

FLORIDA INTERNATIONAL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH SCIENCES

**TITLE:** BLOOD-BORNE PATHOGEN EXPOSURE POLICY

**POLICY:** A record will be maintained of any clinical incident that occurs in conjunction with Nicole Wertheim College of Nursing and Health Sciences educational experiences if:

- (1) Exposure to any communicable disease including blood borne pathogens, which may be hazardous to patients, students, healthcare providers and or clinical faculty and /or
- (2) There is an exposure for which the clinical agency requires a written report

**RATIONALE:** The college faculty and administration recognize their obligations to maintain appropriate standards of client care and student safety in all student clinical learning experiences.

**PROCEDURE:**

A. Action by Faculty Member:  
At any time during a clinical experience when a faculty member is made aware of an incident involving actual or potential harm to a client or student, the faculty member should take the following steps:

- (1) Intervene to reduce or prevent harm.
- (2) Confirm with the student that the incident has been reported in accordance with the clinical agency's policy.
- (3) Report the incident to her/his Department Chair/Director/Designee and fill out an Exposure Incident Investigation form (see Attachment # 1) within 48 hours of the incident. **Any incident involving serious harm to either a client or a student should be reported immediately to the Department Chair/Director.**
- (4) Students exposed to blood borne pathogens or a communicable disease will follow the respective FIU Blood borne Exposure Policy and Procedure for all CNHS Faculty  
(see Attachment # 2). **Immediate assessment and reporting of the incident per the outlined plan is essential.**

B. Actions by the Department Chair/Director:

- (1) Review the Clinical Incident Form and discuss the matter with the faculty member, providing any needed guidance.
- (2) Complete the Department Chair review of the Clinical Incident Form, sign it and send it to the Associate Dean for Academic Affairs' Office for placement in clinical incident file.
- (3) **If the incident involves potentially serious consequences for the client or student,** discuss the incident with the Associate Dean for Academic Affairs and the Dean in a timely fashion.

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C. Actions by the Associate Dean for Academic and Student Affairs

**FOR INCIDENTS WITH SERIOUS CONSEQUENCES:**

- (1) In consultation with the Dean, immediately take all necessary steps for contact with the clinical agency, contact with University legal authorities, and referral of the student for health care, counseling, etc., as may be warranted (see Attachment # 2) regarding specific actions for student exposure to communicable diseases or blood borne pathogens.)
- (2) Following resolution of immediate issues, conduct a review of the incident in conjunction with the Department Chair/Director and make written recommendations regarding prevention of such incident in the future.
- (3) Discuss these recommendations with students, faculty members, and agency staff, as appropriate.
- (4) Prepare a summary of the review and recommendations.

**FOR ALL OTHER INCIDENTS:**

- (1) Review the Clinical Incident Form upon receipt and file it.
- (2) Conduct an annual review of such forms with the Department Chairs and develop recommendations regarding client and student safety, if warranted.
- (3) Record any such recommendations in the Clinical Incident file and advise the Department Chairs/Directors to discuss recommendations with students or faculty, as appropriate.

Note: Fax Incident form to Biosafety and Associate Dean of Academic Affairs. File of all clinical incidents and related information will be retained in the Office of the Associate Dean for Academic Affairs for three (3) years.



### Attachment #1



## Exposure Incident Investigation Form

*Use this form to report any blood-borne pathogen exposure incidents. Fax completed form to the Biosafety Office at 348-3574.*

### SECTION I: ALL BBP EXPOSURE INCIDENTS

Date of Report: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Exposure Incident: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Hepatitis B Status:  vaccine received, date: \_\_\_\_\_  vaccine declined

Location of Occurrence:  On campus  Off Campus

Building and Room Number: \_\_\_\_\_

Potentially Infectious Materials Involved: \_\_\_\_\_

(Blood, body fluid, etc)

Source: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Individual or Supplier)

If source from individual, health status of individual known:  yes  no

Describe the task being performed at the time of the exposure:

Identify the route of exposure (skin, eye, mucous membrane, etc):

List PPE being used at the time of exposure:



To whom has the incident been reported?

1. Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_

Witnesses present (P.T.O. for witness statement):

1. Name: \_\_\_\_\_ Phone # (W/H): \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone # (W/H): \_\_\_\_\_

**SECTION II: FIU EMPLOYEES ONLY**

Social Security #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Injured on the job?  yes  no Date reported to supervisor: \_\_\_\_\_

Medical treatment provided?  yes  no If yes, where: \_\_\_\_\_

Has claim or injury report been filed with FIU Worker's Comp:  yes  no

If not, please contact the Worker's Comp Program Manager at 348-7960

Form completed by:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Forward a copy to Associate Dean of Academic Affairs NWCNHS

## Attachment #2

**Procedure for Managing FIU Students Who Incur a Blood borne Exposure for all CNHS Faculty**  
In the event of an exposure, the **Faculty of Record will oversee that the below process will be followed:**

1. Verify with the student that he/she immediately washed the area and scrubbed the skin with soap and water. In the event of an exposure of eyes, mouth or nasal cavity, the student flushed the area with water/saline for several minutes.
2. Verify the student has immediately contacted the CNHS Faculty/Preceptor/Supervisor at the site and also the supervising faculty if not on site, to inform and describe the details of the incident in order to begin the facility's exposure policy and procedure.
3. Direct student to immediately proceed to seek treatment at the facility of practice or nearest appropriate site, at their own expense.
4. Obtain information and assist the student in order to:
  - a. Report all pertinent data to the treating professional designated by the facility regarding the exposure and information on source patient maintaining the student's confidentiality.
  - b. Data/information includes, but is not limited to:
    - i. How exposure occurred
    - ii. What body fluids were involved
    - iii. Social and medical history
    - iv. HIV antibody status of source patient if available
    - v. Hepatitis B surface antigen status of source patient if available
    - vi. Hepatitis C antibody status of source patient if available.
5. Guide the student through the process, to ensure the facility's exposure protocols are followed and implemented. If necessary, consult with the Supervisor/Medical Director of the affiliated hospital or facility for further medical guidance.
6. Direct the student, if local, to report to the FIU University Health Services (UHSC) 305-348-2401 by the next morning. For the distant FIU student, care may be provided by a designated FIU affiliated Health Care Clinic or an accredited health care provider chosen by the student. If the incident occurs on a Friday or a weekend, follow-up care will be done on Monday by the FIU UHSC in the case of a local student or, for distant students, a designated FIU affiliated Health Care Clinic or other accredited health care provider.
7. Notify the FIU Director/Chair of the program, who will in turn notify the offices of Academic Affairs and cc the Dean of CNHS, providing details of the blood borne exposure incident.
8. Contact the student to follow up on their status after the FIU University Health Services (UHSC) or clinic appointment.
9. Provide an incident report within 48 hours of the occurrence using the "Exposure Incident Investigation Form", available from the Environmental Health & Safety & Risk Management Services of FIU, [medicine.fiu.edu/\\_assets/docs/Exposure-Incident-Form.pdf](http://medicine.fiu.edu/_assets/docs/Exposure-Incident-Form.pdf) or located at [fiu.edu](http://fiu.edu) via the search terms "incident report form". Please follow the designated instructions. See attachment.
10. Document in the student's clinical confidential file within 2 business days of the incident, maintaining confidentiality.