

Body Fluid Exposure/Needle Stick Policy and Procedure Auburn University Harrison School of Pharmacy

The purpose of the policy is to outline the procedure to be followed by student pharmacists who have received an accidental exposure incident (significant body fluid exposure or contaminated needle stick) while in an educational setting in order to decrease risk of infection with hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

An **exposure incident** as defined by OSHA¹ is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (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) that results from the performance of a student pharmacist's required experiential training. Non-intact skin includes skin with dermatitis, hangnails, abrasions, chafing, etc.

Student pharmacists will receive **annual training** on safety precautions (universal precautions, blood borne pathogens) and post-exposure procedures. All student pharmacists are required to receive or show proof of hepatitis B vaccination series completion. The Auburn University Exposure Control Plan² should be reviewed by all students prior to participating in any pharmacy practice experience PPE or advanced practice experience (APE). Student pharmacists are also required to show proof of personal health insurance upon admission to the HSOP. This insurance will be needed for coverage of laboratory testing and medications (if necessary) in the event of an exposure incident.

Safety procedures to minimize an exposure incident include use of universal precautions, personal protective equipment (PPE-gloves), and use of safety devices (single-use lancets, retractable needles). Student pharmacists should be trained on the proper procedures for finger stick testing and the required equipment. Student pharmacists should never use a patient's own lancets/lancet device and should not attempt to recap needles or lancets. Only disposable, one-time use, safety lancets should be used by a student pharmacist. If a safety lancet is not available, the student pharmacist should ask the patient to conduct the test on themselves, if possible. Contaminated sharps (needles, lancets) should be disposed of immediately in an approved sharps container or other puncture resistant container (if in a patient's home). Sharps containers should be located nearby for immediate disposal and as minimal handling of sharps as possible. Student pharmacists should not pass sharps to others or accept sharps from others. Additional safety precautions can be found on the CDC website.^{3,4}

All student pharmacists are required to receive hepatitis B immunization.

Post-exposure procedures

Student pharmacists, faculty or staff experiencing 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 exposure should be reported **immediately** to the appropriate personnel (preceptor, AUHSOP faculty regional coordinator, and/or Director of Experiential Learning) at the school of pharmacy and/or experiential site. The Associate Dean for Academic and Student Affairs for HSOP will also be notified by the Office of Experiential Learning. An incident report for the facility (if applicable) should be completed as well as an incident report for HSOP (see Addendum A-Body Fluid/Needle Stick Incident/Exposure Report Form). This report should be forwarded to the Office of Experiential Learning (OEL). A copy of this incident report will be forwarded by OEL to the Associate Dean of Academic and Student Affairs for HSOP and to the Auburn University Office of Risk Management and Insurance (316 Leach Science Center). In the case of faculty or staff members, the exposure should be reported immediately to their direct supervisor and /or Department Head. Documentation should include the name and contact information of the student pharmacist that was exposed and the source patient from which the contaminated exposure originated. The time, date and location of the exposure and a description of the incident should also be included in this documentation.

The student pharmacist should **immediately** contact their preceptor/mentor and AUHSOP regional coordinator and seek care for necessary lab work and evaluation for post-exposure prophylaxis.

Regional coordinators should know the appropriate procedure to follow post-exposure in order to direct the student pharmacist appropriately and in a timely manner to receive medical evaluation and prophylactic treatment if needed.

Students

APE sites

If the exposure occurred at an APE site, the student should immediately notify the preceptor and/or Faculty Regional Coordinator. The student should seek **immediate** care with employee health at the site or, if directed, with the nearest urgent care center/emergency department, health care facility or personal physician of choice. Some experiential sites will have the student

pharmacist receive care through the facility's employee health center and other sites (retail pharmacies, other stand-alone sites) will require follow-up with the physician of the student's choice or urgent care center/emergency department. The preceptor should provide guidance to the student regarding the procedure to follow regarding post-exposure medical care. The Director of Experiential Learning and Associate Dean for Academic and Student Affairs should be notified as soon as possible regarding the incident. **The individual who is the source of any potential blood borne pathogen should be informed of the exposure by the preceptor or Faculty Regional Coordinator, not by the student pharmacist.** The preceptor or Faculty Regional Coordinator should arrange for consent to be obtained from the source for appropriate medical testing. The consent form is included as Addendum B.

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 and 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.

PPE sites

If the exposure occurred during a patient visit for PPE, the student should immediately notify the Director of the PPE program, the Director of Experiential Learning and the Associate Dean for Academic and Student Affairs. The student pharmacist should seek **immediate** medical evaluation through the student health center, a physician of choice or nearest urgent care center/emergency department. The medical evaluation (lab work and medications, if needed) will be billed through the student's health insurance. **The source should be informed of the exposure by the PPE Director or Director of Experiential Learning, not by the student pharmacist.** The PPE Director or Director of Experiential Learning will arrange for consent to be obtained from the source for appropriate medical testing. The consent form is included as Addendum B.

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 and 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.

Other HSOP Sponsored Events

If the exposure occurred during a HSOP sponsored event (other than PPE or APE), the student should immediately notify the faculty advisor(s) involved in the event. The student pharmacist should seek immediate medical evaluation through the student health center, physician of choice or nearest urgent care center/emergency department. The medical evaluation (labwork and medications, if needed) will be billed through the student's health insurance. The source should be informed of the exposure by a faculty advisor, not the student pharmacist. A faculty advisor will arrange for consent to be obtained from the source for appropriate medical testing and notify the Associate Dean for Academic and Student Affairs.

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 and 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.

Faculty and Staff Members

If the exposure occurred to a HSOP faculty or staff member, they should immediately notify their immediate supervisor or Department Head. They should seek immediate medical evaluation through a physician of choice or nearest

urgent care center/emergency department. The medical evaluation (lab work and medications, if needed) will be billed through their health insurance. The source should be informed of the exposure by their supervisor or Department Head, who will arrange for consent to be obtained from the source for appropriate medical testing.

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 and 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.

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. Results of laboratory testing should be reported directly to the student pharmacist, faculty member or staff member, with confidentiality maintained.

Laboratory testing of the source patient once consent is obtained should be based on current guidelines and available source patient history. Confidentiality of the source patient information and laboratory results will be maintained at all times. Source patient results will be forwarded to the student pharmacist's, faculty member's, or staff member's health care provider to ensure appropriate management and follow-up care. If the source patient refuses testing, the student pharmacist, faculty member or staff member should proceed with the appropriate medical evaluation, follow-up testing and possibly prophylactic medication based upon current guidelines and source patient history if available.

APE and PPE sites are under no obligation to provide medical evaluation or treatment if needed. Some APE sites will treat the student pharmacist as they do employees but sites are under no obligation to do this. Student pharmacist should take an active approach to knowing and understanding the procedures to follow at each training site.

This policy will be reviewed annually and updated as necessary to ensure current standards and procedures are adhered to and that documentation is completed.

Contact information

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Additional references

1. OSHA bloodborne pathogen standard
(http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
2. Auburn University Exposure Control Plan
(<http://www.auburn.edu/administration/rms/pdf/exposurecontrolplan.pdf>)
3. CDC: Protecting Healthcare Workers from Bloodborne Pathogens
(http://www.cdc.gov/ncidod/dhqp/wrkrProtect_bp_prevent.html)
4. CDC: National Institute for Occupational Safety and Health
(<http://www.cdc.gov/niosh/topics/bbp/>)