

<b>TOURO UNIVERSITY CALIFORNIA</b>	<b>Page No.</b> 1 of 2	<b>Number:</b> 20.006
	<b>Effective Date:</b> 11/01/2009	
<b>POLICY &amp; PROCEDURE MANUAL</b>	<b>Required Review:</b> Yearly	
	<b>Reviewed:</b> November 20, 2017	
<b>Policy [ ]      Procedure [ X ]</b>	<b>Revised:</b> December 28, 2017	
	<b>Responsible Position:</b> Director Of Student Health	
<b>Title:</b> Occupational Exposure Accidental Needle Stick Exposure to Blood/Blood Bourne Products	<b>Approval Requirements:</b>	

### 1. Student Responsibilities:

- Receive office/department orientation regarding infection control policy and post exposure management procedures.
- Follow the policies and procedures of your rotation site as described in the affiliation agreement with Touro.
- Please note: Students are not considered employees of their rotation site(s) therefore if a student is seen at the “Employee Health Department “ of the facility, the visit may not be covered by the student’s insurance and the student may be referred elsewhere.
- Utilize appropriate barrier precautions during the administration of care to all individuals.
- Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
- Immediately report accidental needle sticks and exposure to blood or body fluids. \*(see below)
- Initiate immediate intervention for the management of accidental exposure to blood or body fluids.\*(see below)

### 2. Accidental/Occupational Exposure Procedure

**In the Event of an Accidental/Occupational exposure to blood or body fluids which includes: accidental needle sticks, splash to eye or mouth, prolonged contact with abraded skin, cut skin, or open wound, the student will:**

- Immediately wash the area of exposure with soap and water (or use an eye wash center if splash in eye).
- Immediately report the incident to instructor, preceptor or supervisory personnel.
- Immediately contact Touro University California, Student Health Center (707)638-5220 and fax in the Blood and Body

Fluid Exposure Report and Checklist and Incident Report to (707) 638-5261 (Appended at the end of this policy).

- Initiate referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management. Give the provider your current private insurance information.
- The student is responsible for immediately notifying the respective program (COM, COP, PA) through the designated clinical coordinator of the program.

### 3. **Student Follow-Up Care**

- The student is responsible for their own care and follow-up. The student is to contact their own primary care provider regarding their blood, body fluid exposure (as described under section 2). The student may contact the Touro University California Student Health Center for recommendations/referral to a provider for medical care if student cannot make contact with their own health care provider.
- The student shall make every effort to obtain information on the source of the exposure (patient) at the clinical site as to HIV, Hep B, and Hep C status of the patient (person). The SHC does not require demographics of the patient (or person) only the HIV, Hep B and Hep C information as so stated.
- The Student Health Center requires that the student obtain a self-baseline screening for HIV, Hepatitis Panel (to include antibodies), LFTs and the student will be required to update any needed immunizations.
- The Nurse Practitioner or Medical Director at the Student Health Center will be available to guide the student as to follow-up based on current CDC guidelines in conjunction with the treating physician.
- Students are financially responsible for immediate post exposure treatment. Provide your insurance information to the provider of the facility where you are seen.
- If your personal health insurance does not cover the expenses of your visit, you may submit a claim to CHUBB Insurance, a secondary accidental injury assistance policy for Touro University California Students. You must first obtain a denial of coverage letter from your personal health insurance in order to be eligible to submit a claim with CHUBB (Appended at the end of this policy).
- To complete a CHUBB Claim you will be required to submit copies the following documents:
  - CHUBB Claim Form (Appended at the end of this policy)
  - A fully completed Attending Physician Statement
  - Copy of itemized hospital bill or itemized bill for care received
  - Copies of any police reports, accident report forms describing the incident
  - Copies of any additional documents that support your claim
  - Touro University California Incident Report



- Upload the completed and signed claim form and all required documents to:  
[www.myclaimsagent.com](http://www.myclaimsagent.com)
- Or mail the forms to:  
**Claim Benefit Services**  
**P.O. Box 4090**  
**Atlanta, GA 30302**
- If you choose to mail your documents, please retain a copy of all material for your records. You will be contacted by a claim adjuster if additional information or documentation is needed.
- For Claim related questions call: (855)276-2410

#### 4. Interpretation of Blood Borne Pathogen Transmission

- Occurs when Infectious body fluid such as blood, amniotic fluid, cerebrospinal fluid, peritoneal fluid, synovial fluid, pleural fluid, pericardial fluid, breast milk, semen and vaginal fluid has a portal of entry (contact) as: percutaneous (needle stick); cutaneous with prolonged contact with abraded skin, a cut or open wound; and mucous membranes as splash to eye or mouth.

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