Edward Via College of Osteopathic Medicine



Occupational Exposure to Bloodborne Pathogens Report Form

Form Instructions

If you are a VCOM student who had a needle-stick or other wound resulting in potential exposure to blood or body fluids during a clinical activity, you <u>MUST</u> email this form to the appropriate Associate Dean (depending on what year of the curriculum the student is in) within 24-hours of exposure.

For Clinicians: Centers for Disease Control (CDC) 24-hour assistance is available from the Clinicians' Post Exposure Prophylaxis Hotline (PEPline) at: **1-888-448-4911**.

- If the exposure involves a known <u>HIV positive source</u>, immediate medical attention must be sought since post-exposure prophylaxis (if indicated) should begin within <u>2 hours of exposure</u>.
- All other exposures are recommended to be clinically followed-up within <u>4-6 hours after exposure</u>

General Instructions

- 1. Immediately cleanse the wound with soap and water or if contact is the eye(s) or mucus membranes, flush withwater for several minutes.
- 2. Contact the appropriate VCOM personnel immediately. If the appropriate staff cannot be contacted, it is the student's responsibility to continue to seek medical attention as directed below.

Clinical Experience Where Exposure Occurred:	Report the Exposure Immediately To:
VCOM Core Clinical Site	DSME, Preceptor, Site Coordinator, OMS 3/OMS 4
	Director, and Associate Dean
Non-VCOM Clinical Site	Preceptor, OMS 3/OMS 4 Director, and Associate Dean
International Mission/Rotation Site	Clinic Director, International Preceptor, Vice Provost for International and Appalachian Outreach, and Associate Dean
Community Outreach	VCOM Clinical Faculty Member in charge of the event and Associate Dean
Early Clinical Experience	Chair of Underserved Primary Care, Clinical Faculty Member supervising the experience, and Associate Dean

- **3.** Seek medical attention. When you arrive for care post exposure, inform your provider of the exposure to potential bloodborne pathogen(s). It is recommended that students use **one** of the following options when seeking medical care post-exposure (the Associate Deans can advise students on their options but will not initiate post-exposure care, prescribe medications, or order labs):
 - Clinical Site Employee/Occupational Health Center (if directed to use this service by the DSME/Site Coordinator, preceptor)
 - Students are not actual employees of any hospital, clinic, or practice where they are rotating, and they are not covered under workman's compensation or the policies of the institution if they suffer an accident or injury. The hospital may or may not offer use of the employee/occupational health center to students. This is the prerogative of the clinical site.
 - Some clinical sites will provide initial screening and treatment for students that are exposed at their site. In addition, institutional policy at hospitals and medical clinics may provide for testing of source patient blood to include rapid HIV and hepatitis C testing.
 - Personal Physician
 - Urgent Care Center
 - VCOM International Clinic or Affiliated Hospital

- The Medical Director of the international clinic will arrange for all testing and any treatment that might be required. The Medical Director will notify the Vice Provost for International and Appalachian Outreach and will develop an appropriate plan to follow.
- Emergency Department
 - If the emergency department is the only option for care, the student should notify the DSME and the Associate Dean for Clinical Affairs prior to utilizing the emergency department due to the high cost of this service. The DSME and Associate Dean will work with the hospital site to see if other options exist for medical care post-exposure when emergency care is required and there are no other available options. If the emergency department is the only option and the student is unable to reach the DSME or Associate Dean immediately, the student should proceed with seeing medical attention through the emergency department.

Cost: Students are reminded that they are individually responsible to carry health insurance and are required to be insured. Students are responsible for or any charges that may occur as a result of the evaluation and treatment following a needle stick or other wound resulting in potential exposure to blood or body fluids (as with any other accident).

- Those students who receive financial aid receive \$250 for medical expenses in their financial aid package as part of the cost of attendance.
- Students receiving financial aid may also apply for a cost of attendance increase and receive additional financial aid to help cover any additional expenses between \$251 \$2,300.
- All students, whether receiving financial aid or taking part in VCOM's health insurance coverage, may apply for reimbursement of qualified medical expenses between \$2,301 and VCOM's health insurance plan's maximum out-of-pocked amount of \$7,150.
- The needle stick or other wound should be considered an "accidental" exposure to cover the expenses beyond this amount. In some cases, the coverage for the laboratory testing and prophylactic medication may be covered by the hospital site.
- 4. Students must complete this form and return it to the Department of Clinical Affairs within 24 hours of the exposure.

General Student Information

Name:		
Last	First	
VCOM Email:	Cell:	
Exposure Information		

Date of Exposure:

Time of Exposure:

Brief Description of Exposure (when and how did the exposure occur):

Location Where Exposure Occurred/Notificat	tions (choose	1 of the 5 locat	ions and com	plete section details):
VCOM Core Clinical Site				
Name of Site:				
I have notified (all are required):	DSME	Preceptor	Asso	ociate Dean
Date of Notification:		Time of Notif	ication:	
Non-VCOM Clinical Site				
Name of Site:				
I have notified (all are required):	Director fo	r OMS 3/Direc	tor for OMS 4	4
	Associate I	Dean		
Date of Notification:		Time of Notif	ication:	
International Mission/Rotation Site				
Name of Site and Country of Site:				
I have notified (all are required):	Clinic Dire	ctor Ir	nternational Pr	receptor
	Associate	Dean		
	VP for Inte	ernational & Aj	ppalachian Ou	ıtreach
Date of Notification:		Time of Notif	ication:	
Community Outreach				
Name of Event/Location:				
I have notified (all are required):	VCOM Cli	nical Faculty N	Aember in Ch	arge of the Event
	Associate	Dean		
Date of Notification:		Time of Notifi	cation:	
Early Clinical Experience				
Location/Setting:				
I have notified (all are required):	Chair of U	nderserved Prir	nary Care	Associate Dean
	Clinical Fa	culty Member	Supervising t	he Experience
Date of Notification:		Time of Notif	ication:	

Type of Exposure (choose 1 of the 3 types (percutaneous, mucocutaneous, or bite) and complete section details):

Percutaneous (Needle or sharp object that was in contact with blood or body fluids):

Type of Sha	rp:				
Need	Needle from a sharps disposal container			Solid Needle (la	ncet, suture needle, etc)
Hollo	Hollow-bore needle (venipuncture, IM/SQ injection, etc)			Scalpel	
Glass	Otl	her sharp object (spo	ecify):		
The Exposu	re Occurred:				
Befor	e the use of the sharp	During th	e use of the sharp	After th	e use of the sharp
Mucocutaneou	IS:				
Mucous Me	embrane				
	in exposures, follow titis, abrasion, or ope		y if evidence exist	s of compromised	d skin integrity (e.g.,
If skin e	exposure, was skin i	ntact? Y	es No		
Bite					
Body Fluid Involved (choose 1 and include	e specifics):			
Blood/blood pro	ducts (specify):				
-	ody fluid (specify):				
	Non-visibly bloody body fluid (specify):				
-	olution (e.g. water us	• /	spill) (specify):		
Other Body Flui			1 / (1 2)		
-					
Involved Body Part o	f the Student (choos	se all that apply):			
Arm (but not har	nd) Hand	Eye(s)	Mouth/nose	Face/head/	neck
Leg/foot	Torso (front or bac	k)			
Precautions Used at t	he Time of the Incid	lent (choose all that	apply):		
Gloves	Gown/Apron	Mask Ey	ewear CP	PR Shield	Face Shield
None	Other (specify):				
Source Information:					
HIV Status:	Positive	Negative	Unknown		
Hepatitis B Statu	s: Positive	Negative	Unknown		
Hepatitis C Statu	is: Positive	Negative	Unknown		

Follow-up Plan

Clinical Site Employee/Occupational Health Center (if directed to use this service by the DSME/preceptor)

Notes:			
Date Recei	ved by the Associa	te Dean:	
Received b	y (Name of Associ	ate Dean):	
Office Use	Only (To be comp	leted by the Associa	te Dean):
Student Sig	nature:		Date:
0	ffice Phone Numbe	er:	Date of Appointment:
E	mergency Departm	ent Name:	
Emer	gency Department	Associate Dean for Cl of this service. The D options exist for medi other available option reach the DSME or A	partment is the only option for care, the student should notify the DSME and the linical Affairs prior to utilizing the emergency department due to the high cost DSME and Associate Dean will work with the hospital site to see if other ical care post-exposure when emergency care is required and there are no as. If the emergency department is the only option and the student is unable to associate Dean immediately, the student should proceed with seeing medical emergency department.)
Ο	ffice Phone Numbe	er:	Date of Appointment:
C	linic Name:		
VCO	M International C	Clinic or Affiliated H	Hospital
0	ffice Phone Numbe	er:	Date of Appointment:
C	linic Name:		
Urgen	t Care Center		
0	ffice Phone Numbe	er:	Date of Appointment:
Pl	hysician Name:		
Perso	onal Physician		
Ο	ffice Phone Numbe	er:	Date of Appointment:
C	linic Name:		