

Medical Laboratory Science

Needle Stick/Bloodborne Pathogen Exposure Policy

Idaho State University
Medical Laboratory Science
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This policy is to provide guidelines for injuries received during a clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids.

NOTE: If feasible, it is highly recommended that Pocatello and Idaho Falls based students be seen at the ISU Student Health Center on the Pocatello campus, following any exposure, for testing and follow-up.

1. This may facilitate usage of personal health insurance (all students are required by the university to maintain insurance) and may dramatically reduce any out-of-pocket cost to you.
2. For non-life threatening exposures and if you do not have student insurance, or are too far away to be seen at the ISU Student Health Center in Pocatello or the Unity Health Center in Meridian, contact the MLS program office before having tests done.
 - a. The policy of the MLS Program is that any costs associated with testing, follow-up care, and medications related to any exposure, are the responsibility of the student.

Requirements:

1. Dispose of the needle/sharp in a hard sided container to prevent further injury.
2. Wash the site vigorously with soap and water for at least five (5) minutes. For mucous membrane exposure such as the mouth and eyes, flush with copious amounts of water for a minimum of 15 minutes.
3. Notify your site supervisor and the Program as quickly as possible.
4. Follow the site policy for injury/incident reporting.
5. Follow the site policy for follow-up and treatment of needle stick and/or blood borne exposure.
6. Contact the Human Resource office, or Office Manager to initiate the appropriate paperwork. Payment for any testing may be covered through the State Insurance program.
7. Contact your personal physician.

Recommendations:

1. Watch the wound closely for signs of infection.
2. If it has been 5 years or longer since your last tetanus booster, you should receive one now.
3. Get a blood test to assure that you are still protected by *Hep B immunization*. If your protection is diminished, get a booster at this time.
 - a. If choose not to be vaccinated at this time, repeat the test in 6 months.
4. You should receive a blood test to screen for Hepatitis C antibodies.
 - a. If the test is negative, repeat in 6 months.
 - b. If positive, contact your health care provider.
5. You should receive a baseline test for HIV.

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- a. It should be repeated in 3 months, and 6 months.
 - b. If positive, contact your health care provider.
6. You should obtain and follow current Center for Disease Control virus exposure guidelines.
<http://www.cdc.gov/niosh/topics/bbp/>

Prevention:

1. Gloves (examination, overgloves, or utility)
Clean gloves should be put on immediately prior to contact with a patient's mucous membranes or open skin, before entry into a patient's room where glove use is required, and preceding any finger sticks or administration of vaccines. Use of gloves is also recommended during the preparation of sterile products.
 - Examination gloves should fit snugly but comfortably on the hand without being tight
 - Examination gloves are for single use and must not be reused or washed, disinfected or sterilized
 - Overgloves must be large enough to slip on over examination gloves or bare hands and not used for more than one patient
 - Utility gloves must be worn when disinfecting the unit and processing instruments
2. Facemask
Masks, goggles, and face shields should be worn when splashing or splattering of body fluids into nose, mouth or eyes could occur. Masks must be put on prior to entry into a room where mask use is required.
 - Protects mucous membranes of nose and mouth
 - Use a new mask for each patient • change mask when it becomes moist by aerosols, spatter or breath
 - Avoid handling the body of the mask; when removing mask, handle by periphery (elastic) only
 - Do not dangle mask around neck or under chin or put in lab coat pocket for reuse
3. Protective eyewear (safety glasses, goggles or face shields)
 - Protects against aerosols, splatters, chemicals and debris
 - Lens frame must cover the entire eye area from the eyebrow to the cheekbone, and on each side of the face beyond the temple area.
 - Side shields must be solid (not vented)
 - May be worn over prescription glasses
 - If a face shield is worn it must be chin length and provide top and side protection
4. Protective barrier clothing (lab coat)
Gowns or lab coats should be used to cover areas of skin or clothing which may be likely to become soiled with body fluids during patient care or lab work, and are also recommended during routine preparation of chemotherapy agents and use of caustic chemicals.
 - Protects skin and clothing from contamination
 - Barrier clothing must have a high collar that fits closely around neck, long sleeves with fitted cuffs and extends past knees
 - Contaminated barrier clothing should never be worn out of clinic setting, restroom, or while sitting in the patient reception area
 - Must be changed daily or more often if visibly contaminated
5. Hand Hygiene
 - Hand hygiene is the most important behavior in the prevention of disease transmission. Recognizing the need to reduce the incidence of transmission of pathogenic microorganisms

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to patients and personnel, the ISU Medical Laboratory Science Program utilizes guidance from the Centers for Disease Control and Prevention (CDC).

When an Exposure Incident Occurs			
Exposed Individual (Student/Faculty/Staff)	Section Instructor	Infection Control Coordinator	Qualified Healthcare Provider
1. Perform first aid	1. Discuss exposure incident with student.	1. Provide information on student's vaccination status in consultation with section instructor for completion of exposure incident packet.	1. Completion of pretest counseling and blood test collection of exposed individual (and source patient if known and provides consent).
2. Report injury to section instructor.	2. Discuss exposure incident with source patient if possible.	2. Maintain confidentiality of exposure incident information.	2. Provide a confidential written opinion within 15 working days to Infection Control Coordinator and exposed individual.
3. Complete exposure incident packet with section faculty (see instructions).	3. Complete exposure incident packet with student.	3. Receive HCP written opinion within 15 working days and discuss results with student.	
4. Report to designated healthcare professional for medical evaluation and follow-up care, as indicated.	4. Refer student & source patient (with completed exposure incident packet) to healthcare professional for medical evaluation.		
	5. Submit all forms to Healthcare Professional & Infection Control coordinator (see instructions).		

By signing below I acknowledge receipt of the MLS Exposure Protocol and agree to follow the instructions outlined in this document. Before signing, any questions can be addressed to the Program Director listed at the beginning of this document.

Print Name

Sign Name

Date