

Needle Stick/Blood Borne Pathogen Exposure Guidelines

Purpose: To outline the expected behavior to be followed by all student pharmacists who have received an accidental exposure incident 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** is a specific eye, mouth, other mucous membrane, non-intact skin (dermatitis, abrasions, chafing, hangnail, etc.), or parental contact with blood or other potentially infectious materials (OPIM) that results from the performance of a student pharmacist's duties.

Annual training on safety precautions and post-exposure expected behaviors will be conducted. Student pharmacists are required to receive or show proof of hepatitis B immunization (e.g. titers). Student pharmacists are also required to show proof of personal health insurance upon admission to the McWhorter School of Pharmacy. This insurance will be needed for coverage of laboratory testing and medications (if necessary) in the event of an exposure incident.

Safety expected behaviors and universal precautions recommended by the Centers for Disease Control (CDC) will be employed by McWhorter School of Pharmacy student pharmacists to minimize exposure incidents, including (but are not limited to):

- Wash hands frequently.
- Wear gloves if there is a possibility of contact with another person's body fluids.
- After the removal of gloves or after exposure to blood or other potentially infectious materials, wash hands with antibacterial soap.
- Wear gloves once and discard; do not attempt to wash and reuse.
- Clothing or supplies contaminated with body fluids should be placed in doubled plastic bags, tied, and discarded.
- Used needles and sharp/instruments must be discarded in a Biohazard Infectious Waste Sharps Container.
- Equipment and devices that touch intact mucous membranes but do not penetrate a patient's body surface should be sterilized when possible or undergo high-level disinfection if they cannot be sterilized before being used for each patient.
- Instruments and other reusable equipment used in performing invasive procedures must be appropriately disinfected and sterilized.

In addition, McWhorter School of Pharmacy requires:

- Training on proper expected behaviors for finger stick testing and required equipment is mandatory.
- A source individual's own lancets/lancet device should never be used.
- Recapping of needles or lancets should not be attempted.
- If a safety lancet is not available, the student pharmacist should ask the source individual to conduct the test on themselves, if possible.
- Sharps or lancets must not be passed to others or accepted from others.

Post Exposure Actions

In the event that a Student Pharmacist experiences an exposure to blood or other body fluids the following steps should be performed:

1. **Immediately** cleanse the wound or mucous membrane with soap and water. If contact is to the nose and/or mouth, flush with clean water for several minutes. If contact is to the eye(s), irrigate with clean water, saline, or sterile irrigants for several minutes.
2. **Exposure incidents must be reported immediately.** The student pharmacist should immediately contact the appropriate McWhorter School of Pharmacy personnel (identified below) to receive direction with respect to post-exposure medical evaluation, lab work, and prophylactic treatment, if and as needed.

Assignment/Event	Report Exposure To:
Introductory Pharmacy Practices Experiences (IPPE)	Site Preceptor and Assistant Director of Experiential Education
Advanced Pharmacy Practices Experiences (APPE)	Site Preceptor and Director of Experiential Education
Integrated Pharmacy Applications Laboratory (IPA)	IPA Coordinator and McWhorter School of Pharmacy Associate Dean of Student Affairs
Community/Campus Event	Event Coordinator and McWhorter School of Pharmacy Associate Dean of Student Affairs

The McWhorter School of Pharmacy personnel (identified above) will then notify the Associate Dean of Student Affairs for McWhorter School of Pharmacy directly.

All information will be kept confidential and secure.

3. The student pharmacist may seek medical care and attention from the student pharmacist's primary care provider, the nearest urgent care center, or emergency department.

Some experiential sites may have the student pharmacist receive care through the facility's employee health center. Other experiential sites (community pharmacies, stand-alone sites) may require follow-up with the nearest urgent care center/emergency department. The student pharmacist's preceptor, faculty advisor, or faculty (instructor) should provide guidance regarding the appropriate post-exposure expected behavior to follow.

4. An incident report for McWhorter School of Pharmacy (Student Body Fluid/Needle Stick Incident/Exposure Report Form) should be completed. Documentation should include the name and contact information of the student pharmacist that was exposed and the source individual 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.

If the exposure occurs at an experiential site, this report should be forwarded to the Office of Experiential Education. A copy of the completed incident report should then be forwarded by the Office of Experiential Education, to the Associate Dean of Student Affairs for the McWhorter School of Pharmacy, and to the Samford University Office of Risk Management and Insurance (301 Samford Hall).

If the exposure occurs in the IPA laboratory or at a Campus/Community event, this report should be forwarded to the Associate Dean for Student Affairs directly who will forward the same to the Samford University Office of Risk Management and Insurance (301 Samford Hall).

The source individual of any potential blood borne pathogen should be informed of the exposure by the preceptor, not by the student pharmacist. The preceptor, faculty advisor, or faculty (instructor) should attempt to obtain consent from the source individual for appropriate medical testing. However, the source individual's consent cannot be forced for testing or disclosure.

If the source individual does not consent to testing or verbally verifies that they have HBV, HCV, or HIV, the student pharmacist who may have been exposed to potentially contaminated bodily fluids should receive post-exposure prophylactic treatment **within 2 hours**. Even if it is not considered likely that the source individual may have HBV, HCV, or HIV, the student pharmacist should still seek medical evaluation as directed by their preceptor, faculty advisor, or faculty (instructor).

Laboratory Testing

Laboratory testing of the source individual once consent is obtained should be based on current guidelines and available source individual medical history. Laboratory testing should be conducted immediately post-exposure and may require additional testing in the future. Testing should be conducted for HIV, Hepatitis B and Hepatitis C based on current CDC guidelines and available source individual data. Results of laboratory testing should be reported directly and confidentially to the student pharmacist.

Confidentiality of the source individual information and laboratory results will be maintained at all times. If the source individual refuses testing, the student pharmacist who is the recipient of potentially contaminated bodily fluids should proceed with an appropriate medical evaluation, follow-up testing, and possibly prophylactic measures and medication based upon current guidelines and source individual history, if available.

APPE and IPPE sites are under no obligation to provide medical evaluation or treatment if needed. Some APPE sites will treat the student pharmacist as they do employees but sites are under no obligation to do so. Student pharmacists should actively seek knowledge and understanding of the appropriate expected behaviors to follow at each experiential training site.

This guideline is prospective in its application and first applies as of the date identified below. It will be reviewed annually and updated as necessary to ensure current standards and expected behaviors are adhered to and that appropriate documentation is completed.

Contact Information

Assistant Director, Experiential Education

Dr. Angela (Dee) Thomason, Pharm.D., BCPS
Office Phone: (205) 726-4476

Director, Experiential Education
Patricia B. Naro, Pharm.D., CGP, FASCP
Office Phone: (205) 726-4193
Cell Phone: (205) 915-4092

Associate Dean of Student Affairs
Renee DeHart, Pharm.D, BCPS, FCCP
Office phone: (205) 726-4276
Cell Phone: (501) 747-9930

Expected Behavior for Post-exposure Medical Evaluation and Follow-up (Student)

1. Immediately cleanse the wound or mucus membranes with soap and water. If contact is to the nose or mouth flush with water. If contact is to the eye(s), irrigate with clean water, saline, or sterile irrigants.
2. Contact the appropriate McWhorter School of Pharmacy personnel. If located at:
 - a. IPPE contact: Site Preceptor and Assistant Director of Experiential Education
 - b. APPE contact: Site Preceptor and Director of Experiential Education
 - c. IPA contact: IPA Coordinator and McWhorter School of Pharmacy Associate Dean of Student Affairs
 - d. Community/Campus Event contact: Event Coordinator and McWhorter School of Pharmacy Associate Dean of Student Affairs
3. Seek medical attention.

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

If located at:

- a. IPPE: Seek evaluation through your primary care provider, nearest urgent care center, or emergency department.
 - b. APPE: Seek evaluation through your primary care provider, nearest urgent care center, or emergency department. Some experiential sites may have the student pharmacist receive care through the facility's employee health center. Other experiential sites (community pharmacies, stand-alone sites) may require follow-up with the nearest urgent care center/emergency department. The student pharmacist's preceptor, faculty advisor, or faculty (instructor) should provide guidance regarding the appropriate post-exposure expected behavior to follow.
 - c. IPA: Seek evaluation by your primary care provider, nearest urgent care center, or emergency department.
 - d. Community/Campus Event: Seek evaluation through your primary care provider, nearest urgent care center, or emergency department.
4. When you arrive, inform the medical provider of the exposure to any potential blood borne pathogen(s). Please remember to present your personal health insurance card to the medical provider upon arrival.

Needle Stick Incident/Student Body Fluid/Exposure Report Form

Instructions: This form is to be used by pharmacy students to report needle stick/sharps injuries/body fluid exposures. Complete this form and return it to the Experiential Education Office (for IPPE/APPE related- events) or the Office of Student Affairs (for other exposures) within 24 hours of the injury or exposure.

NAME of person exposed/injured:

SU ID#: 900 _____ 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) _____

BRAND OF DEVICE: _____

LOCATION WHEN EXPOSURE OCCURRED:

- Community health fair or other event
- IPPE/APPE 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)
- Other _____

Student's Medical Provider: _____

Date provider seen: _____

<p>TO BE COMPLETED BY McWhorter School of Pharmacy STAFF: Additional information/follow-up with student if necessary:</p>
