



The University of Western States will maintain a program to train all employees who may have a reasonable risk of exposure to biohazardous substances in the prevention and treatment of needlestick and blood/body fluid exposure.

If a needlestick wound or blood/body fluid exposure occurs for students or employees, it shall be reported to the supervisor of the activity that led to the exposure. The supervisor will be responsible to assure that appropriate procedures are taken to protect against the spread of infectious diseases. S/he must also complete a bloodborne exposure report detailing the incident circumstances and the individuals exposed. The university will investigate incidents to determine cause of incident and need for additional protective equipment or training/retraining of individuals.

The university will provide appropriate medical treatment and follow up for exposed individuals and will maintain the confidentiality regarding the incident and the individuals involved. Any bills sent to UWS students or employees should be submitted to the director of operations and auxiliary services.

I. First aid at the time of injury:

- A. Flesh wounds/needlesticks
 1. Cause the wound to bleed freely for 1-2 minutes (if possible) and/or hold exposed area under running water to rinse it. (Sticks may not bleed).
 2. Wash thoroughly with soap/disinfectant.
 3. Dry the area and cover with a Band-Aid.
- B. Splash exposure to eye(s)
Flush eyes thoroughly with water.
- C. Splash exposure to mouth/mucous membranes
Rinse thoroughly.

II. Documentation and evaluation of the incident and persons involved:

- A. Students/employees are considered at risk for potential exposure to Hepatitis B Virus and/or Human Immunodeficiency Virus (HIV) if they have:
 1. A parenteral exposure (needlestick or cut)
 2. Mucous membrane exposure (e.g., splash to the eye or mouth)
 3. Prolonged skin contact with blood or body fluids (especially when the exposed skin is chapped, abraded, or affected with dermatitis)
- B. Students/employees must follow these procedures when a needlestick or puncture/splash incident occurs:
 1. Notify the supervisor of the activity that led to the exposure.
 2. Complete a Needlestick/Sharps Exposure Report form with the supervisor, clinical supervisor, or classroom/ lab instructor; document the route of exposure and the circumstances under which the exposure occurred.
 - a. Supervisor of the activity that led to the exposure shall:



- i. Review and sign the Needlestick/Sharps Exposure Report completed by the employee. The strictest confidentiality will be observed regarding the reporting of this incident.
 - ii. Inform the student/employee of the risk of exposure to bloodborne pathogens.
 - iii. Immediately deliver the Needlestick/Sharps Exposure Report to the vice president of clinics so the appropriate copies can be made for the employee to hand-carry to designated health care provider(s).
- b. The vice president of clinics will report all Needlestick/Sharps Exposures to the Safety Committee chair as soon as possible following the day on which the incident occurred.
- C. The source individual* (if known) should be informed of the incident by the vice president of clinics and referred to a designated medical provider to assess risk for HIV and Hepatitis B infection. The medical provider will interview the source individual, and with informed consent, provide the appropriate testing. The medical provider will also provide standard pre-test and post-test counseling and appropriate referral for treatment, if necessary. This evaluation of the source individual will be provided as recommended by the U.S. Public Health Service and Oregon Occupational Safety and Health Administration (OR-OSHA) Rules.

*Source individual means the individual whose blood or other potentially infectious body fluid may be the source of occupational exposure to the student/employee.

The UWS Needlestick/Sharps Exposure Report form will be used to report first aid incidents involving blood or other potentially infectious materials (OPIM). The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.

- a. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard.
- D. The Hepatitis B vaccination record or declination statement will be copied from HR for each exposed employee. All other pertinent conditions will also be followed for those persons who receive the pre-exposure Hepatitis B vaccine.
- E. This Needlestick/Sharps Exposure Report will be recorded on a Needlestick/ Sharps Exposure Log of incidents and will be readily available to employees.

III. Follow-up by Providence Occupational Health of student/employee involved in incident:

- A. The student/employee shall be informed of the risk of exposure to Hepatitis B and HIV.
- B. The student/employee will be referred to a designated medical provider for confidential evaluation, post-exposure prophylaxis and follow-up provided according to current recommendations of the US Public Health Service and OR-OSHA Rules.

IV. Cost of care

- A. Initial assessment and testing of source individuals and follow-up care of students/employees involved in needlestick wound and bloodborne/body fluid exposure incidents will be managed by

Policy 1014 – Needlestick and Blood/Body Fluid Exposure

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a designated medical provider. This provider will be instructed to bill UWS - Attention: vice president of clinics for incidents involving students and Workers' Comp for incidents involving employees (see IV, D in Procedures portion of protocols for details regarding billing).



Needlestick and Blood/Body Fluid Exposure Procedure

I. Students/employees involved in exposure incidents shall:

- A. Follow appropriate first aid measures as outlined in Section I.
- B. Immediately notify the supervisor of the activity that led to the exposure who will immediately refer the student/employee to the vice president of clinics. The strictest confidentiality will be observed regarding the reporting of this incident.
- C. Document the route of exposure and the circumstances under which the exposure occurred on a Bloodborne Exposure Report and give it to the supervisor of the activity that led to the exposure.

II. Supervisor of the activity that led to the exposure shall:

- A. Review and sign the Bloodborne Exposure Report completed by the student/employee.
- B. Inform the student/employee of the risk of exposure to bloodborne pathogens.
- C. Immediately deliver the Bloodborne Exposure Report to the vice president of clinics so the appropriate copies can be made for the student/employee to hand-carry to designated health care provider(s).

III. The vice president of clinics or his/her designee shall:

Follow-up by Providence Occupational Health of employee and source individual (if known) involved in incident:

- A. Ensure first aid has been properly applied.
- B. The source individual (if known) will be informed of the incident by the vice president of clinics who will explain to the source individual about the potential for transmission of bloodborne pathogens through such incidents and of the university's obligation to follow-up on all such exposures.

The source individual and employee will be referred for evaluation and follow-up to Providence Occupational Health, Clackamas (9290 SE Sunnybrook Blvd., Suite 210, [503] 216-7960), or Northwest (1750 NW Naito Parkway, Suite 100, [503] 216-7960). The vice president of clinics will phone ahead to notify the medical provider of the incident and the individuals who are being referred for evaluation and follow-up. Employees will have their Workers Comp insurance billed.

*Source individual means the individual whose blood or other potentially infectious body fluid may be the source of occupational exposure to the student/employee.

- C. The source individual and student/employee will be referred for evaluation and follow-up to Providence Occupational Health, Clackamas (9290 SE Sunnybrook Blvd., Suite 210, [503] 216-7960), or Northwest (1750 NW Naito Parkway, Suite 100, [503] 216-7960). The vice president of clinics will phone ahead to notify the medical provider of the incident and the individuals who are

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being referred for evaluation and follow-up. The charge nurse should be informed, if appropriate, that STUDENTS are not covered by Workers' Compensation and should NOT have a claim filed. The university will be billed (see IV, D below) for all students. Employees will have their Workers Comp insurance billed (see IV, D below).

After hours (past 4:00 p.m., Monday through Friday) the individual who was stuck needs to go to Providence Hospital Emergency Room. The source individual does not need to go to the emergency room, and can go to Providence Occupational Health the next day.

- D. A copy of the Bloodborne Exposure Report will be forwarded in a sealed envelope to the Occupational Health with each of the referred individuals, and the original report kept by the vice president of clinics for record keeping.
- E. The source individual and employee will continue with follow-up through Providence Occupational Health. Students will also have their follow-up provided by a primary care physician at Providence Occupational Health. A copy of the Bloodborne Exposure Report will be forwarded by the vice president of clinics to the primary care physician for the follow-up visit.
- F. If the source individual or the student/employee refuses evaluation and follow-up, the details should be recorded on the Bloodborne Exposure Report. If the source individual is unknown, the circumstances of the incident should be documented on the Report.
- G. The vice president of clinics will report an incident involving an employee to the Human Resources Director to facilitate billing and/or Worker's Comp claim.
- H. Confidentiality regarding the incident and the persons involved will be maintained.
- I. Question concerning this procedure should be addressed to the vice president of clinics.

IV. Providence Occupational Health Department shall:

- A. Evaluate the source person (if available) as recommended by the CDC.
- B. Evaluate and follow-up the student/employee as recommended by the CDC.
- C. Provide a health care professional's written opinion to the student/employee. Provide a health care professional's written opinion to the UWS vice president of clinics within 15 days of the completion of the evaluation as mandated by OR-OSHA regarding the employee. Provide a health care professional's written opinion to the employee. Provide a health care professional's written opinion to the vice president of clinics within 15 days of the completion of the evaluation as mandated by OR-OSHA regarding the employee.
- D. Bill University of Western States, Attention: VP of Clinics mandated in student evaluation and follow-up of exposure incidents by CDC. (Employees will have their Workers' Comp insurance billed by Providence Occupational Health. As of April 1, 2000, the university's workers compensation claims will be managed by the Oregon Education Employers Workers' Compensation Trust. Bills for employees should be mailed to the Trust's administrator: E. C. Fackler Insurance Services Inc., 506 SW 6th Avenue, Suite 1010, Portland, OR 97204.)
- E. Employees will have their Workers' Comp insurance billed. The College's workers comp claims will be managed by the Oregon Education Employers Workers' Compensation Trust. Bills for employees should be mailed to the Trust's administrator: E. C. Fackler Insurance Services Inc., 506 SW 6th Avenue, Suite 1010, Portland, OR 97204.)

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V. The Primary Care Physician shall:

- A. Provide follow-up of the student as recommended by the CDC, USPHS and OR-OSHA Rules.
- B. Bill University of Western States, Attention: Vice President of Clinics, for services mandated in student evaluation and follow-up of exposure incidents by the CDC and OR-OSHA. (Employees will have their Workers Comp insurance billed (see IV, D above).

Any bills sent to UWS students or employees need to be submitted to the director of operations and auxiliary services.

Related Policies: [Policy 1003 – Accident /Injury/Incident Response](#)
 [Policy 1020 – Hazardous Materials Handling](#)

Key Words: accident, biohazard, blood, bloodborne, body fluid, confidentiality, exposure, injury, investigate, needlestick, pathogen, risk, train, waste