BLOOD-BORNE PATHOGENS EXPOSURE PROTOCOL
OFF-CAMPUS
CLINICAL EXPERIENCES
STUDENT PROCEDURES

MARCH 2015
STUDENT COMPLIANCE OFFICE
651.690.7781
CLINICAL SITE EXPOSURE PROTOCOL

The following are the student responsibilities regarding potential exposure to blood borne pathogens in a clinical setting.

1. Each St. Catherine University program involving off-site clinical experiences in which the potential exists for possible needle-stick, blood/body fluid exposure, or uses equipment that could cause possible injury, shall provide health and safety information to all students regarding but not limited to: proper use of needles, lancets and other sharp equipment; proper application and use of protective barriers, e.g. gloves, gowns, masks and shields when appropriate; proper disposal of any/all contaminated equipment and wipes; proper first aid procedures to be immediately initiated in the event of needle-stick, blood/body fluid exposure, or other injury. As a student, you are responsible for your own safety and the safety of other students, instructors and staff in the clinical courses in which you are enrolled.

2. As a student, you are responsible for your own immune status. St. Catherine University strongly recommends that you begin the hepatitis B vaccine series prior to beginning clinical coursework. NOTE: The series takes six (6) months to complete.

3. As a student, you are responsible for your own healthcare coverage. St. Catherine University requires that each student be enrolled in a personal health insurance plan or one provided by the university. The St. Catherine University Health & Wellness Center provides information on student health insurance plans. If for any reason, the student does not have current health insurance, they will be responsible for all costs.

4. Should an incident or injury occur, you are responsible for immediately reporting any accident, needle-stick or lancet-stick or any blood/body fluid exposure to your Clinical Instructor/Site Supervisor.

5. Should an incident or injury occur, you are responsible for initiating necessary follow-up testing within 24 hours through your chosen healthcare provider.

6. In the event of an exposure incident involving a known positive HIV source, you will be counseled to report to the nearest emergency facility within one hour for medical consultation. REALIZE THIS WILL BE CRITICAL.
In the event of a student needle-stick or exposure in a clinical setting, Clinical Instructors/Site Supervisors need to complete the following steps:

In the event you experience a needle-stick or exposure to blood or body fluids while participating in your clinical experience, it is CRITICAL that you take IMMEDIATE steps to control the severity of the situation. The following steps are REQUIRED:

1. In the event of a stick or exposure, IMMEDIATELY contact your Clinical Instructor/Site Supervisor.

2. IMMEDIATELY initiate first aid procedures:
   (1) Wash needlesticks and cuts with soap and water.
   (2) Flush splashes to the nose, mouth, or skin with water.
   (3) Flush your eyes out with clean water, saline, or sterile irrigants (rinsing fluids).
   (4) If the exposure happened at work, report the incident to your supervisor.

3. Describe to the Clinical Instructor/Site Supervisor specific details of the incident, including how the incident occurred, source of the exposure and nature of your injury.

4. Ask the Clinical Instructor/Site Supervisor to review this copy of the St. Catherine University Off-Campus Clinical Experiences Student Procedure Protocol with you.

5. Your Clinical Instructor/Site Supervisor will request that the appropriate clinical site departmental supervisor review the medical record of the source patient to determine his/her HIV and hepatitis status. If the source patient is known to be HIV positive or at a high risk of HIV, according to the established protocol of the clinical facility, you will be counseled to report to the emergency room of the clinical site (or nearest emergency facility if no on-site emergency room) within ONE hour of the exposure. THIS IS CRITICAL.

6. In all instances, you are encouraged to initiate baseline hepatitis panel and HIV testing within 24 hours so that treatment, if necessary, can be initiated within 48 hours.

The following testing/treatment options apply to you:

A. You may go to your health care provider, such as private physician, or urgent care facility. The costs incurred for testing or treatment is your responsibility.

B. You may go to the St. Catherine University Health and Wellness Center. Please call (651) 690-6714 to make an appointment. Some of the costs may be covered at the Health and Wellness Center if you are enrolled in the St. Catherine University insurance plan.

C. You may be evaluated by a public service organization that does HIV/hepatitis testing and follow-up. The Red Door Clinic does HIV testing located at 525 Portland Avenue South, Minneapolis. Please call (612) 347-2437 for more information.

D. You may choose not to be evaluated.
IMPORTANT NOTES:

1. Because of your right of privacy, you may decide whether to be tested or whether to disclose test results. If the source is not tested, the Center for Disease Control and Prevention (CDC) guidelines recommend HIV and hepatitis testing be done on the exposed student immediately post-incident, and three, six, and twelve months post-occurrence.

2. Students choosing to be evaluated or not evaluated post-needle-stick/exposure incident are assumed to have made an informed decision about their health.

3. Students who choose not to be tested because of lack of health insurance, insufficient financial resources for direct care or other reasons are encouraged to contact the Student Compliance Office at (651) 690-7781 or the Health & Wellness Center at (651) 690-6714 for resource/referral guidance.

7. Request that the clinical facility’s appropriate departmental supervisor initiate source patient testing for hepatitis and HIV according to the protocol of the clinical facility. Assume responsibility for establishing a communication timetable with the designated departmental supervisor. Note the dates and times that source patient testing will be completed and test results will be available.

8. Complete the St. Catherine University Clinical Site Exposure Checklist with your Clinical Instructor/Site Supervisor. Retain a copy of this checklist for your personal records. The original copy of this form should be forwarded to the Administrator of Student Compliance who is available to answer questions and clarify responsibilities.

9. You are encouraged to share your copy of this checklist with your chosen healthcare provider and follow the advice given by the health care provider.

10. In the event that the exposure source:
   
   A. Is not known, or cannot be tested;
   B. Does not agree to be tested or to share results of testing; or,
   C. Is hepatitis B or C positive, or HIV positive:

   You are encouraged to initiate medical consultation within ONE hour and request initiation of medical treatment as outlined in the CDC guidelines through your chosen health care provider.

11. You should check with your healthcare provider to determine your readiness for returning to the clinical setting. St. Catherine University reserves the right to deny clinical privileges to any student whose health status poses a risk to other students, staff or patients.

12. Please refer any questions regarding the above steps to the Student Compliance Office at (651) 690-7781.
ST. CATHERINE UNIVERSITY CLINICAL SITE EXPOSURE CHECKLIST

PLEASE COMPLETE THIS FORM THOROUGHLY.

The exposed student should retain a copy of this completed form for his/her personal records and is strongly encouraged to share this information with her/his health care provider.

Clinical Instructor/Site Supervisor: Please deliver this ORIGINAL COMPLETED form to the St. Catherine University Student Compliance Office.

INCIDENT INFORMATION:

EXPOSED STUDENT:____________________________________________

CLINICAL FACILITY:____________________________________________

PROGRAM:______________________________________________________

COURSE IN WHICH EXPOSURE OCCURRED:___________________________

ATTENDING FACULTY MEMBER OR CLINICAL SUPERVISOR:_____________________

EXPOSURE DATE:_______/________/_________ TIME______________A.M./P.M.

TYPE OF EXPOSURE (skin puncture, mouth, eye or skin exposure):_____________________

DESCRIPTION OF THIS INCIDENT:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

SOURCE OF EXPOSURE IS: _________KNOWN _________NOT KNOWN

CONTINUED ON NEXT PAGE
Clinical Instructor/Site Supervisor: Please initial each step in the protocol as it is completed.

- Appropriate first aid was administered to exposed student per St. Catherine University blood borne pathogens protocol._____

- Student Procedures-Clinical Faculty Protocols reviewed with exposed student._____

- Medical record of the source patient was reviewed for HIV status. If HIV status is positive, exposed student has been instructed to report to emergency room within one hour. ______

- Exposed student has been encouraged to initiate Hepatitis panel and HIV testing within 24 hours. ______

- Hepatitis and HIV testing of the source patient has been initiated per Clinical Facility Exposure Protocol._____

- Exposed student has been encouraged to arrange a date and time to obtain test results of source patient. ______

- Exposed student has been encouraged to share details of the incident and all testing with his/her health care provider. ______

- Exposed student has been informed that she/he may refer any questions related to this incident to the Student Compliance Office at (651) 690-7781 or to the Health & Wellness Center at (651) 690-6714. ______

I have reviewed each of the above steps with the attending Clinical Instructor or Site Supervisor.

Exposed Student’s Signature ___________________________ Date

I have reviewed each of the above steps with the exposed student involved.

__________________________________________ ____________________________
Clinical Instructor/Site Supervisor’s Signature Date