

# STUDENT BLOODBORNE PATHOGENS POLICY

## Bloodborne Pathogens (BBP) Exposure

At the start of your rotation at a Community Health Clinic (CHC) you must be oriented to the following procedures that are specific to your Site:

1. Safety Training – includes:
  - a. The safety policies and procedures of the Site. It is your responsibility to comply with these policies and procedures.
  - b. The location and use of all safety equipment.
2. BBP Exposure Process – includes:
  - a. **Identify the person at your Site who manages exposure incidences.**  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_
  - b. The location of the clinic/emergency room that will see you after the incident.
  - c. The location of lab that will do testing.
  - d. The name of the pharmacy that will dispense prophylactic meds if necessary.

## Process Following an Incident:

1. Immediately inform your contact at the Site of the incident. Your Site is required to give you access to their employee health service and/or emergency department as soon as possible after the injury. **You and the source patient must get a blood draw and baseline labs taken immediately (within 2 hours if possible) of the incident.**
2. Receive immediate first aid as needed.
3. It is required that you visit the Site's identified health care professional and receive the following emergency medical care following the injury:
  - a. A blood draw and baseline labs taken for you and the source patient.
  - b. Initiation of HBV, Hepatitis C (HCV) and HIV protocol as indicated.
  - c. HIV counseling and appropriate testing as indicated.
4. Be sure to take with you:
  - a. The name of the source patient.
  - b. Information about the injury.
  - c. Standard testing protocols (see below for approved lab testing schedule.)
  - d. Your personal insurance information (see below for billing insurance info.)
5. Confirm that the source patient's HBV, HCV and HIV status will be determined by the Site in the usual manner to the extent possible.
6. Contact the Regional Affairs and RIDE office to report incident ([js49@uw.edu](mailto:js49@uw.edu)).
7. Submit OARS report as per UWSOD policy. Please see the following link for instructions: <http://dental.washington.edu/health-and-safety/event-reporting/>
  - a. Note that for SLR/Regional RUOP students, Dr. Rachel Greene is your designated supervisor for the OARS report.
  - b. Note that for RIDE/RIDE RUOP students, Dr. Mary Smith is your designated supervisor for the OARS report.
  - b. For additional questions contact:  
Carol Harvey – UWSOD Health & Safety Manager: 206- 221-6839 or [cjharvey@uw.edu](mailto:cjharvey@uw.edu)

Billing Personal Health Insurance and HSIP Coverage:

**Billing and Reimbursement for Services**

If seen by a non-UW clinic (including any emergency room) for services, the charges for initial testing and preventive drugs related to the exposure visit are **first billed to your personal insurance**.

**PLEASE NOTE:**

**Itemized bills showing any amounts not covered by insurance should be sent to HSIP with a request for payment within 60 days of the BBP exposure/needle stick incident.** If billing information or receipts are not available within this timeframe, then HSIP must still be notified of the incident and your intent to request reimbursement within 60 days of the BBP exposure. **Requests outside this timeframe will not be processed.**

If your insurance does not cover all the fees, or if you **have questions about being reimbursed for expenses related to BBP exposures or needle stick/sharps injuries**, please contact HSIP staff by email at [myshots@uw.edu](mailto:myshots@uw.edu) or leave a voice mail message at 206-616-9074. If emailing [myshots@uw.edu](mailto:myshots@uw.edu), please note in subject line of email: REIMBURSEMENT QUESTION.

Approved Laboratory Testing Schedule

Health Sciences students outside the University of Washington system who experience a BBP exposure should refer to the [Approved Laboratory Testing Schedule](#) (see attached) as a resource to avoid being charged unnecessary lab fees. Lab tests ordered must follow this schedule to qualify for reimbursement by the health fee.

Please note under **baseline** labs that it is **unnecessary** to draw the Hepatitis B Surface Antigen (HBsAg) or Hepatitis B Core Antibody (HBcAb) titers if there is a documented history of completed Hepatitis B vaccine series and a positive Hepatitis B Surface Antibody. Health Sciences students who have already satisfied their initial program requirements by proving their immunity to Hepatitis B, in most cases, do not need to have these labs drawn after a bloodborne pathogen exposure.

[BBP Exposure: Approved Laboratory Testing Schedule for Reimbursement](#)

**Follow-up Care**

Routine follow-up laboratory testing is often performed 4-6 weeks and 4 months after the initial post-exposure visit. Students who are in the Seattle area at the time their follow-up visit is needed may contact the UW Employee Health Center for an appointment at (206) 685-1026.

Students who are not in the Seattle area should follow-up as directed. NOTE: If seen by a non-UW clinic for services, any charges are first billed to your personal insurance. Itemized bills showing any amounts not covered should be sent to HSIP within 60 days of the visit. If billing information or receipts are not available within this timeframe, then HSIP must still be notified of the visit and your intent to request reimbursement. Requests outside this timeframe will not be processed.

## UW Campus Wide - Bloodborne Pathogens Process

<b>Schedule for BBP Exposure lab and initial med dispensal</b>		
<b>During normal EHC clinic hours:</b>		
Exposure occurs - employee walks into clinic		
Employee/Student seen by EHC provider		
Staff provide: Initial evaluation		
Clinic operates under standing orders:		
Prophylactic Meds: Truvada and Raltegravir (3 drug regimen)		
Employee/student <u>baseline</u> labs taken:		HIV 4th generation Ab/Ag, HCV Ab, Alt, Hep B sAg and sAb if no history of +titer or incomplete vaccination follow USPHS guidelines for Hep B exposure Management
Additional Labs if PEP is started:		CBC, Comp Chem, Pregnancy test
Referral for further evaluation for PEP; starter pack given to cover until appointment		HMC: Madison Clinic, UWMC & UW - EHC: Roosevelt Virology
Documentation:		OHM preferred
<b>After hours exposures:</b>		
<b>Initial prophylactic med</b>		Dispense enough PEP until follow-up appointment at UW-Roosevelt Virology or HMC Madison Clinics
<b>Source Patient involved</b>		Source Testing: HIV 4th generation Ab/Ag, HCV Ab, HBVsAg (Consider HIV and/or HCV PCR if source has high risk and signs/symptoms consistent with acute HIV and/or HCV infection or severely immunocompromised that may not have Ab response). HBVsAg not needed if employee had +HBVsAb titer
<b>Testing for Employee/Student</b>		
<b>Source = Negative</b>		If source has high risk profile may do additional testing on employee or if employee very concerned will offer f/u testing
<b>Source Positive Hep C</b>		
	4-6 weeks	HCV Ab, HCV PCR, Alt
	4 months	HCV Ab, HCV PCR, Alt
	*(12months)	*Consider HCV Ab, HCV PCR (if subject HIV infected or HIV seroconverts during follow-up)
<b>Source Positive HIV and employee on PEP</b>		
	2 weeks	Comp. Chem., CBC
	4-6 weeks	HIV 4th generation Ab/Ag, Comp. Chem., CBC
	4 months	HIV 4th generation Ab/Ag
	*(12months)	*Consider HIV 4th generation Ab/Ag (if subject HCV infected or HCV seroconverts during follow-up)
<b>Source Positive HIV and employee not on PEP</b>		
	4-6 weeks	HIV 4th generation Ab/Ag
	4 months	HIV 4th generation Ab/Ag
	*(12months)	*Consider HIV 4th generation Ab/Ag (if subject HCV infected or HCV seroconverts during follow-up)
<b>Unknown Source</b>		
	4-6 weeks	HIV 4th generation Ab/Ag, HCV Ab, HCV PCR, Alt
	4 months	HIV 4th generation Ab/Ag, HCV Ab, HCV PCR, Alt
	*(12months)	*Consider HIV 4th generation Ab/Ag, HCV Ab/HCV PCR (if subject HIV or HCV seroconverts during follow-up)