

Policy S- 15
FLORIDA STATE UNIVERSITY
COLLEGE OF NURSING

TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR NURSING STUDENTS

POLICY: The College of Nursing shall maintain a blood borne 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 student must report any blood borne exposure to their clinical instructor ,and/or the Assistant Dean for Undergraduate or Graduate Programs or appropriate agency personnel immediately. See attachment.
2. The instructor or appropriate agency personnel will assess the circumstances of the exposure, and will contact University Health Services (UHS) Monday to Friday 8-4 except FSU holidays to secure an appointment. Post Exposure prophylaxis (PEP) must be initiated within 72 hours of exposure. The UHS Blood borne Pathogen Exposure for Patients (Non- Employees) will be followed.
3. If the clinical site, where exposure takes place is greater than two hours from (UHS) at Florida State University (FSU) occurs after hours or on FSU Holiday the student will be triaged based on exposure to the nearest hospital, Urgent care or Primary care provider for testing
4. Source Testing
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm> HIV, Hepatitis, Hepatitis C PCR Quant.
5. Post Exposure Prophylaxis will follow the Current CDC PEP Guidelines. Available at <https://www.cdc.gov/hiv/risk/pep/index.html> Telephone Consultation is available at PEP Consultation Service for Clinicians 1-888-448-4911 from 9 a.m. – 2 a.m. ET

6. Follow up and medication selection should follow **the current UHS Blood borne pathogen exposure for patient's guideline**, unless other timelines and medications are indicated by the site of treatment (i.e. hospital protocol off campus) or individual student's health status.

Approved :

Faculty: 1/19/18 1/24/2020

Dean: 1/19/18 1/24/2020

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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
 DO NOT SQUEEZE THE AFFECTED AREA**

Wash needle sticks and cuts with soap and water

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

If exposure to eyes

Remove Contact lenses

Irrigate eyes with clean water, saline, or sterile irrigant

Report the incident to your supervisor, instructor or preceptor

Immediately seek medical treatment

The instructor or appropriate agency personnel will assess the circumstances of the exposure, and will contact

1. University Health Services (UHS) Monday to Friday 8-4 except FSU holidays to secure an appointment. Post Exposure prophylaxis (PEP) must be initiated within 72 hours of exposure. The UHS Bloodborne Pathogen Exposure for Patients (Non-Employees) will be followed.

OR

Triage to the nearest primary care provider, Urgent Care or Hospital

The instructor must report the incident to the CON Assistant Dean of Undergraduate or Graduate Programs

Post- Exposure Bloodborne Pathogen Laboratory Testing at UHS

Follow up when Post exposure prophylaxis (PEP) is NOT initiated

Time of Exposure	Baseline	6 weeks	12 weeks	6 months	12 months
Date					
HIV	HIV #1		HIV #2	HIV#3	HIV#4 *
Hepatitis (Acute panel)	Hep Panel #1		Hep Panel #2	Hep Panel #3	Hep Panel#4*
Hep C RNA PCR Quant. (only if source is + for Hepatitis C)	#1	#2			

* Only if source is positive)

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.

Follow up when Post exposure prophylaxis (PEP) is initiated

Time of Exposure	Baseline	2 weeks	6 weeks	12 weeks	6 months	12 months
Date						
HIV	HIV#1		HIV#2	HIV#3	HIV#4	HIV#5*
Hepatitis (Acute panel)	Hep #1		Hep#2	Hep #3	Hep#4	Hep#5*
Hep C RNA PCR Quant. (only if source is + for Hepatitis C)	#1		#2			
Serum HCG	#1	#2				
CBC with diff, CMP, Symptoms review	#1	#2				

*Only if source is positive

NOTES:

Post-exposure Prophylaxis at UHS:

Post exposure prophylaxis (PEP) regimen must be initiated within 72 hours of exposure:

Truvada 1 PO daily x 5 days + Isentress 1 PO BID x 5 days then if baseline labs OK and patient tolerating well may continue with both meds for 23 more days for a total of 28 day regimen.

Alternative to Truvada: Kaletra 200mg/50mg 2 PO BID x 5 days, then if baseline labs OK and patient tolerating well may continue with both meds for 23 more days for a total of 28 day regimen.

Alternative to Isentress: Zidovudine 300mg 1 PO BID x 5 days, then if baseline labs OK and patient tolerating well may continue with both meds for 23 more days for a total of 28 day regimen.

CDC CLINICAL MANAGEMENT PEP HOTLINE #: 888-448-4911

- References:
- Bloodborne Infectious Diseases: HIV/AIDS, Hepatitis B, Hepatitis C. The National Institute for Occupational Safety and Health (NIOSH), cdc.gov, 2016
 - UpToDate.com