BODY FLUID EXPOSURE / NEEDLE STICK POLICY AND PROCEDURE

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 OSHA\(^1\) 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 Plan\(^2\) 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
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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**

Director of Experiential Learning  
Office phone: 334-844-4329

PPE Director  
Office phone: 334-844-2988

Associate Dean for Academic and Student Affairs  
Office phone: 334-844-8348
Additional references

1. OSHA bloodborne pathogen standard

2. Auburn University Exposure Control Plan

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/)
Body Fluid/Needle Stick Incident/Exposure Report Form

Instructions: This form is to be used to report needle stick/sharps injuries/body fluid exposures to HSOP faculty, staff and students. Complete this form and return it to the Director of Experiential Learning or supervisor/Department Head (if faculty or staff) within 24 hours of the injury or exposure.

Name of person exposed/injured: ________________________________________________

AU ID#: ___________________________ Contact #: ________________________________

Email address: _______________________________________________________________

Today’s date: _________________________________

EXPOSURE
Date of exposure: _____________________________

Time of exposure: ____________________________

Brief description of exposure:

________________________________________________________________________

________________________________________________________________________

TYPE OF INJURY/EXPOSURE:
___ Needle
___ Lancet
___ Glass
___ Blood or other body fluid
___ Other (specify) ________________________________

LOCATION WHEN EXPOSURE OCCURRED:
___ PPE-patient’s home/residence
___ Community health fair or other event
___ APE site (specify) ________________________________
___ Other: ________________________________

THE EXPOSURE OCCURRED:
___ Before use of the sharp
___ After use of the sharp
___ During use of the sharp

INVOLVED BODY PART (STUDENT):
___ Arm (but not hand)
___ Face/head/neck
___ Hand
___ Leg/foot
___ Torso (front or back)
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. PPE: Director of PPE Program, PPE mentor and/or Director of Experiential Learning
   b. APE site: Preceptor, Faculty Regional Coordinator and/or Director of Experiential Learning
   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. PPE: Seek evaluation through the student health center, your physician of choice or nearest urgent care center or emergency department.
   b. APE 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.

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.
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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.