POLICY STATEMENT
In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student’s responsibility is to immediately inform their instructor, clinical site supervisor and / or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.

REASON for POLICY
To provide a clear and concise guide for managing students exposed to bloodborne or biological pathogens during educational activities administered by the University of North Dakota School of Medicine and Health Sciences.

SCOPE of POLICY
This policy applies to:
√ Deans, Directors, and Department Heads
√ Managers and supervisors
√ Students

WEB SITE REFERENCES
This policy: TBD
Policy Office: http://www.med.und.edu/administration/deans-office/index.cfm
Vice President for Health Affairs and Dean: http://www.med.und.edu/administration/deans-office/index.cfm
CONTENTS
Policy Statement................................................................................................................................................................. 1
Reason for Policy .................................................................................................................................................................. 1
Scope of Policy .................................................................................................................................................................... 1
Web Site References ............................................................................................................................................................ 1
Related Information.............................................................................................................................................................. 3
Contacts.................................................................................................................................................................................. 3
Definitions................................................................................................................................................................................ 3- 4
Principles.................................................................................................................................................................................. 4
Procedures.................................................................................................................................................................................. 5-7
Forms......................................................................................................................................................................................... 8-12
RELATED INFORMATION

<table>
<thead>
<tr>
<th>Incident Reporting &amp; Investigation Instructions</th>
<th><a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS Policy Page</td>
<td><a href="http://www.med.und.edu/internal-resources/policies.cfm">http://www.med.und.edu/internal-resources/policies.cfm</a></td>
</tr>
<tr>
<td>The National Clinicians’ Post Exposure Prophylaxis Hotline</td>
<td><a href="http://www.nccc.ucsf.edu/about_nccc/pepline/">http://www.nccc.ucsf.edu/about_nccc/pepline/</a></td>
</tr>
<tr>
<td>Occupational Safety &amp; Health Administration</td>
<td><a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
</tr>
<tr>
<td>Center for Disease Control and Prevention</td>
<td><a href="http://www.cdc.gov/">http://www.cdc.gov/</a></td>
</tr>
</tbody>
</table>

CONTACTS

Specific questions should be directed to the following:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FAX</th>
<th>Office/Dept Email/Web</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean’s Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>SMHS Student Injury</td>
<td>Dean’s Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Investigation Report</td>
<td>Office of Safety</td>
<td>(701)777.3341</td>
<td><a href="mailto:und.safety@email.und.edu">und.safety@email.und.edu</a></td>
</tr>
<tr>
<td>Sample Transportation</td>
<td>Student Health Services</td>
<td>(701)777.3988</td>
<td><a href="mailto:und.shslab@und.edu">und.shslab@und.edu</a></td>
</tr>
</tbody>
</table>

DEFINITIONS

Bloodborne Pathogens | Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Other potentially infectious materials/biological pathogens | Include but are not limited to (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. (4) Airborne pathogens such as tuberculosis (TB).
<table>
<thead>
<tr>
<th>Exposure Incident</th>
<th>A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of practice requirements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminated</td>
<td>The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.</td>
</tr>
<tr>
<td>Contaminated Sharps</td>
<td>Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.</td>
</tr>
<tr>
<td>Immediate supervisor</td>
<td>The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the student at the site and time of the incident.</td>
</tr>
</tbody>
</table>
| UND SMHS Program of Enrollment/Program Director | UND SMHS Program Director:  
Medical Student – Associate Dean of for Student Affairs  
Health Sciences-Program Directors  
Graduate Students- Basic Sciences Education Director  
Undergraduate Students-SMHS Assistant Dean for Education |

**PRINCIPLES**

**OVERVIEW**— The Student Bloodborne & Biological Pathogen Exposure procedure provides management for University of North Dakota SMHS students with occupational blood exposures according to currently recommended guidelines by the US Public Health Services. The procedures below describe the action that must be taken in the event that bloodborne or biological pathogen exposure has occurred. In accordance of UND Section 1: General Safety, Incident Reporting policy, incident reporting of all injuries is required within 24 hours.

Academic instructors who witness the incident, or are immediate supervisors for the student, are responsible for completing UND & SMHS incident reporting forms. This allows for complete reporting and appropriate follow up of any occurrence involving the health and safety of University students.
PROCEDURES

Management of Exposure Incidents

1. Immediate Care               Immediately
2. Post-Exposure Risk Determination & Medical Evaluation Complete within 2 hours
3. Post-Exposure Mandatory Reporting Complete within 24 hours
4. Incident Investigation & Report Routing

In accordance with UND Policy, mandatory reporting of incidents is required within 24 hours. The student’s health and safety is of utmost importance in this circumstance and the student must not return to activities until this is complete.

Protocol

1. Post-Exposure-Immediate Care
If you experienced a needle-stick or sharps injury, or are exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps (as applicable):

- Wash needle-stick injuries and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water for 10 minutes.
- Eyes-remove contact lenses, irrigate eyes with clean water, saline, or sterile irrigants (be aware of the nearest eyewash station).
- Report the incident to your immediate supervisor.
- Immediately seek medical treatment for evaluation and recommended follow up procedures.

2. Post-Exposure - Risk Determination & Medical Evaluation

- Contact the immediate supervisor (or clinical site education coordinator) to obtain the procedure and forms for appropriate risk assessment and reporting.
- UND SMHS Program of enrollment must also be contacted as soon as feasible to oversee this evaluation process.
- The student and immediate supervisor must complete the UND SMHS Bloodborne & Biological Exposure "Student Quick Form 1" & "UND Incident Reporting Form 2" within 24 hours. These forms must include signatures of the student, immediate supervisor, and medical provider.

The following information is required for risk determination; document “Student Quick Form 1”.

- Type and amount of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus).
- Type of device causing injury, if applicable.
- Type and description of exposure (percutaneous, splash, non-intact skin, and bites etc.).

Incident Occurrence on the UND Campus
Medical Evaluation: UND Student Health Hours: Mon-Fri 8am-4:30pm, Tuesday 8am-6pm
After Hours: Altru Emergency Department or Urgent Care

Incident Occurrence at Clinical Affiliation Site
Note: Students must also follow the individual clinical sites guidelines, and the appropriate clinical personnel should be informed of the injury. All follow-up documentation is required.
Medical Evaluation by Primary Care Provider or Emergency Facility

Step One - Evaluate Exposure Source
The student’s immediate supervisor where the incident occurred will take the necessary action to request a source patient (donor of the blood or body fluid exposure) lab test workup for bloodborne or biological pathogens.

**Bloodborne Pathogen**
- Assess exposure source status, if applicable.
- Obtain consent to test blood. If deceased, no consent necessary.
- Order an exposure work-up in accordance with state statutes, to include but not limited to rapid HIV, Hepatitis B surface Antigen (HBsAg), and antibodies to HCV (anti-HCV).
- Unknown Source: assess risk of exposed student to HBV, HCV and HIV infection.

**Airborne Pathogen**
- Assess exposure source status for tuberculosis (TB) or other potential biological pathogen, if applicable.

Step Two - Evaluate Exposed Person

**Bloodborne Pathogen**
- Assess current immunization status.
- Assess Hepatitis B vaccine and vaccine response status.
- Assess HBV, HCV, and HIV immune status.
- Order baseline testing for HIV, HCV, anti-HBs (if applicable).
- **Draw a 10 mL clot tube of blood, spun and separated. Transport serum on ice to UND Student Health Services for storage. (Address available on Quick Form 1)**

**Airborne Pathogen**
- Assess current immunization status.
- Assess for Tetanus-Diphtheria vaccination (Td) or other airborne pathogen, if applicable.
- Assess for current tuberculosis screening status, if applicable.
- Order TB testing, if applicable.

Step Three - Determine Need for Post Exposure Prophylaxis

**Bloodborne Pathogen**
- Factors to consider for post exposure prophylaxis include the type of exposure, type and amount of fluid/tissue, infectious state of the source, and susceptibility of the exposed student.
- Prophylaxis should be started as soon as possible after HIV exposure, preferably within the first hour.
- **Hotline for Medical Providers**
  - The National Clinicians’ Post Exposure Prophylaxis Hotline.
  - PEPline: 1-888-448-4911 (9am-2am EST)
  - Warmline: 1-800-933-3413
  - Perinatal HIV Hotline: 1-888-448-8765
  - Website: [http://www.nccc.ucsf.edu/about_nccc/pepline/](http://www.nccc.ucsf.edu/about_nccc/pepline/)

**Airborne Pathogen**
- Follow appropriate prophylactic treatment, if applicable.

Step Four – Follow-up Care
The student is responsible for obtaining follow-up care from their personal physician as recommended during their evaluation.
3. Post-Exposure Mandatory Reporting

Completion and routing of SMHS Bloodborne & Biological Pathogen Exposure Incident Evaluation & Reporting (Form 1 & 2) are required within 24 hours of the exposure event.

Report Routing

<table>
<thead>
<tr>
<th>Student Quick Form 1</th>
<th>SMHS Deans Office</th>
<th><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>UND Incident Reporting Form 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student’s immediate supervisor must electronically submit this form within 24 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 2 is located at UND Campus Safety website: <a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click the [SMHS only] button on the bottom of the form to notify appropriate UND contacts.</td>
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</tbody>
</table>

4. Incident Investigation & Report Routing

The SMHS Program Directors will be required to:
- Investigate the incident (UND Incident Investigation Form 3), verify completion of Forms 1 & 2, verify Student Health has received the student’s blood sample, and route appropriate incident reports to UND Environmental Health & Safety.
- UND SMHS Programs are required to retain a record of the exposure incident for 30 years post-graduation.

RESPONSIBILITIES

| Student | ▪ Report the exposure incident  
|▪ Seek immediate and follow-up care.  
|▪ Complete required reports.  
|▪ Route to appropriate contacts. |
| Immediate Supervisor (Clinical Site Supervisor and/or Preceptor) | Provide assistance to the exposed student to:  
|▪ Obtain immediate care and medical evaluation.  
|▪ Complete reports within 24 hours.  
|▪ Transport the student’s blood sample to UND Student Health Services. |
| Program Director | ▪ Investigate the exposure incident.  
|▪ Verify completion of reports and appropriate routing.  
|▪ Verify blood sample arrival at UND Student Health.  
|▪ Retain record of the incident. |
| Chief of Staff, SMHS | ▪ Notify appropriate program directors of incident exposure.  
|▪ Forward reports to the appropriate program director for the incident investigation. |
| Student Health Services | ▪ Receive exposed student’s sample and store for 90 days. |
## FORMS

<table>
<thead>
<tr>
<th>Form Description</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS Bloodborne &amp; Biological Pathogen Exposure Student Quick Form (Form 1)</td>
<td><a href="http://www.med.und.edu/policies/_files/docs/quick-form-1.pdf">http://www.med.und.edu/policies/_files/docs/quick-form-1.pdf</a></td>
</tr>
<tr>
<td>UND Incident Reporting Form (Form 2)</td>
<td><a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a></td>
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</tr>
<tr>
<td>Student Bloodborne &amp; Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4)</td>
<td><a href="http://www.med.und.edu/policies/_files/docs/refusal-of-care-form.pdf">http://www.med.und.edu/policies/_files/docs/refusal-of-care-form.pdf</a></td>
</tr>
</tbody>
</table>

## REVISION RECORD
**Step One – Immediate Care (within 1 hour of incident)**

___ Exposure through a puncture/wound, cleaned with soap and water for 15 minutes.
___ Exposure through eye or mucous membrane, flushed with water or saline for 15 minutes.
___ Student reports incident to immediate supervisor.
___ Student obtains a copy of “Bloodborne & Biological Pathogen Exposure Quick Form 1”.
___ Transport to appropriate health care provider is discussed and facilitated with the student’s immediate supervisor.

<table>
<thead>
<tr>
<th>Exposed Student Name and Contact information</th>
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<table>
<thead>
<tr>
<th>Source Patient Name or Identification</th>
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</table>

<table>
<thead>
<tr>
<th>Incident Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include type and amount of fluid, type of device if puncture or wound, type and severity of exposure.</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographical Location of the Exposure Incident</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Immediate Supervisor where incident occurred.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Upon Completion of Page 1
Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu
Step Two - Post Exposure Risk Determination & Medical Evaluation within 2 hours

___ Student has obtained a medical evaluation.
___ Exposure incident has been communicated to UND SMHS.

Step Three - Mandatory Reporting within 24 hours

___ UND Incident Reporting Form (Form 2) completed and electronically submitted by the immediate supervisor.
   Link to Form 2 (Click [SMHS only] button)

___ Lab testing/workup of source patient ordered by immediate supervisor.
   ▪ Lab tests ordered on source: HBsAg, anti-HCV, rapid HIV, or TB.

___ Testing/workup results on source serum reported to the student’s health care provider.

___ Bloodborne Exposure:
   Sample of student serum is drawn, separated, frozen and shipped by the student’s health care provider for storage at UND Student Health Services for 90 days.
   Address: UND Student Health
   Attention: Laboratory Supervisor
   100 McCannel Hall
   2891 2nd Ave. N Stop 9038
   Grand Forks, ND 58202

___ SMHS Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4) completed by the student, if applicable.

Date of Exposure ____________________  ___ Student can assume normal tasks.
Time of Exposure ____________________  ___ Student unable to assume normal tasks.
Immediate Supervisor Signature/Date Specify:
  ____________________ (Verifying the Incident)

Student Signature/Date Health Care Provider Signature/Date
  ____________________ ____________________ (Verifying the Consult)

(Verifying the Incident)

(Verifying the Consult)

Upon completion of Page 2, Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu
Student Bloodborne & Biological Pathogen Exposure- RELEASE FORM (Refusal of Care) Form 4

I understand that due to my bloodborne or other potential infectious material exposure I may be at risk of acquiring HIV, HBV, and HCV, or other potential infectious pathogens.

I have been informed that it is the standard procedure after a bloodborne exposure incident to be tested for HIV, HBV, and HCV infection immediately. However, I decline to be tested for HIV, HBV, and HCV. I am signing this release form in full recognition and appreciation of the dangers, hazards and risks of not being tested for bloodborne pathogens or other biological infections.

I understand by signing this release, I am releasing and holding harmless the clinical affiliation site ___________________________ and the University of North Dakota, their governing boards, officers, employees and agents from any and all liability, claims and actions arising out of this incident.

I recognize that this release means that I am giving up, among other things, the right to take legal action against the clinical affiliation site ___________________________ or the University of North Dakota, their governing boards, officers, employees and agents for injuries, damages or losses I may incur. I also understand that this release bind my heirs, executors, administrator, and assigns, as well as myself.

I understand that I may be potentially exposed to a communicable pathogen, I may be a potential hazard to patients, and I may be suspended from a clinical affiliation and/or program.

____________________________________  ____________________________
Student Signature  Date

____________________________________
Student Name (print)

____________________________________  ____________________________
Witness Signature  Date

____________________________________
Witness Name (print)

Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu