

Protocol for Needle Stick Injuries Occurring to NY Medical College Students In Physicians Offices

Procedures to be followed by physicians for needle stick incidents to medical students rotating through their office:

1. Physician should perform the initial evaluation and make risk assessments of the exposure, i.e. history of source patient etc. This information and all pertinent data will need to be faxed to NYMC, Health Services. Fax #: 914-594-4692
2. Physician should then make contact with the nurse practitioner at New York Medical College's Health Services (914) 594-4237. The nurse practitioner will then take the physician through the proper steps of the protocol.

Based on the history and the assessment gathered, the treating physician will then prescribe antivirals if indicated. Doses and duration of treatment will be determined by the nurse practitioner at NYMC, Health Services.

3. The student may have the prescription filled at any local pharmacy or at the Terence Cardinal Cooke Health Care Center if they are on rotation in New York City. Medication will be provided free of charge at Terence Cardinal Cooke Health Care Center. (212-360-3640)

Those students getting their prescription filled at the local pharmacy will pay for their medication and submit the paid receipt to Health Services for reimbursement.

It is vitally important that physicians follow these guidelines and that students report incidents promptly to NYMC, Health Services to insure proper follow up. This will avoid many cumbersome problems later.

Please note the enclosed **"Post Exposure Data Form"**

Needle Stick Policy and Procedure for all Students at NYMC Hospitals

TO THE STUDENT, IN THE EVENT OF A NEEDLESTICK:

1. In the event of a needle stick, the student is to immediately wash the area, scrubbing skin with soap and water. If there is no obvious laceration or major abrasion, the student may choose to wash with a germicidal soap.
2. Report to either the Employee Health Service or the Emergency Room (depending on the policy of the affiliated hospital) for immediate treatment. If necessary, consult with the Medical Director of the affiliated hospital for further guidance.
3. Student is to report all pertinent data to the treating physician regarding the exposure and information on source patient. This includes but is not limited to: how exposure occurred, what body fluids were involved, social and medical history, HIV antibody status, Hepatitis B surface antigen status, and Hepatitis C antibody status of source patient if available, For effective treatment of any potential HIV infection it is imperative to initiate prophylactic treatment within the 2 hours of the incident.
4. The student should expect to have blood drawn by the affiliated hospital for baseline results of Hepatitis B surface antibody, Hepatitis C antibody, HIV antibody and possibly other necessary tests.
5. If there is an index of suspicion regarding the source patient's HIV status, a 48 hour supply of prophylactic medications will be provided to the student free of charge. If a needle stick occurs on a Friday a three day allowance will be provided until follow up care is done on the following Monday at the Health Services at New York Medical College (NYMC).
6. The student is to report to NYMC Health Services at the Valhalla Campus (Telephone: 914-594-4234) the very next working day.
7. When the student reports to Health Services at NYMC a complete evaluation will be made and the student will be able to discuss any questions or concerns that he or she may have.
8. It is **strongly recommended** that the student continue taking medication as prescribed until a final determination is made.
9. Some hospitals require that you follow up with them directly. If this is the case then you may have the follow up information forwarded to NYMC Health Services.

It is extremely important that students follow these guidelines and report incidents promptly. This avoids any problems that come up later with either the student's health or bills that accidentally go to the student from the hospital where the incident occurred.

Needle Stick Policy and Procedure for all Students at Affiliated Hospitals

TO THE AFFILIATED HOSPITAL, IN THE EVENT OF AN OCCUPATIONAL EXPOSURE INVOLVING NYMC STUDENTS:

1. The student is to report to the Employee Health Service or the Emergency Department (depending on the policy of the affiliated hospital) for immediate treatment.
2. Do not bill the student, the Hospital Medical Director will confirm the agreement with NYMC and all of the affiliated hospitals to provide treatment free of charge to all students with a needle stick incident.
3. Student is to report all pertinent, available information to the treating physician regarding the exposure and source patient. Student is to report incident immediately, in order that the affiliated hospital staff may initiate prophylactic treatment within the hour for any potential HIV infection, if indicated.
4. The treating physician at the affiliated hospital will evaluate risk, utilizing the information available at time of reporting and offer prophylactic treatment based on perceived risk. The student will either sign a consent or declination form for prophylactic treatment if in fact prophylactic treatment is indicated. A copy of this form should be forwarded to Health Services at New York Medical College (NYMC).
5. If there is an index of suspicion, a 48-hour supply of prophylactic medication will provided to the student free of charge. If the exposure occurs on a Friday, a three day allowance will be provided until follow up care is done the following Monday at the Health Services at NYMC.
6. If the source patient is unknown or the patient's HIV status is unknown at the time of reporting the incident, it will be at the discretion of the treating physician to initiate prophylactic treatment on a case by case basis.
7. If the source patient is known and the serostatus of the patient is unknown, then it is necessary for the affiliated hospital to obtain the information and consent needed for laboratory testing and release of information to NYMC. This is in order that we may follow up with the student accordingly.
8. Any immediate baseline blood work (e.g. Hepatitis B surface antibody titer, Hepatitis C antibody baseline, HIV antibody, LFTs, etc.) for the student that may be deemed necessary by the treating physician and should not wait until the student reports to NYMC will be done by the affiliated hospital at no cost to the student. The student is then advised to contact Health Services at NYMC for follow up.
9. The student is to report to Health Services at NYMC at the Valhalla Campus (telephone: 914-594-4234) the very next working day after the initial evaluation and treatment by the physician at the affiliated hospital where the incident occurred. At the time of this follow up visit, a complete evaluation by NYMC Health Services will be made utilizing all the information provided by the affiliated hospital where the incident occurred and a follow up and/or treatment plan will be developed accordingly.
10. Until the student reports to Health Services, it is strongly recommended that the student take the prophylactic starter dose provided by the affiliated hospital until a final determination is made.

Subject:

Student evaluation and treatment after an occupational exposure to human blood or body fluids at an affiliated hospital.

Definition:

An occupational exposure by a student is defined as a needle stick, sharp puncture wound or a splash to mucous membranes (i.e., mouth or eye) with blood or body fluids as a result of an assignment at an affiliated hospital.

Procedure:

Students are informed of the occupational exposure procedures through information letter sent out to students as well as during the orientation to the third year clerkships.

Initial evaluation and treatment of the exposure is done by the treating physician at the affiliated hospital. There is a procedure letter that is sent to the affiliated hospitals regarding our students.

A student is required to report all occupational exposures to Health Services at New York Medical College (NYMC).

When a student reports to Health Services, a post occupational exposure form is to be filled out to obtain accurate information regarding the exposure. The student also is to see the physician.

The testing that was completed and the treatment that was begun by the treating physician at the affiliated hospital will determine the follow up that needs to be done by Health Services.

The student is to obtain as much information regarding the source patient as possible. Including but not limited to: reason for admission to the hospital, social and medical history, HIV status, Hepatitis B status (HBsAg) and Hepatitis C status (Hep C Antibody).

If the affiliated hospital does blood work on the student and has not sent the results to NYMC the student will need to obtain those records so Health Services may follow up accordingly.

If the source patient is known to be HIV antibody negative, Hep C negative and HBsAg negative, no further testing is necessary.

If the exposure is considered a high risk exposure, the treating physician at the affiliated hospital should have already tested for baseline HIV antibody, baseline liver function tests (LFTs), started the student on chemoprophylaxis (this should be done within 2 hours post-exposure) and given the student a starter dose. The Health Services physician will in turn further counsel the student regarding:

- the reasons for using chemoprophylaxis

- the risks of occupational HIV infection

- the limitations of current knowledge of efficacy and toxicity of drugs being used for prophylactic treatment from an occupational exposure

- possible side effects of taking the medication and recommendations for dealing with those side effects.

-the need for post-exposure follow up testing for not only HIV antibody testing but also if on chemoprophylaxis, for blood tests determined as necessary by the treating physician.

-the need for birth control while on chemoprophylaxis.

If the source patient or the patient's HIV status is unknown, initiating chemoprophylaxis is to be decided on a case by case basis by the student and the treating physician at the affiliated hospital. This will again be discussed with the student during the follow up visit at NYMC. If a source patient refuses to get tested, the exposure will be treated as if it were an unknown source.

Due to the continually changing treatment protocols, prophylactic treatment is prescribed as outlined by the current recommendations of the Morbidity and Mortality Weekly Report and the Infectious Disease physicians at Westchester Medical Center after consultation.

The student will be asked to sign an informed consent if the student decides to begin chemoprophylaxis. If chemoprophylaxis is recommended by the treating physician and the student declines, the student will be asked to sign a declination.

The student will be advised to report all post-exposure flu like symptoms to Health Services.

The student will be counseled to follow recommendations regarding preventing transmission of HIV during the follow up period.

If the source patient is HIV antibody positive, the student should be tested for a baseline HIV antibody (if it has not already been done by the treating physician at the affiliated hospital). If negative, retesting should be done at 6 weeks, 3 months and 6 months.

If the decision is made to begin chemoprophylaxis for HIV, monitor CBC, SMAC and LFTs every 2 weeks while the student is on the medication.

If the source patient is known to be Hepatitis C positive or the source is unknown, Hepatitis C RNA should be done in 2 weeks and 6 weeks. A Hepatitis C antibody should be done in 3 months and 6 months. LFTs should be done in 2 weeks, 6 weeks, 3 months and 6 months.

If the source patient is known to be Hepatitis B surface antigen positive or the source patient is unknown, a HBsAg and HBsAB should be done on the student if not done by the treating physician at the affiliated hospital where incident occurred.

If it has not been done by the treating physician at the affiliated hospital, a Tetanus-diphtheria toxoid booster or Hepatitis B booster dose will be administered if indicated.

STUDENT/EMPLOYEE:

1. Hepatitis screen done on student/employee? Yes No If yes, date_____
- Results: Hepatitis B Ag:_____ Hepatitis B Ab:_____ Hepatitis C Ab:_____
2. Liver function tests done on student/employee? Yes No If yes, date:____
- Results: _____
3. HIV test done on student/employee? Yes No If yes, date_____
- Results: _____
4. Hepatitis B vaccine info:
- Student/Employee has Hepatitis B vaccine series? Yes No
- If no, declination form signed? Yes No
- If yes, 1st dose date:_____ 2nd dose date:_____ 3rd dose date:_____
- Hep B Surface Antibody Titer: _____ Booster date(s):_____
5. Prophylactic HIV medications advised? Yes No
6. If medication advised, did student/employee consent? Yes No
- Consent/declination signed by student/employee date: _____
7. HIV prophylactic medication given and dosing regimen:
- _____
- _____
- _____
8. Evaluation of reported illness: (please see student/employee chart)

CONSENT FOR POST EXPOSURE PROPHYLACTIC HIV MEDICATION
(IF MEDICATION IS INDICATED)

I understand that due to the nature of exposure to blood or other potentially infectious materials I may be at risk of acquiring the HIV infection and consent to taking HIV prophylactic medication as advised. I have been informed of the risks and benefits of taking the medication and have had the opportunity to have my questions answered.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

WITNESS: _____

DECLINATION FOR POST EXPOSURE PROPHYLACTIC HIV MEDICATION
(IF MEDICATION IS INDICATED)

I understand that due to the nature of exposure to blood or other potentially infectious materials I may be at risk of acquiring the HIV infection. I have been given the opportunity to receive prophylactic HIV medication however; I decline to take the medication. I understand that by declining this medication I may be at an increased risk of acquiring HIV infection.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ WITNESS: _____

FOLLOW-UP TESTING (if indicated):

Baseline Date: _____
CBC: _____ SMAC: _____ LFTs: _____ HBsAg: _____ HBsAB: _____
Hep C AB: _____ HIV: _____
Tetanus Diphtheria booster: _____ Hepatitis B booster: _____

2 Weeks Date: _____
CBC: _____ SMAC: _____ LFTs: _____ Hep C RNA: _____

4 Weeks Date: _____
CBC: _____ SMAC: _____ LFTs: _____

6 Weeks Date: _____
CBC: _____ SMAC: _____ LFTs: _____ Hep C RNA: _____ HIV: _____

3 Months Date: _____
CBC: _____ SMAC: _____ LFTs: _____ Hep C Ab: _____ HIV: _____

6 Months Date: _____
CBC: _____ SMAC: _____ LFTs: _____ Hep C Ab: _____ HIV: _____