I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that a student pharmacist or faculty member of the Auburn University Harrison College of Pharmacy has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed student pharmacist or faculty member to ensure appropriate medical evaluation and care, and to others only as required by law.

Consent or Refusal

I *consent* to:

- ☐ HIV testing
- ☐ Hepatitis B testing
- ☐ Hepatitis C testing

I *refuse consent* to:

- ☐ HIV testing
- ☐ Hepatitis B testing
- ☐ Hepatitis C testing

Source Individual Identification

Source patient's printed name _____

Source patient's signature _____

Relationship *(if signed by someone other than the source patient)* _____

*Source patient is the person whose blood or bodily fluids provided the source of this exposure.