

Blood Borne Pathogen Exposure (Needlestick) Procedure

Steps for Students Exposed to Blood Borne Pathogens:

1. Wash the exposed area for 15 minutes with antimicrobial soap. If the Blood Borne Pathogen Exposure (BBPE) is to the eye(s), irrigate eye(s) with water for 15 minutes, preferably at the nearest eye wash station.
2. Notify your preceptor/supervisor immediately. Your preceptor/supervisor is responsible for notifying the appropriate site director/manager and can assist in the identification and cooperation of the source patient..
3. Identify the source patient if possible and complete the form on page two below.
4. Call Boynton Health at **612-625-7900**.
 - a. During Boynton business hours you will be connected to the Boynton Medical Information Nurse (MIN) who will obtain intake information and will contact the BBPE Case Management Team.
 - b. When Boynton is closed, an After Hours MIN will obtain intake information and will contact the Boynton BBPE Case Management Team the next business day.
 - c. The MIN will ask for the information in the form below and instruct you on the next steps including if and where to seek care within the next two hours
 - d. Boynton's BBPE Case Management Team will manage your care and answer any questions about payment of your bills for care outside of Boynton..
5. Notify the contact at your school or college as soon as possible after your immediate health needs are addressed.

Residents, Fellows and other University Employees Exposed to Blood Borne Pathogens:

The University of Minnesota has a contract with HealthPartners for occupational healthcare services. HealthPartners can be reached at 952-883-6999.

As a paid University employee, this is a Workers Compensation Claim and Minnesota State Law allows you to choose any provider for initial treatment and follow-up care, including Boynton Health.

Complete the form below and call Boynton's Medical Information Nurse: 612-625-7900

1. Your Demographics

Name (Last, First, M.I.) _____
Date of birth _____
Address: _____
Contact Phone Number: _____ OK to leave a voicemail? yes no
Status: Student ___ Resident/Fellow ___ Other University Employee ___
Program: Dental ___ Medical ___ Nursing ___ Other _____

2. Source Patient (SP) Information

Was the Source Patient (SP) identified? yes no unknown/unsure
SP's name, if known: _____
Has the SP's blood been drawn for testing? yes no unknown/unsure
Where are the SP's labs being drawn? _____
Do you know if the SP is: Hep B positive ___ Hep C positive ___ HIV positive ___
Does the SP have any known risk factors? IV drug use ___ same sex partner(s) ___
multiple partners ___
Ensure the SP is having the following tests drawn:
Rapid HIV, HIV 1 and 2 Antibody/Antigen Combo, Hepatitis B Surface Antigen,
Hepatitis C Antibody.

3. Incident Information

Date of the Exposure: _____ Time of the Exposure _____ AM / PM
At what site did this take place at (example: HCMC, Dental School, VA)

What setting did this occur in (example: Surgery, Dental Clinic, Pharmacy, Emergency
Department) _____
Has the injury site been cleaned? yes/ no (By whom) _____
Has your blood been drawn? yes/ no
Were you given prophylactic medications? yes/no Type: _____

4. Type of Exposure (check all that apply)

Percutaneous: Needle, scalpel, lancet, other? _____
Size/Gauge _____ Brand _____
 Mucous Membrane (eye, ear, nose, mouth)
 Skin
 Bite: Human
What part of your body was exposed _____ Right _____ Left _____
Circle type of injury: Puncture, Laceration, Abrasion, Other _____

Follow-Up Information for the Exposed Person (EP)

- Your care will be coordinated by the BBPE Case Management Team at Boynton. Call the BBPE Case Management Team at 612-625-6219 with any questions or concerns.
- A BBPE Case Manager will call you with the SP's lab results as soon as they receive them.
- A BBPE Case Manager will contact you within three (3) business days to report your lab results and will provide instructions regarding any follow-up required.
- If the SP has any positive lab results, you may need to do follow-up lab studies at the 6 week, 3 month and 6 month intervals.
- The Case Manager will explain the process for covering the out-of-pocket expenses you may incur.

Treatment for the Exposed Patient (EP)

- Make sure you go to Boynton, an urgent care or an emergency department within two hours.
- *Ensure you have the following tests drawn:* HIV Antibody/Antigen Combo, Hepatitis B surface antibody and Hepatitis C antibody.

Release of Information to BH

If you do not seek initial medical treatment at Boynton, ensure that you complete and sign a Release of Information (ROI) form (specifying Boynton as recipient) at the facility where you received initial medical treatment. Your preceptor/supervisor should ensure that the SP has completed and signed a consent form for lab studies and a Release of Information form at the facility where the exposure occurred so that Boynton may get lab results for Case Management. Have your labs and the SP lab results faxed to Boynton BBPE Case Management Team at 612-626-2817.

Website with Forms for INJURED STAFF / PAID STUDENTS, or INJURED STUDENTS (during Clinical Labs)

• Students that are NOT ON the University payroll need to:

- Complete a Bodily Injury/Property Damage Incident Report, which is located on the Office Risk Management (ORM) website:
[z.umn.edu\risk](http://z.umn.edu/risk)
- On the ORM Website homepage, scroll down to "Accidents," section and select the "All Other (general liability): Bodily Injury/Property Damage Incident Report" (Form UM 1707).
- Open, complete, and print online form, or print form and complete.
- Email or Fax the completed form to the Office of Risk Management

Email: ORM@umn.edu

Fax: 612-625-7384

• **Staff/Paid Students/Residents/Fellows need to:**

- Complete a First Report of Injury located on the Office of Risk Management’s website: z.umn.edu/risk
- On the ORM website homepage, scroll down to the “Injuries to University Employees (Workers Compensation – eFROI),” Section.
 - Select “First Report of Injury Form (online, preferred version)”
 - Select “Start a new first report of injury”
 - Complete all required information and submit.
- For Prescriptions you may need related to your injury, click on “Prescription Drug Program Information & ID Card “ located in the same section as the First Report of Injury on the ORM homepage.

If you have any questions, feel free to contact the Office of Risk Management (612-624-6019).

Medical Residents and Fellows may also contact the GME contact (612-626-0631) or visit the GME website: z.umn.edu/gmeworkerscomp for further information.

Signature of person completing form

Date/Time

Last updated March 12, 2018