

STUDENT BODY FLUID EXPOSURE / NEEDLE STICK POLICY AND PROCEDURE

Responsible administrator: Associate Dean for Clinical Affairs and Outreach
Last updated/reviewed: 6/1/2019

POLICY:

- The purpose of the policy is to outline procedures to be followed by HSOP professional student pharmacists in the event of an accidental exposure incident (significant body fluid exposure or contaminated needle stick) which occurs while the student pharmacist is participating in an HSOP course, an experiential training environment, an HSOP sponsored co-curricular event, or while conducting HSOP research.
 - This policy will not apply when incidents occur outside of the HSOP curriculum or at a non-sponsored/ non-sanctioned event.
- This policy outlines steps to be taken by HSOP professional students if an exposure incident occurs in order to decrease the risk of the student developing 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). Non-intact skin includes skin with dermatitis, hangnails, abrasions, chafing, burns, etc.

PROCEDURES:

STUDENT PHARMACISTS TRAINING AND DOCUMENTATION:

- Student pharmacists will receive **annual training** on safety precautions (universal precautions, blood borne pathogens, biohazardous waste disposal), and documentation of this training must be provided to HSOP's Experiential Programs.
- All student pharmacists are required to submit documentation that shows proof of the student's completion of the hepatitis B vaccination series (3 vaccine series) **OR** submit results of the student's hepatitis B antibody blood titer results that shows a "reactive" hepatitis B surface antibody consistent with hepatitis B immunity.
- The [Auburn University Exposure Control Plan](#)² should be reviewed by all students prior to participating in any introductory pharmacy practice experience (IPPE) or advanced practice experience (APPE) training.
- Student pharmacists are also required to show proof of personal health insurance upon admission to the HSOP (see "HSOP Student Medical/ Health Insurance Requirement" Policies and Procedures). This insurance will be utilized for coverage of all laboratory testing that is required to assess student infection status following exposure to a potential blood borne pathogen and all medications (if necessary) that are required for post-exposure prophylaxis management in the event that a student experiences an exposure.

STUDENT SAFETY PROCEDURES:

- HSOP students 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.
- Student pharmacists 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. This training will be completed through a mandatory skills laboratory that is integrated into HSOP's practice ready curriculum during the first professional year of the curriculum.
- When collecting blood for point of care testing (such as blood glucose, cholesterol, Hgb A1C, INR or other testing) at HSOP sponsored / sanctioned patient care events, student pharmacists should **ONLY** use single-use retractable safety lancets:
 - These lancets are provided for student use during all HSOP skills labs when student training is being conducted.
 - They are stocked in the introductory pharmacy practice experience (IPPE) StEPS diabetes care patient monitoring kits (which can be checked out from HSOP's receptionist desk for patient care visits in the community).
 - Students should **NEVER** use a patient's own lancet device / lancets (which are not retractable and carry a risk of an accidental needle stick). If the student does not have an HSOP StEPS patient care kit available, the patient should conduct their own finger stick and glucose testing.
 - 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.
 - A puncture resistant medication vial with a biohazardous risk sticker attached to the vial is provided in the IPPE StEPS patient care kits for storage of the used retractable lancet and the used glucose strip for safe storage until the kit is returned to the Auburn University Pharmaceutical Care Center (AUPCC). The used lancet and strip will be disposed of according to biohazardous waste disposal guidelines when the kits are being refilled in the AUPCC Clinical Laboratory.
- When administering vaccines or giving injections:
 - Student pharmacists 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 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 CDC website.^{3,4}

POST-EXPOSURE PROCEDURES:

- Student pharmacists who experience 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:
 - IPPE Summer Experiences- Student Preceptor, AUHSOP faculty regional coordinator, IPPE Coordinator, Executive Director of Experiential Programs
 - IPPE StEPS- IPPE Coordinator, Executive Director of Experiential Programs (**if in Mobile**, the Assistant Director of Experiential Programs for Mobile)
 - APPE Rotations- Student Preceptor, AUHSOP faculty regional coordinators, Executive Director of Experiential Programs (**if in Mobile**, the Assistant Director of Experiential Programs for Mobile)

The Executive Director of Experiential Programs will notify the Associate Dean of Academic Programs and the AU Office of Risk Management concerning student pharmacist's exposures.

- An incident report should be completed for the facility (if required).
- An HSOP incident report (see Addendum A) should be completed and submitted to the Executive Director of Experiential Programs (for student pharmacist exposures).
- 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. (See Appendix A)
- The student pharmacist should **immediately** contact their preceptor/faculty advisor and AUHSOP regional coordinator and seek care for necessary lab work and evaluation for post-exposure prophylaxis.
- HSOP 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.

STUDENT POST-EXPOSURE PROCEDURES:

Advanced Practice Experience:

- If a student pharmacist is training at an APPE site and has an accidental needle stick (or other possible exposure to blood or bodily fluid that results in a possible exposure to a blood borne pathogen), the student should immediately notify the preceptor and the HSOP Faculty Coordinator for the region.
- 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. NOTE: Some APPE 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 and/or HSOP regional faculty coordinator should provide guidance to the student regarding the procedure to follow regarding post- exposure medical care.

- The Executive Director of Experiential Programs and the Associate Dean for Academic Programs 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 for this testing 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 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.

Introductory Pharmacy Practice Experience (IPPE):

- If the student pharmacist experiences the exposure while completing IPPE training at a community pharmacy (during the summer following the P1 year), in a health systems setting (during the summer following the P2 year, during a clinical IPPE rotation (during the summer following the P2 year), or during a clinical IPE experience, the procedures for APPE rotations should be followed (see above). **The IPPE coordinator and the Executive Director of Experiential Programs should be contacted immediately.**
- If the exposure occurs during an IPPE StEPS patient visit, the student should immediately notify the IPPE Coordinator, the Executive Director of Experiential Programs, and the Associate Dean for Academic Programs.
- The student pharmacist should seek **immediate medical evaluation** through the student health center (HSOP-Auburn: report to the AU Medical Clinic; HSOP-Mobile: report to the University of South Alabama Student Health Clinic); a local physician of the student's choice (the student should not delay care to travel to their personal physician if this physician is not local or if their personal physician is not available); or the nearest urgent care center/emergency department.
- The medical evaluation (post-exposure lab work and post-exposure prophylaxis medications, if needed) will be billed through the student's personal health insurance.
- The source should be informed of the exposure by the IPPE Coordinator or the Executive Director of Experiential Learning, not by the student pharmacist.
- The IPPE Coordinator or Executive Director of Experiential Programs 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 occurs while the student pharmacist is participating in an approved / sanctioned HSOP event (other than IPPE and APPE, such as a health fair), the student should immediately notify the HSOP faculty or staff member or other pharmacist(s) who are precepting the event.
- The student pharmacist should seek **immediate medical evaluation** through the student health center (HSOP-Auburn: report to the AU Medical Clinic; HSOP-Mobile: report to the University of South Alabama Student Health Clinic); a local physician of the student's choice (the student should not delay care to travel to their personal physician if this physician is not local or if their personal physician is not available); or the nearest urgent care center/emergency department.
- The medical evaluation (post-exposure lab work and post-exposure prophylaxis medications, if needed) will be billed through the student's personal health insurance.
- The source should be informed of the exposure by the HSOP faculty advisor or HSOP preceptor that is supervising the event, not the student pharmacist.
- A faculty advisor will arrange for consent to be obtained from the source for appropriate medical testing and will notify the Associate Dean for Academic Programs.

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.

STUDENT 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 student. Student confidentiality should be maintained.

SOURCE PATIENT LABORATORY TESTING:

- Consent must be obtained from the source patient for laboratory testing (see Appendix B).
- 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 student to guide the student's acute and follow-up care. These results should be kept confidential.
- If the source patient refuses testing, the student pharmacist should proceed with the appropriate evaluation and treatment as recommended by current CDC guidelines.
- For exposures that occur at non-HSOP affiliated practice sites (healthcare systems, community pharmacies, other healthcare environments) during IPPE and APPE training, it is assumed the site will pay for the testing. For all approved / sanctioned health fairs, HSOP practice sites (Clinical Health Services), or non-HSOP sites who decline to cover source testing, HSOP will cover source patient testing. All required tests should be processed to the patient's primary insurance first with any balance covered by HSOP unless patient refuses insurance processing.

EVALUATION AND TREATMENT:

- APPE and IPPE sites are under no obligation to provide medical evaluation or treatment (if treatment is needed).
- Some APPE 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 by HSOP's Clinical Services Advisory Committee (CSAC) and the HSOP Compliance Committee. It will be updated as necessary to ensure current standards and procedures for documentation, treatment, and management are maintained current.

ADDITIONAL REFERENCES:

1. [United States Department of Labor Occupational Safety and Health Administration Standard Number 1910.1030 - Bloodborne pathogens.](#) (accessed 05/29/2019)
2. [Center for Disease Control \(CDC\) and Prevention: The National Institute for Occupational Safety and Health \(NIOSH\)- Blood Borne Infectious Diseases.](#) (accessed 05/29/2019)
3. [Auburn University Exposure Control Plan.](#) (accessed 05/29/2019)

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 HSOP student pharmacists or graduate students during:

- Introductory Pharmacy Training Experiences (IPPE)
- Advanced Pharmacy Training Experiences (APPE)
- HSOP approved / sanctioned / sponsored outreach events
- HSOP clinical research
- HSOP laboratory research

For HSOP professional Doctor of Pharmacy students, complete this form and return it to the Executive Director of Experiential Programs within 24 hours of injury or exposure.

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

Name of person exposed/injured: _____

AU ID#: _____ Contact #: _____

Email address: _____

Today's date: _____

EXPOSURE INFORMATION:

Date of exposure: _____

Time of exposure: _____

Brief description of exposure:

TYPE OF INJURY/EXPOSURE:

- 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) _____

PLACE WHERE EXPOSURE OCCURRED:

IPPE training site (specify) _____

- APPE training site (specify) _____
- IPE training event (specify) _____
- StEPS patient home or residence (specify) _____
- HSOP approved / sanctioned / sponsored co-curricular event (specify) _____
- HSOP clinical research site (specify) _____
- HSOP research laboratory (specify) _____
- Other (specify) _____

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

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

THE STICK OCCURRED:

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

INVOLVED BODY PART (STUDENT):

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

Student's Medical Provider: _____

Date provider seen: _____

Patient/Source information:

Name: _____

Contact information: _____

Source's Medical Provider: _____

TO BE COMPLETED BY HSOP STAFF: Date of source testing: _____
Additional information/follow-up with student if necessary: _____

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 HSOP personnel:

- a. IPPE: IPPE Coordinator, Executive Director of Experiential Learning
- b. APPE: Preceptor; HSOP Faculty Regional Coordinator; Executive Director of Experiential Programs; Associate Dean of Academic Programs
- c. Community/campus event: Event coordinator or faculty preceptor/mentor

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 HSOP faculty member.

APPENDIX B:

BODY FLUID EXPOSURE / ACCIDENTAL NEEDLE STICK SOURCE PATIENT TESTING:

Auburn University Harrison School 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 (Please Print): _____
Contact 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 School 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 or not 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): _____

Date signed: _____

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