

BODY FLUID EXPOSURE / NEEDLE STICK POLICY AND PROCEDURE FOR HARRISON SCHOOL OF PHARMACY FACULTY AND STAFF

Responsible administrator: Associate Dean for Clinical Affairs and Outreach

Last updated/reviewed: 6/1/2019

APPLIES TO: All HSOP employees who are at risk of ever being exposed to blood (or other possibly contagious body fluids) while conducting any aspect of their job at Auburn University. These responsibilities include (but are not limited to): 1) providing direct patient care 2) participating in human research where biological samples are collected 3) collecting, handling, processing, analyzing, or disposing of human biological samples as part of direct patient care or research 4) collecting, packing, and/or segregating biological waste for quarantine, collection, destruction, autoclaving, or other disposal 5) cleaning labs where human biological samples are processed 6) handling human biological waste such as red bags or sharps containers. **If you are unsure if you are at risk of body fluid exposure or having an accidental cut or needle stick during the course of your job responsibilities, please talk to your direct supervisor.**

POLICY:

- The purpose of the policy is to outline procedures to be followed by all faculty, administrative and professional employees, and staff who are employed by Auburn University Harrison School of Pharmacy (HSOP) (including full-time, part-time, TES, student workers, and work-study students) in the event of an accidental biological exposure incident (significant body fluid exposure or contaminated needle stick) which occurs while the employee is performing job-related responsibilities.
- This policy outlines steps to be taken by HSOP employees if an exposure incident occurs in order to decrease the risk of the HSOP employee 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:

EMPLOYEE TRAINING AND DOCUMENTATION

- Employees 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 Compliance Canvas site.
- HSOP employees must read and review [Auburn University's Exposure Control Plan](#), and must complete [Appendix E](#) of this plan acknowledging that the employee has been trained on the hazards of blood borne pathogens, and made aware that the HSOP employee's job may put the employee at risk of blood borne pathogen exposure. For more information, see HSOP's Hepatitis B policies and procedures.

EMPLOYEE SAFETY PROCEDURES:

- HSOP employees 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.
- Employees 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.
- 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, employees should **ONLY** use single-use retractable safety lancets:
 - These lancets are provided for student, faculty, and staff instructors 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 (and faculty/ staff) 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 (or faculty/staff) does not have an HSOP StEPS patient care kit available, the patient should conduct their own finger stick and glucose testing.
 - These single-use, retractable, safety lancets must be used for **ALL** HSOP-sponsored/ endorsed 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:
 - Employees 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:

- An employee who experiences 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 employee should seek **immediate** care with “employee healthcare clinic” for the healthcare system where the employee is practicing as part of their AU HSOP-affiliated job responsibilities (if this resource is available).
- If care at the affiliated site is not available, or if the employee is providing care /student supervision at an off-campus AU-HSOP-affiliated event, then the employee should seek care at the nearest urgent care center/emergency department, health care facility or personal physician of choice (if there is immediate access to this physician). If on AU campus, the Auburn University Medical Clinic can be used for patient care.
- The employee’s personal health insurance will be utilized for coverage of all patient care and laboratory testing that is required to assess employee’s infection status following exposure and all medications (if necessary) that are required for post-exposure prophylaxis management.
- The exposure should be reported **immediately** to the employee’s direct supervisor and/or the employee’s department head.
- An **[Auburn University incident report](#)** should be completed per AU guidelines (see AU’s Risk Management website). Information that is required in this report includes employee’s name; date-time; type of accident/incident/condition; description of incident; a description of any immediate actions taken; information on any emergency care / responders contacted; witnesses to the event; name of supervisor; date report completed; and other pertinent information.
- The AU Employee’s supervisor / administrator (if available / able to contact) should contact the person/patient who is the source of the potential blood borne pathogen. (Note: if a direct supervisor is not available, the employee should discuss this with the source patient him or herself). The supervisor/administrator/employee (as a self-representative) should obtain consent from the patient for testing to be conducted (if the patient will agree). See the consent form in “Appendix A”.

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.

The costs of source testing will be covered by the person’s healthcare insurance, with AU HSOP paying any non-

covered costs of this care (out of pocket deductibles, co-insurance, or co-pays associated with care). If the patient does not have insurance or refuses to bill his or her insurance, then AU HSOP will cover all costs associated with testing.

EMPLOYEE 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 employee. Employee confidentiality should be maintained.

SOURCE PATIENT LABORATORY TESTING:

- Consent must be obtained from the source patient for laboratory testing (see Appendix A).
- 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 HSOP employee to guide the HSOP employee's acute and follow-up care. These results should be kept confidential.
- If the source patient refuses testing, the employee 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) it is assumed the site will pay for the source patient 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.

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 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.