



Inter American University of Puerto Rico
President's Office

*SISTEMATIC PROTOCOL FOR CASES OF EXPOSURE
TO PATHOGEN AGENTS CONTAINED IN BLOOD*

Normative Document A-09134-017

I. INTRODUCTION

In laboratory experiences and clinical internships, that are required of the students in health sciences programs, the risk of an exposure to pathogens contained in blood is always present. Students may be exposed to blood due to lesions by needle punctures and other injuries caused by sharp instruments, contact with mucosa membranes or intact skin, or contact with intact skin for various minutes or more. This type of lesion can produce serious or mortal infections by pathogen agents contained in blood, such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV).

Our institution has a firm commitment with the health and safety of its students. As part of its commitment, and in agreement with the requirements of accrediting organisms, federal and local agencies, the University has established rules and prevention and control measures directed to reduce the risk, that a student may have an accident of exposure to blood during his laboratory experience or clinical practice. Among others are the following: we ensure that program curriculums adequately pay attention to student safety; students are advised and trained through courses and safety workshops and the use of equipment for personal protection; operation rules and laboratory conduct appear in written documents that are handed out and explained to the students. None the less, even with these and other prevention and control measures, the risk of an accident due to exposure is still present.

II. PURPOSE

This normative document has the purpose of establishing a protocol as a guide to follow in the event that an accident due to exposure occurred, making sure that we use the appropriate channels, respond with agility and efficiency, and provide adequate follow-up.

III LEGAL BASE

This protocol is promulgated in virtue of the authority conferred to the President by the Board of Syndics in its Statutes.

IV SCOPE

This protocol applies to all academic units of the UIPR System whose health science programs require laboratories, internships, research, or other activities sponsored by the Inter American University that may imply risk of exposure to pathogen agents contained in blood.

V DEFINITIONS

- 5.1 Exposure – requires contact with the skin, eyes, or mucosa membrane with blood.
- 5.2 Pathogen in blood - microorganisms that may be found in sanguineous circulation. The greatest concerns are hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (VIH).
- 5.3 Health Sciences – refers to undergraduate, graduate, and certificate education programs in one of the areas related to health such as: nursing, anesthesia, biology, radiological technology, medical technology, physical therapy, occupational therapy, optical sciences, optometry, respiratory therapy, pharmacy assistant, among others.
- 5.4 Affiliated hospital – institution appropriately certified that offers primary, secondary, and tertiary health services and maintains formal agreements with the Inter American University of Puerto Rico so that students of health related programs can carry-out clinical practices.
- 5.5 Student supervisor – refers to the professor that manages and directly supervises the student in his practice setting.
- 5.6 Academic Units – Campuses and Professional Schools.
- 5.7 Principle Executives - Chancellors and Deans of Professional School.
- 5.8 HIPAA - The Health Insurance Portability and Accountability Act of 1996.

VI PROTOCOL FOR CASES OF EXPOSURE TO PATHOGEN AGENTS IN BLOOD

6.1 When the exposure occurs inside the campus, the student will immediately notify the faculty member or the person in charge of the practice or laboratory.

6.1.1 In campuses with medical dispensary, the student will be taken there to receive first aid and afterwards to the nearest emergency room, preferably to an affiliated hospital, for medical evaluation, counseling, and treatment if needed.

6.1.2 In campuses without dispensary, students will be taken directly to the nearest emergency room, preferably an affiliated hospital.

6.1.3 A report of the exposure incident will be prepared (Appendix A) and a copy will be provided to the institution where the student is taken.

6.1.4 In the case of an exposure involving another person, you will request, with his consent; information in order to identify if there may be a possibility of infection with HIV, hepatitis, tuberculosis, and other transmission disease. Safeguarding confidentiality of the information, it will be provided to the institution where the student is taken.

6.1.4.1 If the person, contagious bridge is unwilling to provide consent, it will be documented that the consent required by law was not obtained.

6.1.5 From here on, follow the protocol of the institution where the student was taken.

-
- 6.2 In cases where the exposure may occur in a community clinic or in an extracurricular activity sponsored by the University, the student shall be advised before hand of the steps to follow to obtain immediate assistance and first aid services, medical evaluation, counseling, and treatment if necessary.
- 6.3 When the exposure occurs in an affiliated hospital, as a general rule, follow the protocol of the institution where the student is completing his practice, as established in the contract between the campus and the institution. In these cases the student will ensure that:
- 6.3.1 The student knows the protocol of the institution and the steps to follow in the event of an accident of exposure to pathogens in blood.
- 6.3.2 The student receives promptly first aid services and evaluation after the exposure so that the treatment can start as fast as possible. The Center of Disease Control (CDC) in Atlanta recommends that it starts in the period of one or two hours, but never more than seven days after the incident.
- 6.3.3 Request information of the person, source of exposure, to identify possible exposure to HIV, hepatitis, tuberculosis, and other transmission diseases: always with the consent of the person and safeguarding the confidentiality of the information.
- 6.3.4 All the necessary test are perform to the student to confirm if there is an infectious agent, and if detected, determine the required treatment.
- 6.3.5 The student be counseled and advised regarding the treatment to follow and the consequences or risk of not doing so.
- 6.3.6 If the student refuses to be submitted to a medical evaluation or treatment, he should sign a release document. If he is a minor, his parents or authorized representative signature should be required.

6.3.7 The student's supervisor will prepare a detailed report regarding the incident and his follow-up, for the Director of the Department of the Program and the Students Dean.

6.3.8 An exposure follow-up register for the student will be prepared (Appendix B).

VII COMPLYING WITH HIPAA LAW DISPOSITIONS

7.1 In implementing this protocol strict compliance of the dispositions of HIPPA Law regarding the privacy and confidentiality of the persons' health information is observed.

VIII RESPONSABILITIES OF THE PRINCIPLE EXECUTIVES

The Principle Executives of the academic units will be responsible of:

- 8.1 Complete the necessary adjustments to the dispositions enclosed in this general protocol in order to adapt them to their particular situations and needs.
- 8.2 Assign responsibilities and establish procedures en their respective academic units to ensure the disclosure, implementation and compliance with this protocol, as adapted to the particular situations and needs of their units.

IX EXPENSES INCURRED AFTER THE EXPOSURE

An accident regarding exposure to pathogens in blood always brings about expenses associated with treatment, counseling, and post exposure test.

- 9.1 Expenses of prophylaxis post exposure will be covered by the University.

9.2 Expenses incurred as consequence of the exposure will be covered by the students Healthcare Insurance.

9.2.1 Student's Accident Insurance will cover, through reimbursement, up to \$2,000.00 per occurrence.

X AMENDMENT AND DEROGATION

10.1 This document can be modified or derogated by the President of the University.

XI EFECTIVENESS

11.1 This protocol will immediately become effective upon its approval.

XII APPROVAL

Manuel J. Fernos
President

Date

Interamerican University of Puerto Rico
EXPOSURE INCIDENT REPORT

Appendix A

Unit _____

Students name: _____

Social Security #: _____ Residential Telephone: _____

Residential Address: _____

Task description: _____

Student Vaccination Report: _____

Exposure Date: _____ Exposure Time: am____pm_____

Place of the incident:

Nature of the Incident

Type of Exposure:

_____Puncture with contaminated artifact non-contaminated artifact
Type of artifact _____

_____Contact with blood or corporal fluids with skin or not intact mucosa
membrane (irritated, injured, etc..).

Nose Eyes Mouth

_____Contact with blood or corporal fluids with skin or intact mucosa
membrane.

Nose Eyes Mouth

Other contact (Please describe)

Was he using personal protection equipment?

Yes _____ No _____

If affirmative describe: _____

Did the personal protection equipment fail: Yes _____ No _____

Unit _____

C O N F I D E N T I A L

Student Exposure Follow-up Register

Students

Name _____

Event Date _____

Report Date _____

Time of the event _____

Follow-up to contagious source person:

Request made to _____

Date _____

Follow- up to affected student:

Medical file revised by _____ Date _____

Information on results of blood test of the contagious source person:

Yes _____ Not Obtained _____

Referred by _____

Date _____

Blood Samples/Test offered:

Offered By _____

Date _____

Vaccination offered/recommended:

Offered/recommended by _____

Counseling offered by _____

Was the student recommended the need of additional evaluation for his medical condition?

Recommended By: _____ Date _____

Title _____

If affirmative explain how: _____

Body fluids that he was exposed to:

- Blood or sanguineous products
- Saliva
- Pleural fluid
- Vomit
- CSF
- Urine
- Sputum
- Peritoneal fluid
- Others : please list _____
- _____

Describe the details of the incident, including the amount of blood or corporal fluids, duration of the exposure, and condition of the skin or mucosa exposed:

Inter American University of Puerto Rico
P o n c e C a m p u s
Health Science Department

Responsibility Release for Agreeing to Medical Evaluation Treatment

I _____ of age student, father/mother
Of the student _____ relieve the
Inter American University of Puerto Rico of responsibility for refusing medical
follow-up or indicated treatment as consequence of an exposure to pathogen agents
contained in blood during my clinical practice.

I have been advised (a)of the consequences and risk by refusing the indicated
medical follow-up and treatment.

The University has followed all established protocols in the normative document A-
**0904-017 Systematic Protocol for Cases of Exposure to Pathogen Agents
Contained in Blood.** I was notified of this protocol before the beginning of my clinical
practice.

Student Signature

Date

Father/ Mother Signature

Institution Representative Signature