

Policy U-6
FLORIDA STATE UNIVERSITY
COLLEGE OF NURSING

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TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR NURSING STUDENTS

POLICY: The College of Nursing shall maintain a bloodborne pathogen exposure control plan for nursing students.

RATIONALE: The Florida State University College of Nursing has a mission to develop professional nurses to function as leaders in diverse communities. In the profession of nursing, exposure to blood borne pathogens is an occupational hazard. Blood borne pathogens are defined as being infectious microorganisms that cause disease in humans. They include, but are not limited to, Human Immunodeficiency Virus (HIV). As part of its mission, the College of Nursing has developed a plan of action for students in case of exposure to blood borne pathogens.

In order to meet the specific needs of students who may have the potential for blood borne pathogen exposure as part of their clinical experience, the College of Nursing has developed this Blood borne Pathogen Exposure Control Plan for Nursing Students in accordance with the Occupational Safety and Health Administration (OSHA), Blood borne Pathogens Standard, 29 Code of Federal Regulation (CFR) 1910.1030.

PROCEDURE:

1. The College of Nursing has made an arrangement with Tallahassee Memorial Hospital to treat all students who have a blood borne pathogen exposure as a result of their clinical experience. The student assumes the responsibility for all charges associated with such treatment.
2. The student must report any blood borne exposure to their clinical instructor or appropriate agency personnel immediately. See attachment #1
3. The instructor or appropriate agency personnel will assess the circumstances of the exposure, and contact the College of Nursing. The instructor will direct the student to TMH Emergency Department. The instructor will then contact Employee Health at Tallahassee Memorial Hospital (850) 431-5873.

4. The student will report to triage at the Emergency Department and state to the Emergency Department, “*I am a Florida State University nursing student and I have a blood borne pathogen exposure and need to see Employee Health for an immediate evaluation*”. The Emergency Department shall then direct the student to Employee Health for evaluation and treatment.

5. If the clinical site, where exposure takes place is greater than two hours to get to TMH and the site has the proper medication available, the instructor has the discretion to direct the nursing student to the appropriate department for evaluation and treatment and if necessary receive proper medication.

6. Some clinical sites are distant from the Tallahassee area. For all clinical sites that are greater than two hours away from TMH, the needs of the student take priority in this circumstance. The instructor has the discretion to find an alternative facility that has the proper medication available and direct the nursing student to the facility for proper evaluation and treatment and if necessary receive proper medication.

Approved by:	Management Team	4/07/04	
	Faculty	4/23/04	4/18/08
	Dean	4/27/04	4/18/08

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Attachment #1

Blood Borne Pathogen Exposure Control Plan Checklist

- ___ IMMEDIATELY following a needle stick, laceration, or skin exposure to blood/body fluid, wash the site with soap and water---DO NOT squeeze the affected area. For mucous membrane exposures, rinse the affected area with copious amounts of water (if exposure to eyes, remove contact lenses).
- ___ Report the incident to the instructor or appropriate agency QUICKLY!!! *
- ___ The instructor will direct the student to triage at the TMH Emergency Department.
- ___ The instructor will contact Employee Health at TMH (850) 431-5873.
- ___ The student will report to triage and state to the Emergency Department “*I am a Florida State University nursing student and I have a blood borne pathogen exposure and need to see Employee Health for an immediate evaluation.*”
- ___ The nursing student will be directed to go to Employee Health for evaluation and treatment. **
- ___ The Employee Health Practitioner will assess the incident information and have the student fill out incident report documents.
- ___ Employee Health Services will pursue testing the source patient for HIV, hepatitis B, and hepatitis C, if indicated & whenever possible, in accordance with Florida State statutes. In addition, the source patient will be questioned regarding particular risk factors for infection with HIV. ***
- ___ The practitioner will collect and assess all of the information obtained about the incident to determine the risk of transmission, prophylaxis recommendations, and indicated follow-up.
- ___ If post exposure prophylaxis (PEP) is warranted, a 4-week regimen of prescription antiretroviral medications, recommended by the CDC, will be started as soon as possible after the exposure. This will minimize the risk of HIV transmission from a KNOWN POSITIVE source. ****
- ___ If the student decides to take the medications, he/she will be followed closely by TMH Employee Health Services and/or Thagard Student Health Center to monitor physical and emotional health status up until time of graduation.

— The clinical agency will coordinate and ensure follow-up HIV tests are done on the recommended 6 week, 12 week, 6 month, and 12 month intervals and to monitor HIV status after exposure. It takes most newly infected people two to twelve weeks (the "window period") after exposure to make enough antibodies to test positive. A negative HIV antibody test result means one of two things: (1) the individual is not infected with HIV or (2) the individual is in the "window period" and can infect other people.

— Prophylaxis for Hepatitis B may be indicated following a significant exposure, depending on the status of the exposed student, and the source patient. If an exposed student is known to be immune to hepatitis B, neither prophylaxis nor testing of the source patient is necessary. If an exposed student is unsure of his/her immune status, laboratory tests can be performed to determine his/her immune status as well as the hepatitis B status of the source patient. If the exposed student is not immune and the source patient is positive for hepatitis B, immune globulin as well as initiation of the hepatitis B vaccine series would be indicated. Follow-up laboratory tests will be performed in 6 months to confirm that the student did not acquire hepatitis B as a result of the exposure.

— There is no post-exposure prophylaxis available for hepatitis C. Therefore, follow-up for this virus involves testing the source patient when able. The exposed student is tested at the time of exposure and 3 to 6 months later.

******* REMEMBER, THE BEST WAY TO DEAL WITH A BLOOD EXPOSURE ACCIDENT IS TO PREVENT ONE FROM OCCURRING!!! HOWEVER, ACCIDENTS DO HAPPEN AND YOU ARE NOT ALONE!!! REPORT OCCURANCE IMMEDIATELY!!!! *******

* Immediate notification will help to insure the timely implementation of post-exposure prophylaxis when indicated. PEP should be started within two hours of the exposure.

** For all clinical sites are within a two-hour drive of Tallahassee, the needs of the student take priority in this circumstance. If the clinical site, where the exposure takes place, has the medication available, the instructor has the discretion to direct the student to the appropriate department.

*** Whenever possible, a SUDS test (rapid screening test for HIV) will be performed on source patients as soon as possible after exposure. SUDS tests are not performed on the exposed student. Exposed students will be offered Elisa HIV antibody testing to determine their status at the time of the exposure.

***** If the source patient's HIV status is known to be negative no PEP is recommended. If the source patient's HIV status is unknown, PEP may or may not be recommended depending on the individual circumstance