

KIRKWOOD BLOOD BORNE PATHOGEN EXPOSURE POLICY

BBP POST-EXPOSURE EVALUATION & FOLLOW-UP:

Blood borne pathogen exposure is defined as contact (skin, eye, mucous membrane or parenteral) with:

- Blood
- Body tissues or organs
- Semen
- Vaginal secretions
- Amniotic fluid
- Cerebral spinal fluid
- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Synovial fluid
- Or other body fluids containing visible blood through injuries from contaminated sharps, breaks in the skin, skin conditions or mucous membranes.

Documentation of the route of exposure, circumstances in which it occurred, identification and documentation of the source individual (if feasible), testing of the source individual's blood for HBV and HIV infectivity if feasible and unknown upon exposure, notification of results of the source HBV and HIV status to the exposed individual (within applicable state laws / regulations), collection and testing of the exposed individual's blood for HIV and HBV, documentation of follow-up treatment including test results, prophylactic medications, counseling and evaluation of reported illnesses is recommended.

Prevention of Blood Borne Pathogen Exposure

Students should follow universal precautions in the care of all patients to prevent BBP exposure.

Treatment:

The student should:

- **Wash** the affected area immediately and thoroughly with soap and water.
- **Immediately report** the incident to a clinical instructor or preceptor **after** cleaning the area.
- **Obtain immediate care** under their health insurance to **ensure they receive appropriate prophylactic treatment to prevent HIV, Hepatitis B and C transmission.**

The clinical instructor will:

- **Notify** the facility's clinical area supervisor **AND** the Kirkwood Health Program/Continuing Education Program Director/Clinical Coordinator of the incident and have the student
 - **Complete the Kirkwood Community College Bloodborne Pathogen Treatment Form***
 - **The student should obtain care within 2 hours of exposure** under the student's health insurance to **ensure they receive appropriate prophylactic treatment to prevent HIV, Hepatitis B and C transmission.** **NOTE:** A student may refuse medical care: a signed refusal OR acceptance of care **MUST** be documented on the **Bloodborne Pathogen Treatment Form.**
- **Complete the other necessary incident reports:**
 - **Facility Incident Report** (per facility policy)
 - **Kirkwood College Illness and Injury Report Form***
- **Turn in the following Kirkwood forms** to the Kirkwood Health Program/Continuing Education Program Director /Clinical Coordinator:
 - Illness and Injury Report
 - Bloodborne Pathogen Treatment Form

KIRKWOOD COMMUNITY COLLEGE BLOODBORNE PATHOGEN TREATMENT FORM

Student Information

Student Name _____

Date, Time and Place of Incident _____

Student ID Number _____

Cell Phone Number _____

Emergency contact _____

Source Client Information

Source Client's Name _____

Address _____

Home Phone Number _____

Emergency Contact _____

Witness(es) _____

Name_Phone _____

Name_Phone _____

Description of Incident (Please be specific: route of exposure, circumstances in which it occurred, other (who, what, when where and why).

Instructor/Supervisor: _____
Print Signature

Instructions:

- Administer First Aid
- Notify Facility Supervisor **AND** the Kirkwood Health Program/Continuing Education Program Director/Clinical Coordinator
- Complete **BOTH SIDES** of this Form **AND** send a copy to the appropriate Kirkwood Health Program/Continuing Education Program Director/Clinical Coordinator
- Complete the Illness and Injury Report and send a copy to the Kirkwood Director, Risk Transfer.
- Additional information can be found on the CDC website at:
 - <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

If injured party refuses care, have them sign the Treatment Waiver that is on the back of this report.

KIRKWOOD COMMUNITY COLLEGE BLOODBORNE PATHOGEN TREATMENT FORM

Read and sign the appropriate statement.

Accept Treatment _____

I have experienced an Exposure to Bloodborne Pathogens at _____ (time and place) I understand that this exposure may have put me at risk for exposure to HIV, Hepatitis B, Hepatitis C and other bloodborne pathogens. I have been informed of the need for immediate evaluation for Post-exposure Prophylaxis for HIV. I am aware that a Licensed Medical Doctor must see me within 2 hours of my exposure (needlestick, cut, splash, etc.) for this evaluation. I plan to be seen by _____ at _____ (time and date) . I have also been informed that I should be evaluated in an Emergency Room or Urgent Care Center if it is after 5:00 pm.

Print Name of Injured/Exposed Individual _____

Signature of Injured/Exposed Individual _____

Signature of Witness _____ **Date:** _____

Refuse Care _____

TREATMENT WAIVER

I have experienced an Exposure to Bloodborne Pathogens at _____ (time and place)____. I understand that this exposure may have put me at risk for exposure to HIV, Hepatitis B, Hepatitis C and other bloodborne pathogens. I have been informed of the need for immediate evaluation for Post-exposure Prophylaxis for HIV. I am aware that a Licensed Medical Doctor must see me within 2 hours of my exposure (needlestick, cut, splash, etc.) for this evaluation. I have also been informed that I should be evaluated in an Emergency Room or Urgent Care Center if my doctor cannot see me within 2 hours.

I acknowledge that I have chosen not to follow this advice and assume full responsibility for the possible deleterious effects of my actions, which are against the Kirkwood Community College Policy for Exposures to Bloodborne Pathogens.

Print Name of Injured/Exposed Individual _____

Signature of Injured/Exposed Individual _____

Signature of Witness _____ **Date:** _____