BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIAL EXPOSURE POLICY FOR STUDENTS, WITH CLINICAL EXPOSURES

Policy:

Student Health Services (SHS) will adapt and modify the policies and procedures of ECU Prospective Health to evaluate students with clinical exposures to blood and other potentially infectious materials. (i.e. Nursing, P.A., Allied Health, Sports Medicine, Recreation Services, Human Performance Lab, etc.)

BSOM medical students should contact Occupational Health Services (OHS) at Vidant Medical Center (or the Patient Care Services Coordinator if OHS is closed) and post-exposure follow up will be conducted by Prospective Health.

Purpose:

To insure complete and effective management and care to the students receiving exposures. For a full copy of ECU Prospective Health’s Bloodborne Pathogen Exposure Control policy, or for listed Appendix documents, visit http://www.ecu.edu/cs-dhs/prospectivehealth/customcf/infectioncontrol/policies/BBP%20Exposure%20Control%20plan.pdf

Procedure:

I. **Responsibility of Departments**
- Review policy with all students before clinical rotation annually
- Ensure hepatitis B vaccination of students
- Be aware of specific contact persons and policy for each clinical site including after hours policy

II. **When an exposure occurs:**
- The student should immediately notify the supervisor or preceptor and complete appropriate paperwork.
- The facility policy for counseling and screening the source patient should be instituted immediately (see Algorithm, Appendix D, or at end of this policy). Exposures that occur at Vidant Medical Center are first directed to contact Occupational Health Service (or the Patient Care Services Coordinator if OHS is closed), who will ascertain risk of blood borne pathogen transfer, source patient labs and make arrangements for PEP if the source patient is HIV positive. Students at other facilities should check with their preceptor or clinical coordinator regarding facility policy.
- The results of source patient testing should be forwarded to SHS as soon as possible, by either the source facility or by the patient hand carrying results to SHS, as SHS will handle all post exposure follow up (with the exception of BSOM students who will follow up at Prospective Health.)
- Complete the ECU Post Exposure Risk Assessment for HIV/AIDS (Appendix C) to assess need for Post Exposure Prophylaxis (PEP).

III. **Student with low risk exposure should:**
- Have the following initial screening (either at clinical site or at SHS):
  - HIV antibody
  - Hepatitis B titer (surface antigen & antibody)
  - Hepatitis C antibody
  - STS
- Bring the complete name and demographic information (to include DOB) on the source patient if the lab reports are not immediately available so that SHS may obtain lab reports from involved facility. Lab reports should include:
  - HIV Antibody
  - Hepatitis B Surface Antigen, Hepatitis B surface antibody, Hepatitis B core antibody
  - Hepatitis C Antibody
  - STS
- Receive counseling including:
  - What constitutes exposure, protocol for determining risk
  - Responsibilities of SHS and student
  - HIV counseling protocols
  - Implications of positive and negative results
  - Reporting symptoms of febrile illness
  - Refraining from blood donation
  - Avoiding pregnancy
  - Using condoms
- Have follow-up screening.
  - 6 wks. – HIV
  - 3 mos. – HIV, STS
  - 6 mos. – HIV, Hepatitis C (if source patient positive)
- Be treated for any positive tests per protocol
- Be offered PEP as soon as possible after exposure if benefit outweighs risk

IV. **Student with known HIV exposure or high risk exposure should:**
- Follow clinical site policy initially; at Vidant Medical Center, Occupational Health will ascertain risk and arrange for PEP if necessary. Other facilities may have specific policies as well.
-Report to SHS as soon as possible. In high risk, (PEP) may be considered up to two weeks after exposure. After hours exposure can be handled through the ED per facility policy and report to SHS the next day.

-Bring the complete name and demographic information (to include DOB) on the source patient, so that SHS may obtain lab reports from involved facility as soon as available. Lab reports should include:
  - HIV antibody
  - Most recent CD4 count
  - Viral load
  - Current and previous antiviral treatment

-Be evaluated by the SHS provider to see if the exposure meets the criteria (Appendix G) and if the source patient meets risk criteria (Appendix C). If so, PEP may be offered after consultation with ECU Infectious Disease.

-Receive counseling by SHS provider concerning:
  - risks of developing communicable disease
  - student’s relevant history
  - side effects of medications

-Have the following labs drawn:
  - HIV Antibody
  - Hepatitis B titer (surface antigen and antibody)
  - Hepatitis C antibody
  - STS
  - Serum HCG
  - Executive I

-Be scheduled by SHS for follow-up appointment with Infectious Disease.

-Receive counseling including:
  - What constitutes exposure, protocol for determining risk
  - Responsibilities of SHS and student
  - HIV counseling protocols
  - Implications of positive and negative results
  - Reporting symptoms of febrile illness
  - Refraining from donating blood
  - Avoiding pregnancy, using condoms

-Have follow-up screening including:
  6 wks. – HIV
  3 mos. – HIV, STS
  6 mos. – HIV, Hepatitis C (if source patient positive for Hepatitis C)

-Other follow up labs may be indicated per Infectious Disease to monitor for side effects of PEP

-Be treated for any positive tests per protocol

https://collab.ecu.edu/sites/shs/Policies/Environment of Care/ECC02 Exposure Policy
V. Billing charges may be handled through interdepartmental transferred funds where a departmental fund exists. In incidences where no departmental policy or procedure exists, the student may be evaluated at SHS following the above protocols at the student’s expense.

VI. Only source patients who are ECU students may be screened and counseled at SHS. The SHS is responsible for advising the student/department of the need to screen the source. The department will be responsible for approaching the source and obtaining blood specimens after consent. Options for screening would include referring the source to his family physician or the Pitt County Health Department (will screen for HIV and syphilis only).

VII. Lab reports for the source patient will be kept in a locked cabinet in the Tracking nurse’s office.

VIII. Blood exposure hotline for additional assistance: 847-8500.
Blood Borne Pathogen Algorithm for ECU Employees with Occupational Exposure (or ECU Health Science Students with Curricular Exposure)

- Exposure to blood, infectious body fluid, serum or unfixed tissue by sharps stick, cut or splash onto mucous membrane or non intact skin?
  - No: Not a Blood Borne Pathogen Exposure
  - Yes: Did exposure occur during regular work hours?
    - Yes: Did exposure occur at PCMH?
      - Yes: Contact ECU Prospective Health 744-2070 or 744-3545*
      - No: Notify ECU*
    - No: Did exposure occur at PCMH?
      - Yes: Contact Occup Health at PCMH for source patient workup 847-0095
      - No: Contact nursing coordinator for risk assessment for HIV risk
  - Source with history of HIV or risk factors?
    - Yes: Refer to ED for post exposure prophylaxis ASAP
    - No: Phone consult with ID (if above OK) regarding need PEP
      - PEP indicated?
        - Yes: Metabolic panel, CBC and diff, pregnancy test in ED
          - Yes: Obtain consent. Rx to Pharmacy. Bill to ECU Workers Comp c/o Donna Davis
        - No: Schedule Followup
      - No: Follow up at ECU Student Health Service 328-6317
        - Follow up at ECU Prospective Health 744-3545
          - Follow up at ECU Health Services 328-6317
            - Follow up in conjunction with ID if PEP given x 1 mo surveillance x 6 mo
            - No PEP
              - Is this an ECU employee or medical student?
                - Yes: Follow up in conjunction with ID if PEP given x 1 mo surveillance x 6 mo
                - No: Schedule Followup

* or Student Health Service for students of Schools of Nursing or Allied Health

ID = Infectious Disease  PEP = Post Exposure Prophylaxis  ED = Emergency Department

3/26/2003