



Edward Via College of Osteopathic Medicine

Occupational Exposure to Bloodborne Pathogens Report Form

Form Instructions

If you are a VCOM student who had a needle-stick or other wound resulting in potential exposure to blood or body fluids during a clinical activity, you **MUST email this form to the appropriate Associate Dean (depending on what year of the curriculum the student is in) within 24-hours of exposure.**

For Clinicians: Centers for Disease Control (CDC) 24-hour assistance is available from the Clinicians' Post Exposure Prophylaxis Hotline (PEpline) at: **1-888-448-4911.**

- **If the exposure involves a known HIV positive source, immediate medical attention must be sought since post-exposure prophylaxis (if indicated) should begin within 2 hours of exposure.**
- **All other exposures are recommended to be clinically followed-up within 4-6 hours after exposure**

General Instructions

1. **Immediately cleanse the wound** with soap and water or if contact is the eye(s) or mucus membranes, flush with water for several minutes.
2. **Contact the appropriate VCOM personnel immediately. If the appropriate staff cannot be contacted, it is the student's responsibility to continue to seek medical attention as directed below.**

Clinical Experience Where Exposure Occurred:	Report the Exposure Immediately To:
VCOM Core Clinical Site	DSME, Preceptor, Site Coordinator, OMS 3/OMS 4 Director, and Associate Dean
Non-VCOM Clinical Site	Preceptor, OMS 3/OMS 4 Director, and Associate Dean
International Mission/Rotation Site	Clinic Director, International Preceptor, Vice Provost for International and Appalachian Outreach, and Associate Dean
Community Outreach	VCOM Clinical Faculty Member in charge of the event and Associate Dean
Early Clinical Experience	Chair of Underserved Primary Care, Clinical Faculty Member supervising the experience, and Associate Dean

3. **Seek medical attention.** When you arrive for care post exposure, inform your provider of the exposure to potential bloodborne pathogen(s). It is recommended that students use **one** of the following options when seeking medical care post-exposure (the Associate Deans can advise students on their options but will not initiate post-exposure care, prescribe medications, or order labs):
 - Clinical Site Employee/Occupational Health Center (if directed to use this service by the DSME/Site Coordinator, preceptor)
 - Students are not actual employees of any hospital, clinic, or practice where they are rotating, and they are not covered under workman's compensation or the policies of the institution if they suffer an accident or injury. The hospital may or may not offer use of the employee/occupational health center to students. This is the prerogative of the clinical site.
 - Some clinical sites will provide initial screening and treatment for students that are exposed at their site. In addition, institutional policy at hospitals and medical clinics may provide for testing of source patient blood to include rapid HIV and hepatitis C testing.
 - Personal Physician
 - Urgent Care Center
 - VCOM International Clinic or Affiliated Hospital

- The Medical Director of the international clinic will arrange for all testing and any treatment that might be required. The Medical Director will notify the Vice Provost for International and Appalachian Outreach and will develop an appropriate plan to follow.
- Emergency Department
 - If the emergency department is the only option for care, the student should notify the DSME and the Associate Dean for Clinical Affairs prior to utilizing the emergency department due to the high cost of this service. The DSME and Associate Dean will work with the hospital site to see if other options exist for medical care post-exposure when emergency care is required and there are no other available options. **If the emergency department is the only option and the student is unable to reach the DSME or Associate Dean immediately, the student should proceed with seeing medical attention through the emergency department.**

Cost: Students are reminded that they are individually responsible to carry health insurance and are required to be insured. Students are responsible for or any charges that may occur as a result of the evaluation and treatment following a needle stick or other wound resulting in potential exposure to blood or body fluids (as with any other accident).

- Those students who receive financial aid receive \$250 for medical expenses in their financial aid package as part of the cost of attendance.
 - Students receiving financial aid may also apply for a cost of attendance increase and receive additional financial aid to help cover any additional expenses between \$251 - \$2,300.
 - All students, whether receiving financial aid or taking part in VCOM's health insurance coverage, may apply for reimbursement of qualified medical experiences between \$2,301 and VCOM's health insurance plan's maximum out-of-pocket amount of \$7,150.
 - The needle stick or other wound should be considered an "accidental" exposure to cover the expenses beyond this amount. In some cases, the coverage for the laboratory testing and prophylactic medication may be covered by the hospital site.
4. Students must complete this form and return it to the Department of Clinical Affairs within 24 hours of the exposure.

General Student Information

Name:

Last

First

VCOM Email:

Cell:

Exposure Information

Date of Exposure:

Time of Exposure:

Brief Description of Exposure (when and how did the exposure occur):

Location Where Exposure Occurred/Notifications (choose 1 of the 5 locations and complete section details):

VCOM Core Clinical Site

Name of Site:

I have notified (all are required): DSME Preceptor Associate Dean

Date of Notification: Time of Notification:

Non-VCOM Clinical Site

Name of Site:

I have notified (all are required): Director for OMS 3/Director for OMS 4
Associate Dean

Date of Notification: Time of Notification:

International Mission/Rotation Site

Name of Site and Country of Site:

I have notified (all are required): Clinic Director International Preceptor
Associate Dean
VP for International & Appalachian Outreach

Date of Notification: Time of Notification:

Community Outreach

Name of Event/Location:

I have notified (all are required): VCOM Clinical Faculty Member in Charge of the Event
Associate Dean

Date of Notification: Time of Notification:

Early Clinical Experience

Location/Setting:

I have notified (all are required): Chair of Underserved Primary Care Associate Dean
Clinical Faculty Member Supervising the Experience

Date of Notification: Time of Notification:

Type of Exposure (choose 1 of the 3 types (percutaneous, mucocutaneous, or bite) and complete section details):

Percutaneous (Needle or sharp object that was in contact with blood or body fluids):

Type of Sharp:

Needle from a sharps disposal container	Solid Needle (lancet, suture needle, etc)
Hollow-bore needle (venipuncture, IM/SQ injection, etc)	Scalpel
Glass	Other sharp object (specify):

The Exposure Occurred:

Before the use of the sharp	During the use of the sharp	After the use of the sharp
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Mucocutaneous:

Mucous Membrane

Skin (for skin exposures, follow-up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound))

If skin exposure, was skin intact?	Yes	No
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Bite

Body Fluid Involved (choose 1 and include specifics):

Blood/blood products (specify):

Visibly bloody body fluid (specify):

Non-visibly bloody body fluid (specify):

Visibly bloody solution (e.g. water used to clean a blood spill) (specify):

Other Body Fluid (specify):

Involved Body Part of the Student (choose all that apply):

Arm (but not hand)	Hand	Eye(s)	Mouth/nose	Face/head/neck
Leg/foot	Torso (front or back)			

Precautions Used at the Time of the Incident (choose all that apply):

Gloves	Gown/Apron	Mask	Eyewear	CPR Shield	Face Shield
None	Other (specify):				

Source Information:

HIV Status:	Positive	Negative	Unknown
Hepatitis B Status:	Positive	Negative	Unknown
Hepatitis C Status:	Positive	Negative	Unknown

Follow-up Plan

Clinical Site Employee/Occupational Health Center (if directed to use this service by the DSME/preceptor)

Clinic Name:

Office Phone Number:

Date of Appointment:

Personal Physician

Physician Name:

Office Phone Number:

Date of Appointment:

Urgent Care Center

Clinic Name:

Office Phone Number:

Date of Appointment:

VCOM International Clinic or Affiliated Hospital

Clinic Name:

Office Phone Number:

Date of Appointment:

Emergency Department (If the emergency department is the only option for care, the student should notify the DSME and the Associate Dean for Clinical Affairs prior to utilizing the emergency department due to the high cost of this service. The DSME and Associate Dean will work with the hospital site to see if other options exist for medical care post-exposure when emergency care is required and there are no other available options. If the emergency department is the only option and the student is unable to reach the DSME or Associate Dean immediately, the student should proceed with seeing medical attention through the emergency department.)

Emergency Department Name:

Office Phone Number:

Date of Appointment:

Student Signature:

Date:

Office Use Only (To be completed by the Associate Dean):

Received by (Name of Associate Dean):

Date Received by the Associate Dean:

Notes: