



## **Needle-Stick Policy**

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**In the event of a needlestick:**

1. In the event of a needle stick, the employee is to immediately wash the area, scrubbing skin with soap and water. If there is no obvious laceration or major abrasion, the student may choose to wash with a germicidal soap.
2. Report to either the Student Health Center or the Emergency Room for immediate treatment. If necessary, consult with Environmental Health and Safety (EH&S) for further guidance.
3. The employee is to report all pertinent data to the treating physician regarding the exposure and information on source patient. This includes but is not limited to: how exposure occurred, what body fluids were involved, social and medical history, HIV antibody status, Hepatitis B surface antigen status, and Hepatitis C antibody status of source patient if available, For effective treatment of any potential HIV infection it is imperative to initiate prophylactic treatment within the 2 hours of the incident.
4. The employee should expect to have blood drawn by the hospital for baseline results of Hepatitis B surface antibody, Hepatitis C antibody, HIV antibody and possibly other necessary tests.
5. If there is an index of suspicion regarding the source patient's HIV status, a 48 hour supply of prophylactic medications will be provided to the student free of charge. If a needle stick occurs on a Friday a three day allowance will be provided until follow up care is done on the following Monday at the Student Health Center at University of Texas - Dallas (UTD).
6. When the employee reports to the Student Health Center, a complete evaluation will be made and the student will be able to discuss any questions or concerns that he or she may have.
7. It is strongly recommended that the employee continue taking medication as prescribed until a final determination is made.
8. Some hospitals require that you follow up with them directly. If this is the case then you may have the follow up information forwarded to UTD Student Health Center.

*It is extremely important that students follow these guidelines and report incidents promptly. This avoids problems that may occur later with the student's health or bills that accidentally go to the student from the hospital where the incident occurred.*

**In the event of an occupational exposure involving UTD students:**

1. The student is to report to the Student Health Center for immediate treatment.

2. Do not bill the employee, the Student Health Center Director will confirm the agreement with UTD and all of the nearby hospitals to provide treatment free of charge to all students with a needle stick incident.
3. The employee is to report all pertinent, available information to the treating physician regarding the exposure and source patient. The employee is to report incident immediately, in order that the affiliated hospital staff may initiate prophylactic treatment within the hour for any potential HIV infection, if indicated.
4. The treating physician at the affiliated hospital will evaluate risk, utilizing the information available at time of reporting and offer prophylactic treatment based on perceived risk. The employee will either sign a consent or declination form for prophylactic treatment if in fact prophylactic treatment is indicated. A copy of this form should be forwarded to Student Health Center at UTD.
5. If there is an index of suspicion, a 48-hour supply of prophylactic medication will be provided to the student free of charge. If the exposure occurs on a Friday, a three day allowance will be provided until follow up care is done the following Monday at the Student Health Center UTD.
6. If the source patient is unknown or the patient's HIV status is unknown at the time of reporting the incident, it will be at the discretion of the treating physician to initiate prophylactic treatment on a case by case basis.
7. If the source patient is known and the serostatus of the patient is unknown, then it is necessary for the affiliated hospital to obtain the information and consent needed for laboratory testing and release of information to UTD. This is in order that we may follow up with the student accordingly.
8. Any immediate baseline blood work (e.g. Hepatitis B surface antibody titer, Hepatitis C antibody baseline, HIV antibody, LFTs, etc.) for the student that may be deemed necessary by the treating physician and should not wait until the employee reports to UTD will be done by the affiliated hospital at no cost to the employee. The employee is then advised to contact Student Health Center at UTD for follow up.
9. The employee is to report to Student Health Center at the next working day after the initial evaluation and treatment by the physician at the affiliated hospital where the incident occurred. At the time of this follow up visit, a complete evaluation by UTD Student Health Center will be made utilizing all the information provided by the affiliated hospital where the incident occurred and a follow up and/or treatment plan will be developed accordingly.
10. Until the employee reports to Student Health Center, it is strongly recommended that the employee take the prophylactic starter dose provided by the affiliated hospital until a final determination is made.

*Student Evaluation and Treatment after an Occupational Exposure to Human Blood or Body Fluids at an Affiliated Hospital*

**Subject:**

Employee evaluation and treatment after an occupational exposure to human blood or body fluids at an affiliated hospital.

**Definition:**

An occupational exposure by an employee is defined as a needle stick, sharp puncture wound or a splash to mucous membranes (i.e., mouth or eye) with blood or body fluids as a result of an assignment at an affiliated hospital.

**Procedure:**

Employees are informed of the occupational exposure procedures through information letter sent out to students as well as during orientation. Initial evaluation and treatment of the exposure is done by the treating physician at the affiliated hospital. There is a procedure letter that is sent to the affiliated hospitals regarding our students.

An employee is required to report all occupational exposures to Student Health Center at UTD.

When an employee reports to Student Health Center, a post occupational exposure form is to be filled out to obtain accurate information regarding the exposure. The student also is to see the physician.

The testing that was completed and the treatment that was begun by the treating physician at the affiliated hospital will determine the follow up that needs to be done by Student Health Center.

The employee is to obtain as much information regarding the source patient as possible. Including but not limited to: reason for admission to the hospital, social and medical history, HIV status, Hepatitis B status (HBsAg) and Hepatitis C status (Hep C Antibody).

If the affiliated hospital does blood work on the employee and has not sent the results to UTD the student will need to obtain those records so Health Services may follow up accordingly.

If the source patient is known to be HIV antibody negative, Hep C negative and HBsAg negative, no further testing is necessary.

If the exposure is considered a high risk exposure, the treating physician at the affiliated hospital should have already tested for baseline HIV antibody, baseline liver function tests (LFTs), started the student on chemoprophylaxis (this should be done within 2 hours post-exposure) and given the student a starter dose. The Health Services physician will in turn further counsel the student regarding:

-The reasons for using chemoprophylaxis

-The risks of occupational HIV infection

- The limitations of current knowledge of efficacy and toxicity of drugs being used for prophylactic treatment from an occupational exposure
- Possible side effects of taking the medication and recommendations for dealing with those side effects.
- The need for post-exposure follow up testing for not only HIV antibody testing but also if on chemoprophylaxis, for blood tests determined as necessary by the treating physician.
- The need for birth control while on chemoprophylaxis.

If the source patient or the patient's HIV status is unknown, initiating chemoprophylaxis is to be decided on a case by case basis by the employee and the treating physician at the affiliated hospital. This will again be discussed with the student during the follow up visit at UTD. If a source patient refuses to get tested, the exposure will be treated as if it were an unknown source.

The employee will be asked to sign an informed consent if the employee decides to begin chemoprophylaxis. If chemoprophylaxis is recommended by the treating physician and the student declines, the employee will be asked to sign a declination.

The employee will be advised to report all post-exposure flu like symptoms to Student Health Center. The student will be counseled to follow recommendations regarding preventing transmission of HIV during the follow up period.

If the source patient is HIV antibody positive, the employee should be tested for a baseline HIV antibody (if it has not already been done by the treating physician at the affiliated hospital). If negative, retesting should be done at 6 weeks, 3 months and 6 months.

If the decision is made to begin chemoprophylaxis for HIV, monitor CBC, SMAC and LFTs every 2 weeks while the employee is on the medication.

If the source patient is known to be Hepatitis C positive or the source is unknown, Hepatitis C RNA should be done in 2 weeks and 6 weeks. A Hepatitis C antibody should be done in 3 months and 6 months. LFTs should be done in 2 weeks, 6 weeks, 3 months and 6 months. If the source patient is known to be Hepatitis B surface antigen positive or the source patient is unknown, a HBsAg and HBsAB should be done on the employee if not done by the treating physician at the affiliated hospital where incident occurred.

If it has not been done by the treating physician at the affiliated hospital, a Tetanus-diphtheria toxoid booster or Hepatitis B booster dose will be administered if indicated.

**History to be Obtained in the Event of Student Exposure  
To Blood and/or Body Fluids**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Class year/Department: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Where Did Exposure Occur? \_\_\_\_\_ Date Of Occurrence: \_\_\_\_\_

Describe the circumstances under which the exposure occurred:

**STUDENT/EMPLOYEE:**

1. Which body fluid was involved?  
 blood or blood products  urine  vomit  
 other, please describe: \_\_\_\_\_
  
2. Route of exposure:  
 needlestick  intact skin  non intact skin  eye(s)  mouth  nose  human bite  
 other, please describe: \_\_\_\_\_
  
3. Was protective equipment worn at the time of exposure?  yes  no  
If yes, please specify: \_\_\_\_\_
  
4. What device or item caused the injury? \_\_\_\_\_
  
5. How long was the blood or body fluid in contact with the skin or mucus membrane?  
 less than 5 minutes  5-14 minutes  15 minutes or more
  
6. Estimate the quantity of blood or body fluid that came in contact with the skin or mucus membrane:  
 small amount (up to 5 cc or up to a teaspoon)  
 moderate amount (up to 50 cc or a quarter cup)  
 large amount (more than 50 cc)

**SOURCE PATIENT:**

1. Is the source patient known?  Yes  No  
If yes, what is social and medical history of patient?
  
2. Is Hepatitis B Surface Ag status known on the patient?  Yes  No  
If yes, what is status? \_\_\_\_\_
  
3. Is Hepatitis C Ab status known on the patient?  Yes  No  
If yes, what is status? \_\_\_\_\_
  
4. Is HIV Ab status known on the patient?  Yes  No  
If yes, what is status? \_\_\_\_\_

5. Are liver function tests available from prior to the exposure? ( ) Yes ( ) No  
If yes, results? \_\_\_\_\_

STUDENT/EMPLOYEE:

1. Hepatitis screen done on student/employee? ( ) Yes ( ) No If yes, date \_\_\_\_\_  
Results: Hepatitis B Ag: \_\_\_\_\_ Hepatitis B Ab: \_\_\_\_\_ Hepatitis C Ab: \_\_\_\_\_

2. Liver function tests done on student/employee? ( ) Yes ( ) No If yes, date: \_\_\_\_\_  
Results: \_\_\_\_\_

3. HIV test done on student/employee? ( ) Yes ( ) No If yes, date \_\_\_\_\_  
Results: \_\_\_\_\_

4. Hepatitis B vaccine info:  
Student/Employee has Hepatitis B vaccine series? ( ) Yes ( ) No  
If no, declination form signed? ( ) Yes ( ) No  
If yes, 1st dose date: \_\_\_\_\_ 2nd dose date: \_\_\_\_\_ 3rd dose date: \_\_\_\_\_  
Hep B Surface Antibody Titer: \_\_\_\_\_ Booster date(s): \_\_\_\_\_

5. Prophylactic HIV medications advised? ( ) Yes ( ) No

6. If medication advised, did student/employee consent? ( ) Yes ( ) No  
Consent/declination signed by student/employee date: \_\_\_\_\_

7. HIV prophylactic medication given and dosing regimen:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Evaluation of reported illness: (please see student/employee chart)

**CONSENT FOR POST EXPOSURE PROPHYLACTIC HIV MEDICATION  
(IF MEDICATION IS INDICATED)**

*I understand that due to the nature of exposure to blood or other potentially infectious materials I may be at risk of acquiring the HIV infection and consent to taking HIV prophylactic medication as advised. I have been informed of the risks and benefits of taking the medication and have had the opportunity to have my questions answered.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ WITNESS: \_\_\_\_\_

## Declination Form

### DECLINATION FOR POST EXPOSURE PROPHYLACTIC HIV MEDICATION (IF MEDICATION IS INDICATED)

*I understand that due to the nature of exposure to blood or other potentially infectious materials I may be at risk of acquiring the HIV infection. I have been given the opportunity to receive prophylactic HIV medication however; I decline to take the medication. I understand that by declining this medication I may be at an increased risk of acquiring HIV infection.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ WITNESS: \_\_\_\_\_

#### FOLLOW-UP TESTING (if indicated):

Baseline Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_ HBsAg: \_\_\_ HBsAB: \_\_\_  
Hep C AB: \_\_\_ HIV: \_\_\_  
Tetanus Diphtheria booster: \_\_\_ Hepatitis B booster: \_\_\_\_\_

2 Weeks Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_ Hep C RNA: \_\_\_\_\_

4 Weeks Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_\_\_

6 Weeks Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_ Hep C RNA: \_\_\_ HIV: \_\_\_\_\_

3 Months Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_ Hep C Ab: \_\_\_ HIV: \_\_\_\_\_

6 Months Date: \_\_\_\_\_  
CBC: \_\_\_ SMAC: \_\_\_ LFTs: \_\_\_ Hep C Ab: \_\_\_ HIV: \_\_\_\_\_