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**Procedure Number:** 128a  
**Procedure Name:** Procedure: Bloodborne Pathogen Post-Exposure Protocol  
**Reviewed by:** Nursing Faculty  
**Last Review Date:** 08/26/22

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### Procedure: BLOODBORNE PATHOGEN POST-EXPOSURE PROTOCOL

In the event that you are exposed to bloodborne pathogen **IMMEDIATE ACTION IS REQUIRED**. Exposure incidents include:

- Percutaneous injury: needlestick, cut, or laceration
- Mucous membrane: blood or body fluid splash
- Nonintact skin: dermatitis, hangnail, abrasion, chafing, etc.
- Parenteral: includes human bite that breaks skin

Intact skin: when the duration of the contact is prolonged (several minutes or more) or involves an extensive area

#### You must follow the steps below:

##### Immediate Steps

1. Clean the site
  - Needle-stick injuries and cuts: Wash affected area with soap and water
  - Splashes to the nose, mouth or skin: Rinse with water for 10 minutes
  - Splashes to the eyes: Proceed to the nearest eyewash station and flush for a minimum of 15 minutes, rolling the eyes left to right and up and down. Contact lenses may be gently taken out during flushing.
    - If no eyewash station is available, irrigate eyes with clean water, sterile saline or sterile irritants in the same manner as above.
2. Report the incident to your clinical instructor or preceptor.

##### Within One Hour

1. Go to a licensed health care provider for an immediate medical evaluation, counseling, testing and devise a plan for followup care. Considerations for post-exposure prophylaxis: the type of exposure, type and amount of fluid/issue, infectious state of the source, and susceptibility of the exposed student. Prophylaxis should be started as soon as possible after HIV exposure.

##### Within Two Hours

1. The student's immediate supervisor where the incident occurred requests both the student's and the source patient's lab test workup (if blood or body fluid exposure). A minimum of HIV-1, HIV-2, Hepatitis B Surface Antigen and Hepatitis C Antibody testing is to be completed on both the student and the source patient. If possible, the supervisor should determine and document the identity of the source individual who should be referred for testing to the health care professional that is treating the exposed student (see [Appendix 6](#)).

##### Within 24 Hours

1. Student and clinical instructor complete [UND Incident Reporting Form](#), and submit to the Office of Safety at [UND.safety@email.UND.edu](mailto:UND.safety@email.UND.edu) and the UND CNPD Deans Office [und.cnpddeansoffice@und.edu](mailto:und.cnpddeansoffice@und.edu). The student's academic department shall keep a copy of the record and retain it according to UND's retention schedule. If the incident happened on UND's campus, the [Sharps Injury Log Form](#) must also be completed and sent to UND's Safety Office.
2. Immediate supervisor ensures that test results of source patient are relayed to student's health care provider. If the student chooses to withhold consent for testing, their collected blood sample must be retained by the medical evaluation/collecting facility for 90 days or until consent to test is obtained, whichever period of time is shorter.
3. If the student refuses care, the student must complete the [Refusal of Care Form](#) and send to respective UND contact noted above, who will forward on to UND Office of Safety.

##### Within 48 Hours

1. Appropriate Nursing Department Chair investigates the incident and completes [Part One](#) and [Part Two](#) of the UND Incident Investigation Form and forwards on to UND's Office of Safety.

**Financial Obligation Notes**

- *Students, including visiting students, are required to carry health insurance.*
- *Many major North Dakota clinical affiliates cover the initial bloodborne exposure testing costs and initial care related to the student exposure (after insurance), if the exposure and care occur at that facility.*

Approved by Executive Council 8/25/06; 9/07/09  
Nursing Graduate Council 12/07/12

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