## MANAGEMENT OF ACCIDENTAL NEEDLE PUNTURES, EXPOSURE OF MUCOUS MEMBRANE TO BLOOD AND BODILY FLUIDS, AND/OR EXPOSURE TO AIRBORNE PATHOGENS

## Policy:

Any student and/or employee who have accidentally been exposed to blood, body fluids and/or airborne pathogens are subject to CDC/OSHA Guidelines.

## **Objectives:**

- 1. Establish the procedure to follow when an accident of exposure occurs.
- 2. Prevent contagion of students and/or employees with pathogens

## Procedures:

A. Exposure due to blood pathogens and bodily fluids:

When an accident occurs with a contaminated needle or contact with a patient's secretions to mucous membranes, the student and/or employee should:

- Wash the affected area with soap and water if the exposure was percutaneous
- Wash with plenty of water if exposed to mucous membranesImmediately notify his/her Supervisor who must document the details of the event.
- Students are to be referred to the nearest Emergency Ward, or to the Emergency Ward of Caguas Mennonite Hospital, with the filled report.
- The Hospital shall provide emergency treatment, and students shall be responsible for Emergency Room charges, and for any follow-up care or treatments which could be required beyond such emergency care.
- Employees are to report to the State Insurance Fund Department who will apply the state's protocol for exposure to blood or body fluids.

If it is determined that the employee and/or student require antiretroviral medication, these will be provided.

B. Exposure due to airborne pathogens

When an exposure to airborne pathogens occurs, the student and/or employee should:

- Immediately notify his/her Supervisor who must document the details of the event.
- Supervisor will take history and assess risk: by characteristics of source (i.e., high risk source includes patients with active pulmonary or laryngeal TB) by

nature of exposure (e.g., exposure is close, direct interaction with active TB patient without wearing N95 respirator)

- Students are to be referred to the nearest Emergency Ward, or to the Emergency Ward of Caguas Mennonite Hospital, with the filled report.
- The Hospital shall provide emergency treatment, and students shall be responsible for Emergency Room charges, and for any follow-up care or treatments which could be required beyond such emergency care.
- The supervisor will refer the medical student for follow-up including counseling, baseline TB skin testing and follow-up TB skin testing 3 months post exposure.
- The Institution will report incident to the Associate Dean of Students Affairs
- The medical student and/or employee will make arrangements with a TB Clinic /Infectologist for medical consultation and treatment (if applicable) of latent TB infection
- Employees are to report to the State Insurance Fund Department who will apply the state's protocol for exposure to blood or body fluids.

The circumstances of exposure will be documented confidentially in the "Log Book" for this type of accidents in the Deanship of Student Affairs

The information that should appear in the report includes the following:

- a. Date and time of the exposure
- b. Task that was being performed when exposure occurred
- c. Specific details of the exposure (clean or contaminated needle, quantity and type of substance exposed to, etc.)
- d. Severity of the exposure (specify the depth if exposure was percutaneous; and whether blood and/or contaminated material was injected)
- e. Exposure to skin and mucous membrane (describe extent of exposed surface, duration of contact and condition of exposed skin and mucous membrane)
- f. Description of source of exposure including whether the source is known to contain HIV/SIDA, Hepatitis B or C, or high-risk factors
- g. Details of the counseling, management and follow up offered to the student and/or employee

After the student and/or employee have been medically assisted, he/she will be interviewed to verify if the accident arose as a result of improper handling of safety equipment. If it is determined that this was the accident factor, in-service education on safety equipment will be provided.

**EFFECTIVENESS:** The provisions contained in this Executive Order shall be effective immediately.

Approved: July 2013 Revised: May 2017

> Yocasta Brugal, MD President/Dean