

# STUDENT NEEDLESTICK POLICY

## Student Percutaneous Injury/Bloodborne Pathogen Exposure Procedure

In case of needlestick or body fluid exposure\* immediately:

1. Wash exposed area thoroughly with soap & water or appropriate tissue cleanser
2. Notify supervisor
3. Seek care within 2 hours of exposure; call first to expedite treatment
  - a. Weekdays Monday through Friday from 8:30 a.m. to 4:30 p.m. at the Wellness 360 Clinic (210) 567-2788
  - b. After Hours: University Health System Emergency Triage (210) 743-0161
4. Bring or send the following to the University of Texas Health Science Center San Antonio Student Health Service:
  - a. The Health Science Center Incident Report Form ([https://wellness360.uthealthsa.org/wp-content/uploads/sites/116/2019/05/Percutaneous\\_InjuryBloodBorne\\_BodyFluidExpForms.pdf](https://wellness360.uthealthsa.org/wp-content/uploads/sites/116/2019/05/Percutaneous_InjuryBloodBorne_BodyFluidExpForms.pdf))
  - b. TDH Contaminated Sharps Injury Reporting Form
 

Environmental Health and Safety Forms – A long form ([https://www.uthscsa.edu/sites/default/files/2018/sharps\\_long.pdf](https://www.uthscsa.edu/sites/default/files/2018/sharps_long.pdf)) is available as well as the short form
  - c. Incident report from facility where exposure occurred
  - d. Identification of person whose body fluid was exposure source
  - e. Contact person for follow up
  - f. Relevant medical records
5. If exposure occurs outside the San Antonio area (more than 30-45 minutes away from the health science center), go to the nearest ER or health care facility
  - a. Providers may consult the 24 hour national HIV Post-Exposure Prophylaxis Hotline for Clinicians at 1-888-HIV-4911
  - b. Call Wellness 360 Clinic at (210) 567-2788 for follow up on the next non-holiday workday
6. Obtain consent of patient (source of exposure) for blood tests per facility protocol
  - a. Hepatitis B Surface Antigen (HBsAg)
  - b. Hepatitis C Antibody (Anti-HCV)
  - c. Antibody to Human Immunodeficiency virus (Anti-HIV)

7. Schedule for blood to be drawn in Student Health Services as soon as possible for

- a. HBsAg\*\*
- b. Antibody to Hepatitis B Surface Antigen (Anti-HBs)\*\*
- c. Hepatitis C Antibody
- d. Anti-HIV
- e. Omit HBsAg & Anti-HBs if the student has a documented seroconversion following a Hepatitis B vaccination series
- f. Order CBC and Liver Function Test if placing student on HIV prophylaxis drugs

\* Injury must relate to currently registered at the health science center student's clinical duties: percutaneous needlestick, puncture wound, laceration, human/animal bite; body fluid exposure to open wound or mucous membrane by splash, aerosol; other blood/unfixed tissue exposure

## Treatment Guidelines

1. Hepatitis B:
  - a. Patient HBsAg positive and student HBsAg negative and Anti-HBs negative:
    - give one dose of Hepatitis B Immune Globulin (.06 ml/kg intramuscularly) as soon as possible within 72 hours after exposure, and begin a Hepatitis B vaccination series within seven days.
    - a student with prior Hepatitis B vaccination with a negative Anti-HBs should receive HBIG and one dose of Hepatitis B vaccine.
  - b. No further Hepatitis B testing or therapy is needed if
    - the patient (exposure source) is HBsAg negative
    - the student is HBsAg positive or Anti-HBs positive due to prior disease or vaccination, even though the patient is HBsAg positive
2. Hepatitis C:
  - a. Patient source is positive for Hepatitis C:
    - test student for HCV RNA PCR 3-6 weeks after exposure
    - test student for HCV antibody at 4-6 months after exposure
3. HIV:
  - a. Risk of HIV transmission following percutaneous exposure to HIV-infected blood is approximately 0.3% (CDC, 2005).
  - b. Anti-HIV seroconversion in a needlestick recipient has been documented despite use of prophylaxis.
  - c. Drugs used for HIV prophylaxis have multiple potential side effects. Please contact Student Health Service prior to discontinuing prophylaxis medications to ensure it is

indeed the medication responsible for the symptoms.

d. Students are responsible for costs of elective evaluation outside the Student Health Service.

## Recommendations

1. Students at all sites receive testing medication and follow up care at no cost, per 2005 CDC guidelines for the following:

- a. HIV (<https://stacks.cdc.gov/view/cdc/20711/>)
- b. Hepatitis B (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>)
- c. Hepatitis C (<https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>)

2. A centralized service coordinates the testing and treatment of exposed students. The current requirement for students is to pay for care out of pocket and then file a claim with their private insurance. The health science center will provide reimbursement up to a limit of \$500. The invoices received from the treatment center will need to be delivered to the Student Health Clinic so that reimbursement can be made.