Pennsylvania College of Technology
Bloodborne Exposure Guidelines for Healthcare Programs

Current standards of medical and dental practice require a specific plan for written protocols addressing student, employee, and patient exposure to blood borne pathogens. Needle sticks or other exposure to blood or body fluids have the potential of transmitting various pathogens including, but not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). In accordance with Federal Occupational Safety and Health Administration (OSHA) and state standards of practice, the following will be implemented in Pennsylvania College of Technology's healthcare programs (both credit and non-credit programs) to manage exposures, record and document exposures, and assess incidents in an effort to minimize the opportunity for future exposures.

In the case of a life-threatening medical emergency, as defined by Procedure 4.08, immediately call 9-1-1.

Definitions: Throughout these guidelines, "exposed patient" refers to the individual who was subject to a needle stick or other source of contamination. In most cases, the exposed patient will be a student or employee. The "source patient" refers to the individual whose blood or body fluids were the source of potential contamination. In most cases, the source patient will be a patient within a clinical setting.

A. First-Aid Care

i. If an individual experiences a needle stick or sharps injury or was exposed to the blood or other body fluid of a patient, another student, or employee, the following first-aid care should be performed immediately:

a. Thoroughly wash needle stick wounds and cuts with soap and water.

b. Flush splashes to the nose, mouth, or skin with water.

c. Irrigate eyes with clean water, sterile eyewash, or saline irrigating solution.

d. Immediately seek further medical evaluation/treatment.

B. Procedure for Exposures

i. Definition and Prevention

a. An exposure incident is defined as a percutaneous injury (e.g., needle stick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood, body fluids containing visible blood, semen, and vaginal secretions are also considered potentially infectious.

b. The Centers for Disease Control and Prevention offers information on preventive measures and protective equipment.

ii. **On-campus incidents – follow these steps**

a. The exposed patient should immediately inform the instructor or immediate supervisor and, in turn, the instructor or supervisor should notify College Health Services during business hours. The exposed patient and the source patient should be directed to go to College Health Services to undergo baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) and counseling. Initial testing should occur as soon as possible, but no later than 24 hours after the incident.

b. If the incident occurs when College Health Services is not available, the exposed patient and source patient should be counseled regarding the need for timely baseline testing. The exposed patient should be directed to go, as soon as possible, to the UPMC Williamsport or Geisinger Muncy emergency room for this testing. Penn College Police may be contacted for transportation if needed. The instructor/staff member should contact the Regional Case Manager at the hospital and alert them that a Penn College student or employee is on route and the reason. The source patient should report to College Health Services as soon as possible the next business day for no-charge baseline testing.

c. A Student/Visitor Injury Report Form must be completed by instructor or staff member overseeing the incident.

d. If the source patient is a known high-risk patient, and College Health Services is unavailable, the exposed patient should be immediately referred to the UPMC Williamsport or Geisinger Muncy emergency room for evaluation and treatment. Per CDC recommendations for post-exposure prophylaxis, treatment should begin within hours of exposure. High risk can be defined as those with a known history of disease, as well as those who use IV drugs, those who are homeless, or those living in correctional facilities. If high-risk status is unknown, source patient should be considered high risk. The instructor/staff member overseeing the incident should contact the hospital's Regional Case Manager to alert them of the situation and the source patient's high-risk status. The source patient should be directed to College Health Services for no-charge testing to be conducted as soon as possible during the next business day and not more than 24 hours after the incident. If the incident occurs on the weekend or when the College is closed, the source patient should contact College Health Services immediately upon the next business day.

e. The exposed patient and the source patient have the right to refuse treatment, in which case, the individual must sign a form noting their refusal for counseling and testing (exposed patient form; source patient form) once informed of the potential risks of being untreated. The form will also be signed by the clinical instructor/staff or medical staff who counsels the individual about the importance of treatment. If either person refuses to sign the document, a note to that effect will be added to the refusal form, and it will be signed by the clinical instructor/staff and one witness who can attest that the individual was

informed of the risks of being untreated, opted to refuse treatment, *and* declined to sign the refusal form. The form will be kept on file in the program office, with a copy to College Health Services.

f. The program director/supervisor/dean of the respective academic program or College department should be informed of the situation.

NOTE: For College employees, staff and faculty, the College will pay for the cost of the initial baseline testing and counseling and retesting at the appropriate intervals per College Health Services' guidelines. It shall be College Health Services' responsibility to monitor the confidential records and track follow-up testing, ensuring that it occurs as directed.

The exposed patient (if non-employee) is responsible for the cost of the initial baseline testing and counseling and retesting at the appropriate intervals per College Health Services' guidelines. Initial testing will be at no cost to the source patient if testing is performed at College Health Services. It shall be College Health Services' responsibility to monitor the confidential records and track the individual's follow-up testing, ensuring that it occurs as directed.

All costs associated with treatment for disease conditions related to the exposure will be the sole responsibility of the exposed patient and source patient unless they are employees involved in a work-related exposure incident requiring treatment. In which case, care will be provided through the Worker's Compensation Program. Appropriate paperwork must be filed with College Health Services.

iii. Off-Campus and Contract Site Incidents – follow these steps

a. The student or employee (exposed patient) is to inform the instructor/faculty/clinical supervisor/academic clinical director at the time of the exposure.

b. **If the clinical site is a hospital**, the exposed patient is to go to the facility's emergency department or designated care area immediately after the incident for evaluation and treatment and follow the clinical site's protocol. Per CDC recommendations for post-exposure prophylaxis, treatment should begin within hours of exposure. A hospital Incident Report form must be completed. The exposed patient should have baseline testing completed for appropriate bloodborne pathogens (HBV, HCV and HIV) and treatment options discussed/administered per current CDC protocols. The program director/supervisor/dean of the respective program shall be informed and ensure that a Student/Visitor Injury Report Form is completed and sent to College Health Services within 24-48 hours. The hospital will contact the source patient involved in the episode and recommend baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) at the hospital, in alignment with the hospital's policy and CDC guidelines. Initial testing should occur within 24 hours

of the incident. Copies of lab results must be sent by provider directly to College Health Services at collegehealth@pct.edu.

c. **If the clinical site is not a hospital**, the exposed patient should be directed to go to College Health Services or to the local hospital emergency department or designated care areas (whichever is closer) to undergo baseline testing for appropriate bloodborne pathogens (HBV, HCV and HIV) and counseling as soon as possible. If the source patient is known to be HIV positive or high risk, both the exposed patient and the source patient should report to the local emergency department. High risk can be defined as those with a known history of disease, as well as those who use IV drugs, those who are homeless, or those living in correctional facilities. Copies of lab results must be sent by provider directly to College Health Services at collegehealth@pct.edu.

NOTE: For **off-campus** exposure incidents involving a student or employee in one of the College's healthcare programs, the exposed individual will pay for the cost of the initial baseline testing and counseling and follow-up testing at the appropriate intervals, per College Health Services' guidelines. Employees should file a worker's compensation claim if injuries were sustained on the job or within the scope of employment. It shall be College Health Services' responsibility to monitor the confidentiality of records and track the testing of individuals, including reminding them when it is time for follow-up testing.

C. Review of Exposure Incident and Identification of Prevention Strategies

i. For each occurrence, the program director/supervisor/dean or designee will review the exposure incident with the involved student and determine what, if any, preventive actions are appropriate to minimize similar incidents in the future. A copy of this information should be forwarded to College Health Services to be placed with the original injury report.

ii. In an incident involving an employee, the College Health Services Director will review the exposure with the employee and respective supervisor and determine what, if any, preventive actions are appropriate to minimize similar incidents in the future.

iii. The College Health Services Director, in consultation with the program director/supervisor/dean or designee, will determine: 1) if additional employee/student training is necessary to prevent future occurrences and 2) if safer medical equipment/supplies is necessary to prevent future occurrences.

D. Right to Refuse Testing, Counseling and Follow-up

i. It is recognized that individuals have a right to refuse testing, etc.

ii. If the exposed patient or source patient declines to submit to baseline testing and counseling after being informed of the potential risks, they will be directed to sign a form noting their refusal for counseling and testing (exposed patient form; source patient form). If either person refuses to sign the document, a note to that effect will be

added to the refusal form, and it will be signed by the clinical instructor/staff and one witness who can attest that the individual was informed of the risks of being untreated, opted to refuse treatment, *and* declined to sign the refusal form. The form will be kept on file in the program office, with a copy to College Health Services.

E. Reimbursement of Expenses and Liability

i. Students shall be responsible to carry health insurance, which will provide primary coverage for payment and the treatment of injuries or illnesses suffered during the course of clinical affiliation.

ii. A significant exposure, as defined by Act 148-1990, is direct contact with blood or body fluids of a patient in a manner that, according to CDC guidelines, is capable of transmitting HIV by means of a percutaneous injury from a needle stick or cut with a sharp object, contact with mucous membranes or broken skin, or if the contact is prolonged or involves an extensive area. In the event of a significant exposure, the affected student or employee shall be provided with post-exposure screening as is provided to Pennsylvania College of Technology personnel, and each is responsible for the associated expenses unless related to workman's compensation (employees). Any additional screenings or treatments provided shall be at the expense of the exposed patient, or to the worker's compensation program if applicable.

F. Record Maintenance and Confidentiality

i. Every effort will be made to assure exposed patient and source patient confidentiality. Bills, records, and statements are to be maintained in appropriate confidential files in College Health Services. Information will be released only when appropriate authorization is obtained.

G. Hazardous Waste

i. College policies are to be followed regarding collection, disposal, and documentation of hazardous waste, including sharps, e.g., needles, glassware, etc. Training for the College's custodial staff, teaching faculty, and students is the responsibility of the appropriate College administrator or program director/coordinator or department supervisor. See the Campus Safety policy (P4.17) and procedure (PR4.17).

H. Laundry

i. Faculty must wear appropriate gowns/laboratory coats when teaching. Contaminated gowns are handled according to program safety protocols

I. Personal Protective Equipment (PPE)

i. All faculty, staff, and students will observe the current OSHA guidelines concerning the use of PPE. This includes, when appropriate, gloves, gowns or laboratory coats, face shields or goggles, and masks.