

# 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 at San Antonio Wellness 360:
  - a. The University of Texas at San Antonio 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 University of Texas at San Antonio), 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 Wellness 360 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 University of Texas at San Antonio 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 Wellness 360 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 Wellness 360.

## 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 University of Texas at San Antonio will provide reimbursement up to a limit of \$500. The invoices received from the treatment center will need to be delivered to the Wellness 360 so that reimbursement can be made.