AUBURN UNIVERSITY
Harrison College of Pharmacy

EMPLOYEE BODY FLUID EXPOSURE / NEEDLE STICK POLICY AND PROCEDURE

EFFECTIVE DATE:	July 21, 2025 (Revised)
RESPONSIBLE ADMINISTRATOR:	Associate Dean for Clinical Affairs and Outreach
APPLICABILITY:	HCOP Faculty and Staff

I. PURPOSE

- In accordance with the US Department of Labor- Occupational Safety and Health Administration (OSHA) standards)[1], the purpose of this policy is to outline procedures to be followed by Harrison College of Pharmacy (HCOP) **EMPLOYEES i**n the event of an accidental exposure incident (significant body fluid exposure or accidental needle stick) which occurs while the employee is providing patient care or participating in research associated with his/her HCOP job or during an HCOP sponsored / sanctioned clinic, activity, or event.
  - This policy will not apply when incidents occur outside of an HCOP sponsored activity/event.
  - This policy outlines procedures to be followed by the HCOP employees in the event of an accidental exposure incident (significant body fluid exposure or contaminated needle stick) which occurs while the employee is participating in an HCOP activity.
  - HCOP student employees should contact their immediate supervisor for additional information and guidance.
  - There is a separate policy for HCOP students who experience an accidental needle stick and/or body fluid exposure. (See: HCOP's Student Body Fluid Exposure / Needle Stick Policy and Procedure)

II. POLICY

- Due to the risk of occupational body fluid exposure and accidental needle sticks associated with HCOP employees providing clinical services and conducting human research, HCOP will maintain a policy that outlines steps to be taken by HCOP employees if an exposure incident occurs to decrease the risk of the employee developing infection with human immunodeficiency virus (HIV), hepatitis B virus (HBV), and/or hepatitis C virus (HCV).

- An exposure incident occurs when the employee is exposed to potentially infectious materials (see definitions section below). Routes of exposure may include, but are not limited to:
  - Parenteral exposure from a needle puncture (needlestick) with a contaminated (used) needle
  - A puncture from a contaminated (used) lancet or other contaminated sharps
  - Contact with human blood or other body fluids that touches the employee's eye(s), mouth, or other exposed mucous membrane (including open wounds, non-intact skin, inflamed skin, abrasions, hangnails, chaffed skin, burns, etc.)
  - Exposure to concentrated virus or bloodborne pathogens (example: via human tissue or blood samples used for research)

III. PROCEDURES

A. EMPLOYEE TRAINING AND DOCUMENTATION:

- HCOP employees must read and review Auburn University's Exposure Control Plan.[2]

- HCOP employees must complete Appendix E of this plan to acknowledge that the employee has been trained on the hazards of blood borne pathogens and made aware that the HCOP employee's job may put the employee at risk of blood borne pathogen exposure.

- Consistent with AU's Exposure Control Plan[2], HCOP employees who are at risk of a potential exposure event can receive a Hepatitis B vaccine series (at no cost to the employee).
    - For HCOP-Auburn employees, this vaccine can be obtained through HCOP's Auburn University Pharmaceutical Care Center (AUPCC) which is located on AU's main campus (2155 Walker Building, aupcc4u@auburn.edu; 334-844-4099)
    - HCOP-Mobile and off-campus faculty and staff can work with their supervisor to coordinate vaccine (or titer measurement) access and reimbursement.

- Every employee who is at risk of exposure must have one of the following on file in the AUPCC.
    - **NOTE:** HCOP compliance documents that require healthcare documentation must be submitted to the AUPCC for secure storage of protected health information (PHI) in the clinic's EMR. The employee's supervisor can contact the AUPCC to obtain confirmation that the employee meets one of these three criteria when reviewing employee compliance.
        1. Documentation of Hepatitis B vaccination ***OR***
        2. Documentation of a Hepatitis B antibody blood titer result that shows a "reactive" hepatitis B surface antibody (anti-Hbs) consistent with hepatitis B immunity ***OR***
        3. A signed and dated "AU Hepatitis B Vaccine Waiver" which can be found in Appendix E of the Auburn University Exposure Control Plan.

- HCOP employees who are at an exposure risk must complete **ANNUAL** training on safety precautions (universal precautions, bloodborne pathogens, and biohazardous waste disposal).
    - Training modules may be accessed either through the employee's departmental compliance training site (such as CANVAS), the principal investigator's laboratory Bioraft site, or other method outlined by the employee's supervisor.
        - The employee should discuss this with their supervisor to clarify how this annual compliance requirement must be accessed, completed, and documented.
        - Upon completion of this designated training, the HCOP faculty or staff member will follow departmental policies and procedures to report completion to their supervisor.

B. SAFETY PROCEDURES:

- HCOP employees must follow all AU blood borne pathogen, universal precautions, and biohazardous waste disposal safety procedures at **ALL** times to minimize the risk of an exposure incident.

- These safety measures include use of universal precautions, personal protective equipment, and use of safety devices.

- Employees must be trained on the proper procedures for collecting, handling, and disposing of blood or body fluids that may contain blood borne pathogens which increases the risk of accidental exposure and infection.

- When collecting blood for point of care testing (such as blood glucose, cholesterol, Hgb A1C, INR or other point-of- care or diagnostic tests) at HCOP sponsored/sanctioned patient care events, employees should **ONLY** use single use retractable safety lancets:
    - These lancets are provided for use during all HCOP skills labs when student training is being conducted.
    - Employees should **NEVER** use a patient's own lancet device/lancets (which are nonretractable and carry a risk of an accidental needle stick).
    - Safety lancets must be used for **ALL** HCOP outreach activities such as co-curricular activities in the community (health fairs, community health screenings, patient care events, etc.).
    - Lancets should be disposed of **IMMEDIATELY** in a puncture resistant sharps container.

- When administering vaccines or giving injections:
    - Employees should always wear personal protective equipment including a lab coat and disposable gloves.
    - Exposed needles should **NEVER** be passed from person to person.
    - Needles should **NEVER** be re-capped after use.
    - After administering an injection, the syringe and needle should be placed **DIRECTLY** into a biohazardous waste sharps container.
    - Sharps containers should be located in all patient care areas to facilitate the immediate disposal of lancets, needles, broken ampules, or other sharps.
    - Additional safety precautions can be found on the Centers for Disease Control and Prevention (CDC) website.[3]

C. POST-EXPOSURE PROCEDURES:

A. In the case of an exposure incident, the employee must complete these steps based on the Center for Disease Control (CDC)[3] guidance:
- Thoroughly **WASH** the site of exposure:
    - Needlesticks, Punctures, Cuts: Wash the area thoroughly with soap and water.
    - Nose, Mouth Exposure: Flush the affected area with water.
    - Eyes: Irrigate the eyes with clean water, saline, or sterile irrigation fluid.
- Immediately report the exposure incident to your HCOP supervisor.
    - **AND** the appropriate individual at your affiliated practice site (pharmacy manager, employee health, infection control officer, etc.) if applicable.
- Seek medical care **IMMEDIATELY**.
    - Follow post-exposure guidelines (interviewing source patient (if possible), testing source (if consent is provided), initiating PEP, etc.)
- Post-exposure prophylaxis (PEP) is a medication regimen that is used to prevent HIV after a possible exposure.
    - PEP should be initiated **AS SOON AS POSSIBLE** following the exposure incident.
    - It must be started within 72 hours (3 days) of the exposure.

- Exposure involving a known HIV positive source should be considered a **MEDICAL EMERGENCY**.

B. HEALTHCARE RESOURCES:

- The HCOP employee should seek immediate care with "employee healthcare clinic" for the healthcare system where the employee is practicing as part of their AU HCOP-affiliated job responsibilities (if this resource is available).

- If care at the affiliated site is not available, or if the employee is providing care /student supervision at an off-campus AU-HCOP-affiliated event, then the employee should seek care at the nearest urgent care center/emergency department, health care facility, or personal physician of choice (if there is immediate access to this physician).

- If on AU's main campus, the Auburn University Medical Clinic (AUMC) can be used for evaluation and care.

C. HEALTHCARE COSTS:

- The employee's personal health insurance will be utilized for coverage of all patient care and laboratory testing that is required to assess the employee's infection status following exposure and all medications (if necessary) that are required for post-exposure prophylaxis management.

D. RISK MANAGEMENT:

- The exposure should be reported immediately to the employee's direct supervisor and/or the employee's department head.

- The employee should report the incident by completing an On-the-Job Injury (OJI) Form through Auburn University's Risk Management and Safety portal.[4]
  - Information that is required in this report includes:
    - Employee's Name, Department, Phone Number
    - Personal Healthcare Insurance Information
    - Date-Time of the Exposure Incident
    - Type of Accident/ Incident/ Condition
    - Location Where Incident Occurred (Location and Address)
    - Description of Incident
    - Description of Immediate Actions Taken
    - Information on any Emergency Care / Responders Contacted
    - Names of any Witnesses to the Event
    - Name of Direct Supervisor
    - Date Report Completed
    - Any Other Pertinent Information

- It is prudent to collect the name and contact information of the person who was the source of the exposure (if known) at the time of the incident and to obtain consent from the patient for source testing (if the patient agrees).
  - Acting on this immediately decreases the risk of the source patient being lost to follow-up.
  - Gathering pertinent information and obtaining consent can be completed by the:
    - HCOP employee (serving as a self-representative)

- Representative at the affiliated practice site (if applicable, such as a supervisor, manager, healthcare provider, etc.)

- HCOP employee's direct supervisor / department chair

- The supervisor/administrator/employee (as a self-representative) should obtain consent from the patient for testing to be conducted (if the patient will agree). See the consent form in **APPENDIX A** below.

Information that should be obtained from the source patient includes the following to help determine whether the source is considered "**HIGH RISK**":

- HIV Status (if known)
- Whether the source received a blood transfusion between 1978 to 1985
- IV drug use history
- History of multiple sexual partners or homosexual activity
- History of hepatitis B or C

- The source is considered **HIGH RISK** if <u>one or more</u> of these criteria are positive.

- If the source is high risk, it is recommended that the employee initiates post-exposure prophylactic (PEP) treatment <u>as soon as possible</u>, but preferably within **2 HOURS** of exposure per CDC recommendations.[5]

- Employees should seek medical evaluation even if the source is not thought to be high risk.

- The costs of source testing will be covered by the source patient's healthcare insurance, with AU HCOP paying any noncovered costs of this care (out of pocket deductibles, co-insurance, or co-pays associated with care).
  - If the patient does not have insurance or refuses to bill his or her insurance, then AU HCOP will cover all costs associated with source testing.

E. EMPLOYEE LABORATORY TESTING:

- Laboratory testing should be conducted for HIV, Hepatitis B, and Hepatitis C based on current guidelines and available source patient data.

- Laboratory testing should be conducted immediately post-exposure and may require additional testing over the next few weeks-months (depending on available data / laboratory results from the source patient).

- Results of laboratory testing should be communicated from the physician / medical practice directly to the employee.

- Employee confidentiality should be maintained.

F. SOURCE PATIENT LABORATORY TESTING:

- Consent must be obtained from the source patient for laboratory testing (see **APPENDIX A**).
- Laboratory testing should be based on current guidelines and available patient history obtained from the source patient.
- The results of the source patient laboratory results should be shared with the physician / provider / medical practice that is treating the HCOP employee to guide the HCOP employee's acute and follow-up care. These results should be kept confidential.
- If the source patient refuses testing, the employee should proceed with the appropriate evaluation and treatment as recommended by current CDC guidelines.
- For exposures that occur at affiliated practice sites (healthcare systems, community pharmacies, other healthcare environments) the site will pay for the source patient testing in most instances.
- For all approved / sanctioned health fairs, HCOP practice sites (Clinical Health Services), or affiliated practice sites who decline to cover source testing, HCOP will cover source patient testing.
- All required tests should be processed to the patient's primary insurance first with any balance covered by HCOP unless patient refuses insurance processing (in which case HCOP will cover all expenses).
    - Expenses will be billed to the employee's primary department, division, or unit.

IV. POLICY MANAGEMENT

This policy will be reviewed by HCOP's Clinical Services Advisory Committee (CSAC) and the Associate Dean of Clinical Affairs and Outreach (ADCAO) at a minimum of every three (3) years, or more frequently if there is a substantive change to clinical guidelines / best practices; AU Risk Management policies, procedures, or processes; or HCOP policies, procedures, or processes that necessitate earlier review and revision.

V. DEFINITIONS

Accidental Needlestick: an unintended puncture of the skin by a used needle (or lancet / sharp object) that has been in contact with another person's blood or body fluids.

Potentially Infectious Material: Blood, Saliva, Urine (*contaminated with blood*), Semen, Vaginal Secretions, Other Body Fluids (Cerebrospinal, Synovial, Pleural, Peritoneal, Pericardial, and Amniotic Fluids) *or* Infected Tissues *or* Concentrated Virus or Bloodborne Pathogens.[3]

Post Exposure Prophylaxis (PEP): A medication regimen administered to decrease the risk of HIV infection following an exposure event.

Source Patient: the patient that was the source of the body fluid – blood borne pathogen exposure.

Auburn University Pharmaceutical Care Center (AUPCC): a free-standing pharmaceutical care clinic that is located on Auburn University's main campus at 1125 Walker Building. For more information, visit AUPCC's website.

Clinical Services Advisory Committee (CSAC): A standing HCOP committee composed of faculty, staff, and students who provide guidance for HCOP's clinical initiatives, oversight of clinical and regulatory compliance, input on HCOP's clinical outreach, and recommendations for pharmacy advancement and transformation.

VI. EXCLUSIONS

None

VII. EFFECTIVE DATE

- Original October 23, 2019
- Revised November 11, 2021
- Revised August 13, 2023
- Revised July 21, 2025

VIII. INTERPRETATION

- Executive Director of Clinical Health Services (CHS)
- Associate Dean of Clinical Affairs and Outreach (ADCAO)
- Department Heads

IX. REFERENCES AND RESOURCES

1. Occupational Safety and Health Administration (OSHA) Standard Number 1910.1030- Bloodborne Pathogens. United States Department of Labor- Occupational Safety and Health (OSHA). May 14, 2019. Accessed July 21, 2025. https://pharmacy.auburn.edu/about/policies.php

2. Auburn University Exposure Control Plan. Auburn University Risk Management and Safety. January 1, 2006. Accessed July 21, 2025. https://cws.auburn.edu/shared/content/files/1382/exposurecontrolplan.pdf

3. CDC: Healthcare Workers Bloodborne Infectious Disease Risk Factors (and treatment). Center for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH). February 13, 2025. Accessed July 21, 2025. https://www.cdc.gov/niosh/healthcare/risk-factors/bloodborne-infectious-diseases.html

4. Auburn University Workplace Injuries. Auburn University Business and Administration- Auburn University Risk Management and Safety. Accessed July 21, 2025. https://ba.auburn.edu/rms/risk-management-insurance/oji/

5. Cowan E, Kerr CA, Daniel J, et al. PEP to Prevent HIV Infection [Internet]. Baltimore (MD): Johns Hopkins University; 2025 May. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562734/ . Accessed July 21, 2025.

APPENDIX A:

AUBURN UNIVERSITY HARRISON COLLEGE OF PHARMACY (HCOP)
POST EXPOSURE SOURCE PATIENT TESTING CONSENT FORM

EXPOSED INDIVIDUAL'S INFORMATION

Name: _____

E-mail: _____

Phone Number: _____

Date of Exposure: _____

SOURCE PATIENT STATEMENT OF UNDERSTANDING

*Source patient is the person whose blood or bodily fluids provided the source of this exposure.

I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that an employee or student of the Auburn University Harrison College of Pharmacy has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to the medical personnel responsible for my care and treatment, to the health care provider responsible for the exposed student pharmacist or faculty / staff member to ensure appropriate medical evaluation and care, and to others only as required by law.

SOURCE PATIENT CONSENT:		**SOURCE PATIENT REFUSAL:**	
YES, I consent to the following testing (check boxes):		**NO, I refuse consent to the following testing (check boxes):**	
☐	HIV testing	☐	HIV testing
☐	Hepatitis B testing	☐	Hepatitis B testing
☐	Hepatitis C testing	☐	Hepatitis C testing

SIGNATURE:

Source Patient's Printed Name: _____

Source Patient's Signature: _____

Relationship to Source Patient: _____

Date: _____

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation