

**SANFORD SCHOOL OF MEDICINE
OF THE UNIVERSITY OF SOUTH DAKOTA
Occupational Exposure to Bloodborne Pathogens Protocol**

1. **Decontamination:** Follow good **first aid** techniques including thorough flushing of mucous membranes and eyes, wound care if appropriate and thorough handwashing. There is no benefit from expressing blood at the site of the injury or application of caustic agents such as bleach.
2. **Notification:** It is the student's responsibility to report all suspected exposure incidents:
 - a. **Immediately to Faculty Member/Supervisor.**
 - b. **Immediately to Employee Health/Infection Control Personnel** in the clinical site where the exposure occurred. (If the clinical site does not provide post-exposure evaluation for students contact your Campus Education Coordinator.)
 - c. **After initial management, return report form to your Campus Education Coordinator** (contact information follows).
3. **Documentation:** The student is required to report the following essential information to Employee Health/Infection Control Personnel and complete the Sanford School of Medicine Occupational Exposure to Bloodborne Pathogens Report Form (see #4).
 - a. Procedure being performed, including where and how the exposure occurred.
 - b. Type of exposure: puncture, scratch, bite, mucous membrane of the eye, nose, or mouth, or other.
 - c. Extent of exposure: type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.
 - d. PPE (personal protective equipment) worn at the time of exposure: gloves, gown, mask, protective eyewear, face shield, etc.
 - e. Decontamination: handwashing, flushing mucous membrane of eye, nose, mouth, etc.
 - f. First aid administered.
 - g. Student's hepatitis B immunity status, last tetanus booster, etc.
 - h. Source patient: known or unknown.
4. **Sanford School of Medicine Occupational Exposure to Bloodborne Pathogens Form:** This form may be downloaded from <http://www.usd.edu/med/> . Do not delay seeking post-exposure evaluation for the purpose of retrieving the report form. However, it is the student's responsibility to complete the student section of the form (first page) and see that the medical professional doing the evaluation completes and signs the second page of the form. The student is required to bring the form to his/her Education Coordinator as soon as possible. Note this form is in addition to any forms required by the facility where the incident occurred.
5. **Questions/Concerns:** Contact the Sioux Valley Exposure Hotline available 24/7 if you have questions or concerns (contact information follows).
6. **Billing for Testing:** The student is not responsible for payment for post-exposure testing and therefore does not need to supply insurance information (contact information for billing follows).

CONTACT INFORMATION

REPORTING:

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|---------------------------------|----------|
| Marilyn Moor, RN – Sioux Falls: | 357-1308 |
| Sharon Saunders – Rapid City: | 394-5105 |
| Carol Pollman, RN – Yankton: | 668-3066 |
| Cathy Logue, RN – Vermillion: | 677-5303 |

CONSULTATION:

Infectious Disease Specialists

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|-----------------------|-------------------|
| Veronica Soler, M.D. | 367-0267 (pager) |
| | 782-2274 (clinic) |
| | 357-1360 (HSC) |
| Wendall Hoffman, M.D. | 328-8120 |

Sioux Valley 24/7 Exposure Hotline

Sioux Valley Exposure Hotline
During office hours (0630-1500): 366-5251
Or call Sioux Valley operator
and ask to be connected to an Infection Control Nurse: 333-1000
(note you may call this number regardless of where the incident occurred)

BILLING:

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| Kay Austin | 677-5303 |
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Sanford School of Medicine of The University of South Dakota
414 East Clark Street
Vermillion, SD 57069