

# NOVA SOUTHEASTERN UNIVERSITY

## Post Exposure Policy & Procedure

**Original Date: 01/13/00**

**Effective Date: 01/13/00**

**Revision Date: 0701/09; 6/23/10, 8/6/10**

**PURPOSE:** The purpose of this policy and procedure is to delineate individual responsibilities in the event of a significant exposure to blood and/or body fluids to a Nova Southeastern University (NSU) employee or non-NSU employee (see definitions).

**POLICY:** It is the policy of NSU to monitor all blood and/or body fluid exposures for proper medical treatment and follow-up, to take appropriate corrective actions to prevent recurrences, and to maintain documentation for compliance with Federal, State and local laws.

### **PROCEDURE:**

#### **I. DEFINITIONS**

##### **A. Significant Exposure:**

1. Exposure to blood and/or body fluids through needle stick, instruments, or sharps.
2. Exposure of mucous membranes to visible blood or body fluids, to which Universal Precautions apply according to the Centers for Disease Control and Prevention, including but not limited to the following body fluids:
  - a. Blood
  - b. Semen
  - c. Vaginal secretions
  - d. Cerebro-spinal fluid (CSF)
  - e. Synovial fluid
  - f. Pleural fluid
  - g. Peritoneal fluid
  - h. Pericardial fluid
  - I. Amniotic fluid
  - j. Laboratory specimens that contain HIV
3. Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area.

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### **B. Source:**

The person of origin for the blood and/or body fluid as outlined in I .A. above.

### **C. Employee:**

An individual who has been assigned a NSU employee number and receives a University payroll check.

### **D. Non-NSU Employee:**

This individual may be a student, agency employee, contract worker, North Broward Hospital District medical resident, or Palmetto General Hospital medical resident. This person does not have a NSU employee number and does not receive a payroll check from the University. Non-employees also include (but are not limited to) patients / visitors.

## **II. RESPONSIBILITIES**

### **A. Employee and or Supervisor**

#### **Procedure during work hours:**

1. Clean exposed areas immediately
2. Notify supervisor and human resource contact for the respective clinic
3. Report incident to the Infection Control Coordinator 954-262-7353. The Infection Control Coordinators Office is located on the third floor of the Dental Building in room 7353.
4. Complete the **Employee Exposure Incident Form**, with the assistance of the supervisor and sign as directed to verify accuracy of information
5. Complete the **First Report of Injury and accompanying forms**, with the assistance of the supervisor and sign as directed to verify accuracy of information. These forms can be downloaded from the Risk Management website at [http://www.nova.edu/cwis/fop/risk/forms/workers\\_comp.pdf](http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf), if otherwise unavailable.
6. Fax the First Report of Injury and accompanying forms including the Employee Exposure Incident Form to 954-262-6860 or scan and e-mail forms to [risk@nsu.nova.edu](mailto:risk@nsu.nova.edu) .
7. Immediately present with the completed First Report of Injury Form and Employee Exposure Incident Report to Exposures to:
  - Main campus location – employee must go to NSU Family Medicine (ground floor of Ziff Clinic). The NSU Health Care Centers which are located at 3200 South University Drive, Davie, FL

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- Exposures at North Miami Beach location – employees must go to Family Medicine (ground floor NMB). 1750 NE 167<sup>th</sup> Street, North Miami Beach, FL
8. Pre-HIV test counseling of the exposed employee will be provided once it is established that a significant body substance exposure has occurred.
  9. NSU employees must make the decision regarding post-exposure medical evaluation and testing, e.g., consent to test for Human Immunodeficiency Virus and consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV.
  10. In the event that the individual decides not to proceed with the Chemoprophylaxis for Prevention of HIV Infection he or she shall sign the declination section of the consent form.
  11. In the event that the individual decides not to proceed with the post-exposure evaluation, he or she shall sign the Employee Waiver of Post-Exposure Evaluation form.
  12. Employees are responsible for following-up on related exposure laboratory tests and immunizations as directed and counseled by the NSU physician.
  13. Employees receive copies of Protocol A, B or C, NSU post exposure protocol and counseling and education informational handouts.

### **Procedure after work hours:**

1. Follow steps 1-6
2. Access care at one of the approved clinic sites listed below or in the attachment:
  - Broward General Medical Center: 954-355-4400
  - Westside Regional Medical Center: 954- 473-6600
  - Jackson North Medical Center: 305-651-1100
  - Concentra South Florida locations – see list
  - US Healthworks locations – see list

### **Follow up procedure:**

1. For follow-up on your worker's compensation benefit; contact Risk Management Specialist for Workers Compensation 954-262-25404 or the worker's compensation adjuster assigned to your claim.
2. For follow-up concerning clinical evaluations and the necessary laboratory tests consult Davie - Family Medicine 954-262 2184. NMB - Family Medicine 954-262-1622 or site where service was rendered respectively.

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3. In the event that you receive bills related to this incident, please contact the Worker's Compensation Risk Management Specialist, 954-262-5404 or the worker's compensation adjuster assigned to your claim.

### **B. Non-NSU Employees**

1. Report incident immediately to the supervisor where the exposure occurred.
2. Complete the **Non-NSU Employee Exposure Incident Report** with the assistance of the supervisor and sign as directed to verify accuracy of information.
3. In addition, agency employees and/or contract workers should also report the incident immediately to their employer. It is the agency or contract employer's responsibility to report the incident to the state.
4. The non-NSU employee shall report for medical assessment and treatment as directed by employer and/or school. If directed by employer and/ or school, to seek medical assessment and treatment at NSU Health Care Center, the non-NSU employee will participate in counseling session with the NSU physician.
5. Non-NSU employees must make the decision regarding post-exposure medical evaluation and testing, e.g., consent to test for Human Immunodeficiency Virus and consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV.
6. In the event that the individual decides not to proceed with the Chemoprophylaxis for Prevention of HIV Infection he or she shall sign the declination section of the consent form.
7. In the event that the individual decides not to proceed with the post-exposure evaluation, he or she shall sign the Student/Non-NSU Employee Waiver of Post-Exposure Evaluation form.
8. Non-NSU employees are responsible for the follow-up of related exposure labs and immunizations as directed by designated medical personnel.
9. All bills for non-NSU employees will be the responsibility of the non- NSU employee.

### **C. NSU Students**

1. Report incident immediately to the supervisor for the department in which the exposure occurred.

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2. The supervisor shall verbally notify the Infection Control Coordinator's Office at (954) 262-7353
3. Students who are rotating in the South Florida area are asked to report to either the Davie or North Miami Beach facility or site of rotation that an Exposure Management Protocol for on-site treatment in the event of an exposure.
4. Students who have an exposure after normal business hours or are rotating at sites outside of the South Florida area are to report to their local emergency room for evaluation. If there are questions regarding the exposure the student can call our Student Medical Center Exposure line between 5:00 -10:00 PM at 954- 661-8881.
5. All NSU students within the Health Professions Division are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills. Barring insurance coverage issues, encourage the student to continue care at site of original treatment for continuity of care.
6. EXCEPTION FOR INITIAL EXPOSURE PROTOCOL VISIT AT A NSU HEALTH CARE CENTER ONLY:  
If the initial post-exposure protocol (Protocol A) is performed at a NSU Health Center and the NSU physician is not the primary care provider under the student's health insurance, or the student does not have the required health insurance, the cost of the initial exposure protocol visit at a NSU Health Center, laboratory tests and 3 day supply of medications shall be the responsibility of the NSU academic college the student attends.
7. All subsequent follow-up visits shall be with the NSU student's primary care physician, and the student has exclusive responsibility for his or her own medical bills.

### D. Infection Control Coordinator and/or Supervisor:

1. Assist in completing the **First Report of Injury Form and the Student or Non-NSU Employee Exposure Incident Report or Employee Exposure Incident Report**, where applicable. Assure that all information required is present and check that the correct form is completed. Be sure that all signatures are included.
2. Inform and fax the appropriate information for employees to the Office of Human Resources-Workers Compensation Department 954-262-6860 or 954-262-6859.

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3. Initiate procedure to obtain Hepatitis and HIV tests on the source / patient of the blood or body fluid exposure. Inform source of NSU policy and request that he/she go with the student to the clinic for testing.
4. In the event that the patient refuses to consent for testing, the Infection control coordinator is to notify via telephone the NSU physician or the applicable Emergency Room physician.

### **E. Source/Patient**

1. The source (patient) will be asked to report to the NSU Health Care Center for pre-HIV counseling and exposure protocol testing.
2. The source will be provided an HIV consent form. If the source is incapacitated, the family must be approached in order to obtain consent.
3. **The cost of the exposure laboratory tests for the source/patient shall be billed to the NSU college of the NSU employee or of the NSU student**
4. The source/patient's refusal to consent to an HIV test, and all information concerning the performance of an HIV test and its result, shall be documented only in the medical record of the exposed employee and/or non-NSU employee/student, unless the source/patient gives consent to entering this information on their medical record.

### **F. NSU Health Care Centers**

1. Obtain and review the First Report of Injury Form or Student/Non-Employee Exposure Incident Form.
2. If the exposed individual is determined to have a non-significant exposure to blood and / or body fluids, the Exposure Protocol A will be so marked and the individual will sign the Exposure Protocol Record form and it will be witnessed by the physician.
3. For NSU employees and non-NSU employees having a significant exposure to blood and / or body fluids, the NSU physician will complete the Exposure Protocol Record. This form documents if exposure is significant or not significant, pre-test counseling and recommended immunizations, laboratory work and follow-up. A copy of the completed form is given to the exposed individual and the original remains in the exposure record. All exposure-related records will be retained by the NSU Health Center for a minimum of 30 years in a separate file.
4. If an employee is determined to have a significant exposure to blood and / or

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body fluids, the NSU physician will notify the supervisor where exposure occurs to initiate the procedure to request consent on the source/ patient of the blood and / or body fluid exposure if not already done so through the Infection Control Coordinator's office.

### **G. Broward General Medical Residents:**

1. Report incident immediately to the person in charge of the department where the exposure or needle stick occurred. In addition, the Family Medicine Residency Director should be notified of the incident.
2. Complete the First Report of Injury Form and Student/Non-Employee Exposure Incident Report with the assistance of the supervisor and notify the Infection Control Coordinator and sign as directed to verify accuracy of information.
3. Broward General medical residents exposed while at the hospital should report to Broward General Employee Health and if exposed while outside the hospital may report to a NSU Health Center on the Davie or North Miami Beach Campus for initial treatment and follow-up. The NSU Health Center(s) shall receive authorization from the Broward Health Worker's Compensation Department.
4. In the event that the NSU Health Center(s), or Broward General Employee Health Department are closed, the medical resident should immediately go to the Broward General Emergency Room.
5. All follow-up treatment and /or laboratory tests shall be performed at the Broward General Employee Health Department at 1600 South Andrews Avenue, Fort Lauderdale, FL, 33316.

### **H. Palmetto General Hospital Medical Residents:**

1. Report incident immediately to the person in charge of the department where the exposure or needle stick occurred. In addition, the Family Medicine Residency Director should be notified of the incident.
2. Complete the First Report of Injury with the assistance of the supervisor where the incident occurred and sign as directed to verify accuracy of information.
3. Immediately report to the Palmetto General Hospital Employee Health Department for initial exposure protocol and treatment. The Employee Health Office is located at 2001 West 68th Street, Hialeah, FL., # (305) 823-5000 ext. 3519. In the event the Palmetto General Hospital Employee Health

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Department is closed report to the Palmetto General Hospital Emergency Room.

### III. TRACKING OF INCIDENTS

#### **A. Infection Control Coordinator:**

1. Responsible for on-going surveillance and monitoring of exposures for identification of trends and patterns and compliance with established policy.
2. Will establish corrective action plans and development of monthly report for employees and students.
3. Post the OSHA 300 Exposure Log for employees.
4. Maintain copies of all exposure incidents for the appropriate time.
5. Provide monthly report of student exposure incidents to University Risk Manager, and to the University Director of Compliance.

#### **B. Risk Management/ Workers Compensation**

1. Responsible for the management of the workers compensation cases of employees who had an exposure occurrence
2. Receives and maintains completed First Report of Injury Form for NSU employees.
3. Provide monthly report of employee exposure incidents to University Risk Manager

#### **Attachments:**

- First Report of Injury or Illness -Workers Compensation Form (Exhibit 1)
- Employee Exposure Incident Form (Exhibit 2)
- Consent to test for Human Immunodeficiency Virus
- Consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV
- Employee Waiver of Post-Exposure Evaluation form
- NSU Exposure Instructions
- NSU Counseling Handout
- Non-NSU Employee Exposure Incident Report
- Non-NSU employees Consent for Human Immunodeficiency Virus
- Concentra South Florida location list
- Concentra Exposure Document

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- US Healthworks authorization form