



**Student Bloodborne and Biological Pathogen Exposure Management
For all SMHS Students**

Section: 3
Policy number: 3.8
Responsible Office: Dean's Office
Issued: 02.04.14
Latest Review: 07.29.17

POLICY STATEMENT

In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student's responsibility is to immediately inform their instructor, clinical site supervisor and / or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.

REASON for POLICY

To provide a clear and concise guide for managing students exposed to bloodborne or biological pathogens during educational activities administered by the University of North Dakota School of Medicine and Health Sciences.

SCOPE of POLICY

This policy applies to:

- | | |
|---|----------|
| √Deans, Directors, and Department Heads | √Faculty |
| √Managers and supervisors | √Staff |
| √Students | |
| Others: | |
-

WEB SITE REFERENCES

Policy Office: <http://www.med.und.edu/policies/index.cfm>
Responsible Office: <http://www.med.und.edu/administration/deans-office/index.cfm>
Vice President for Health Affairs and Dean: <http://www.med.und.edu/administration/deans-office/index.cfm>
UND Office of Safety: <http://und.edu/finance-operations/environmental-health-and-safety/>

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DEFINITIONS

Bloodborne Pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of practice requirements.
Other potentially infectious materials/biological pathogens	<p>Include but are not limited to</p> <p>(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.</p> <p>(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and</p> <p>(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.</p> <p>(4) Airborne pathogens such as tuberculosis (TB).</p>
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
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RELATED INFORMATION

UND Incident Reporting & Investigation Instructions	http://und.edu/public-safety/resources/forms.cfm
UND Safety & Loss Control Manual	http://und.edu/public-safety/resources/forms.cfm
The National Clinicians' Post Exposure Prophylaxis Hotline	http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/
Occupational Safety & Health Administration	https://www.osha.gov/
Center for Disease Control and Prevention	http://www.cdc.gov/

CONTACTS

General questions about this policy can be answered by your department's administrative office. Specific questions should be directed to the following:

Subject	Contact	Telephone/FAX	Email contact
Policy clarification	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu
Policy format	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu
SMHS Student Injury	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu
Investigation Report	Office of Safety	777.3341	und.safety@und.edu
Sample Transportation	Student Health Services	777.3988	und.shslab@und.edu

PRINCIPLES

- I. In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student's responsibility is to immediately inform their instructor, clinical site supervisor and / or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.
- II. The Student Bloodborne & Biological Pathogen Exposure procedure provides management for University of North Dakota SMHS students with occupational blood exposures according to currently recommended guidelines by the US Public Health Services. The procedures below describe the action that must be taken in the event that bloodborne or biological pathogen exposure has occurred. In accordance of UND Section 1: General Safety, Incident Reporting policy, incident reporting of all injuries is required within 24 hours.
- III. Academic supervisors who witness the incident, or are immediate supervisors for the student, are responsible for completing UND & SMHS incident reporting forms. This allows for complete reporting and appropriate follow up of any occurrence involving the health and safety of University students

PROCEDURES

Management of Exposure Incidents

- | | |
|--|---------------------------------|
| 1. Immediate Care | Immediately |
| 2. Post-Exposure Risk Determination & Medical Evaluation | Complete within 2 hours |
| 3. Post-Exposure Mandatory Reporting | Complete within 24 hours |
| 4. Incident Investigation & Report Routing | |

In accordance with UND Policy, mandatory reporting of incidents is required within 24 hours. The student's health and safety is of utmost importance in this circumstance and the student must not return to activities until this is complete.

Protocol

1. Post-Exposure-Immediate Care

If you experienced a needle-stick or sharps injury, or are exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps** (as applicable):

- Wash needle-stick injuries and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water for 10 minutes.
- Eyes-remove contact lenses, irrigate eyes with clean water, saline, or sterile irrigants (be aware of the nearest eyewash station).
- Report the incident to your supervisor.
- Immediately seek medical treatment for evaluation and recommended follow up procedures.

Step Three - Determine Need for Post Exposure Prophylaxis

Bloodborne Pathogen

- Factors to consider for post exposure prophylaxis include the type of exposure, type and amount of fluid/tissue, infectious state of the source, and susceptibility of the exposed student.
- Prophylaxis should be started as soon as possible after HIV exposure, **preferably within the first hour.**
- **Hotline for Medical Providers**
The National Clinicians' Post Exposure Prophylaxis Hotline.
PEPLine: 1-888-448-4911 (9am-2am EST)
Warmline: 1-800-933-3413
Perinatal HIV Hotline: 1-888-448-8765
Website:
http://www.nccc.ucsf.edu/about_nccc/pepline/
- Follow appropriate prophylactic treatment, if applicable.

Airborne Pathogen

Step Four – Follow-up Care

The student is responsible for obtaining follow-up care from their personal physician as recommended during their evaluation.

3. Post-Exposure Mandatory Reporting

Completion and routing of SMHS Bloodborne & Biological Pathogen Exposure Incident Evaluation & Reporting (Form 1 & 2) are required within **24 hours** of the exposure event.

Report Routing

Student Quick Form 1

SMHS Deans Office

judy.solberg@med.und.edu

UND Incident Reporting Form 2

The student's immediate supervisor must electronically submit this form within 24 hours.

Form 2 is located at UND Campus Safety website: <http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm>.

Click the [SMHS only] button on the bottom of the form to notify appropriate UND contacts.

4. Incident Investigation & Report Routing

The SMHS Program Directors will be required to:

- Investigate the incident (UND Incident Investigation Form 3), verify completion of Forms 1 & 2, verify Student Health has received the student's blood sample, and route appropriate incident reports to UND Environmental Health & Safety.
- UND SMHS Programs are required to retain a record of the exposure incident for 30 years post-graduation.

RESPONSIBILITIES

Student	Report the exposure incident. Seek immediate and follow-up care. Complete required reports. Route to appropriate contacts.
Clinical Affiliation/UND Instructor	Provide assistance to the exposed student to: Obtain immediate care and medical evaluation. Complete reports within 24 hours. Transport the student's blood sample to UND Student Health Services.
Program Director	Investigate the exposure incident. Verify completion of reports and appropriate routing.
Chief of Staff, SMHS	Notify appropriate program directors of incident exposure. Forward reports to the appropriate program director for the incident investigation.
Student Health Services	Receive exposed student's sample and store for 90 days.

FORMS

SMHS Bloodborne & Biological Pathogen Exposure Student Quick Form (Form 1)	http://www.med.und.edu/policies/_files/docs/quick-form-1.pdf
UND Incident Reporting Form (Form 2)	http://und.edu/public-safety/_files/docs/incident-reporting-form.pdf
UND Incident Investigation Form (Form 3, parts I and II)	Part I: http://und.edu/public-safety/_files/docs/incident-investigation-form-part-one.pdf Part II: http://und.edu/public-safety/_files/docs/incident-investigation-form-part-two.pdf
Student Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4)	http://www.med.und.edu/policies/_files/docs/refusal-of-care-form.pdf

REVISION RECORD

02.04.14—FAC Approved

02.04.14—Dean Approved

Step One – Immediate Care (within 1 hour of incident)

- ___ Exposure through a puncture/wound, cleaned with soap and water for 10 minutes.
- ___ Exposure through eye or mucous membrane, flushed with water or saline for 10 minutes.
- ___ Student reports incident to immediate student supervisor.
- ___ Student obtains a copy of “Bloodborne & Biological Pathogen Exposure Quick Form 1”.
- ___ Transport to appropriate health care provider is discussed and facilitated with the student’s immediate supervisor.

Exposed student name and contact information:	
Source patient name or identification:	
Incident description: (Include type and amount of fluid; type of device if puncture or wound; and/or type and severity of exposure)	
Geographical location of the exposure incident:	
Immediate student supervisor where incident occurred:	
Immediate student supervisor contact information:	

Upon Completion of Page 1

Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu

Student Bloodborne & Biological Pathogen Exposure

Quick Form 1

Page 2 of 2

Step Two- Post Exposure Risk Determination & Medical Evaluation within 2 hours

- ___ Student has obtained a medical evaluation.
- ___ Exposure incident has been communicated to UND SMHS.

Step Three- Mandatory Reporting within 24 hours

- ___ UND Incident Reporting Form (Form 2) completed and electronically submitted by the immediate teaching supervisor.

Link to Form 2 (Click [SMHS only] button)

UND Campus Safety Incident Report:

<http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm>

- ___ Lab testing/workup of source patient ordered by immediate teaching supervisor.
 - Lab tests ordered on source: HBsAg, HCV, rapid HIV, or TB.

- ___ Testing/workup results on source serum reported to the student’s health care provider.

- ___ Bloodborne Exposure:

Sample of student serum is drawn, separated, frozen and shipped by the student’s health care provider for storage at UND Student Health Services for 90 days.

Address: UND Student Health
 Attention: Laboratory Supervisor
 100 McCannel Hall
 2891 2nd Ave. N Stop 9038
 Grand Forks, ND 58202

- ___ SMHS Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 5) completed by the student, if applicable.

Date of exposure: _____

___ Student is able to assume normal tasks.

Time of exposure: _____

___ Student is UNABLE to assume normal tasks.

Immediate instruction signature and date:

 (Verifying the incident)

Health care provider signature and date:

 (Verifying the incident)

Upon completion of Page 2, Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu

Student signature and date:

 (Verifying the incident)



Student Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) Form 4

I understand that due to my bloodborne or other potential infectious material exposure I may be at risk of acquiring HIV, HBV, and HCV, or other potential infectious pathogens.

I have been informed that it is the standard procedure after a bloodborne exposure incident to be tested for HIV, HBV, and HCV infection immediately. However, I decline to be tested for HIV, HBV, and HCV. I am signing this release form in full recognition and appreciation of the dangers, hazards and risks of not being tested for bloodborne pathogens or other biological infections.

I understand by signing this release, I am releasing and holding harmless the clinical affiliation site _____ and the University of North Dakota, their governing boards, officers, employees and agents from any and all liability, claims and actions arising out of this incident.

I recognize that this release means that I am giving up, among other things, the right to take legal action against the clinical affiliation site _____ or the University of North Dakota, their governing boards, officers, employees and agents for injuries, damages or losses I may incur. I also understand that this release bind my heirs, executors, administrator, and assigns, as well as myself.

I understand that I may be potentially exposed to a communicable pathogen, I may be a potential hazard to patients, and I may be suspended from a clinical affiliation and/or program.

Student Signature

Date

Student Name (print)

Witness Signature

Date

Witness Name (print)

Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu