Student Exposure to Blood and Body Fluids Policy

POLICY STATEMENT

It is the policy of the University of Arizona Health Sciences that all students who are exposed (percutaneously, through mucous membranes or skin) to blood/body fluids while engaged in a University-sponsored educational program receive prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow-up laboratory values, as necessary. In accordance with this policy, the following procedures must be followed by students who have been exposed to blood/body fluids.

To help all Arizona Health Sciences Center students who are exposed (percutaneously, through mucous membranes or skin) to blood/body fluids while participating in a University-sponsored program and to provide access to appropriate counseling, treatment, or both, and to provide follow up after such exposure, each student participating in an Arizona Health Sciences Center program shall obtain a Student Occupational Exposure Procedure Card from the Arizona Health Sciences Center and carry it with him or her at all times while participating in such programs with the information provided below:

Student Exposure to Blood/Body Fluids Procedures

If you are exposed to to blood/body fluids, IMMEDIATELY:

1. Remove soiled clothing and wash the exposed area with soap and water.

2. Notify attending physician, resident and site coordinator.

3. Students shall present at Affiliate's Employee Health, ER or Urgent Care (per Affiliate's policy) for assessment and initial prophylactic treatment if applicable.

4. Following the assessment, the Affiliate shall immediately make available to the affected student a copy of all the student's records relating to the treatment and follow up, and if and when available results regarding the HIV, HBV, and HCV status of the source, to the extent permitted by law.

5. Following treatment, student needs to download and complete the UA Risk Management Non-Employee Incident Report Form (PDF). The completed form should be forwarded to:

Attn: Maureen Oskandy, MD
University of Arizona Campus Health
6. Treating Physician should contact the on-call infectious disease physicians at UA for a consultation via the Physician's Resource Line at 520-694-5868 or 800-777-7552 to discuss recommendations for tests and/or medications related to the student's exposure.

7. Within 5 days of the exposure, the student must follow up with Campus Health in Tucson or Phoenix. Students in Tucson should contact University of Arizona Campus Health at 520-621-6490 and make an appointment with Dr. Oskandy. Students in Phoenix should contact ASU Downtown Campus Health at 602-496-0721.

All contacts with training institutions and sites will include a provision that requires them to be familiar with the Arizona Health Sciences Center current policy on student exposure to blood/body fluids. Additionally, the institutions shall provide or make available initial prophylactic treatment as set forth in the most recent protocols of the Centers for Disease Control within the time limit articulated within those protocols.

Post-exposure testing and further prophylactic drug treatment of Arizona Health Sciences Center students will be performed in Tucson or Phoenix.

The Arizona Health Sciences Center will pay for all testing (balance after personal insurance has paid) and recommended prophylactic drug treatment following exposure for the period prescribed by the more recent guidelines established by the Centers for Disease Control.

**College of Medicine – Phoenix Additional Procedures Regarding Student Exposure to Blood/Body Fluids**

**Definitions**

**Students:** University of Arizona students who are currently enrolled in one of the AHSC colleges or a non UA student on an approved clinical rotation as a visiting student with an AHSC college.
Occupational exposure to potentially infectious agents and hazardous materials: An exposure by skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties or exposure by inhalation, skin, eye, or mucous membrane to substances defined as hazardous chemicals present in the training site.

Student Occupational Exposure Procedure Cards (Card)

Student Occupational Exposure Procedure Cards (hereafter referred to as “Card”) are developed for and distributed to AHSC students by their respective college’s Office of Student Affairs. Cards are also available at AHSC Student Affairs offices and posted online to all AHSC Student Affairs websites. Students must keep this Card readily available. Students must refer to and present the Card to the health care provider in the event of an exposure during training. AHSC periodically revises student occupational exposure policies and procedures and will distribute updated Cards as applicable.

Because students utilize many facilities for their training, it is important to note the Cards are intended to be general instructions on how to proceed in the event of an exposure. The Cards DO NOT take the place of IMMEDIATE evaluation and treatment.

Prevention Education for Students

In addition to education built into each college’s curriculum, students must complete required chemical safety and bloodborne pathogens training as outlined by The Department of Risk Management Services (RMS). This training is required by Occupational Safety and Health Administration (OSHA) standards and includes information on hazard recognition, exposure prevention and post-exposure procedures.

Training Institutions and Site Affiliates

All contracts with training institutions and site affiliates will include a provision that requires the training institutions and site affiliates to provide or make available assessment of an exposure to determine exposure significance and the necessity for treatment, if applicable. Provision will also require the training institution and site affiliate to ensure any required assessment and treatment will be within the time limits articulated, as set forth in the most recent protocols of the Centers for Disease Control (CDC) and consistent with the Occupational Safety and Health Administration (OSHA) Standards.

Financial Responsibility

After the student’s insurance has paid the claim, the college will reimburse the student for the amount he/she paid for the initial assessment, prophylactic treatment and necessary tests, including labs related to the exposure. See Reimbursement Procedure.

Visiting students are not eligible for reimbursement.

The student maintains financial responsibility for medical costs beyond the care outlined above.

Students are not eligible for worker’s compensation benefits.
Reimbursement Procedure

For UA AHSC Students Only,

Colleges cannot process a payment to a health care facility on a student's behalf. Therefore, all claims will be processed as reimbursements.

In order to receive reimbursement, the student must first bill his/her health insurance. Then, the student must pay the remaining balance and submit the following documents to the student's respective college's Office of Student Affairs in order to have the claim reimbursed.

In order to have the claim reimbursed, the student must submit:

1. Student Occupational Reimbursement Claims form.
2. An itemized bill.
3. Explanation of Benefits (EOB) from insurance company.
4. Paid Receipt.

*Resources and References:*

UA Bloodborne Pathogens.
UA Laboratory Chemical Safety.
OSHA Bloodborne Pathogens Standard.
OSHA Laboratory Standard.
CDC Biosafety Standard.
UA Non-Employee Incident Report Form (PDF).
UA Risk Management Services.
University of Arizona Campus Health.

Educational Policy Committee: Approved 05/06/2013, Amended 07/05/2013

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SIGN HERE

I have read and understand the policies above regarding health services and exposure to blood and bodily fluids.

____________________________________ _______________________________  ________
Signature      Printed Name     Date
Information System User Confidentiality and Non-Disclosure Agreement

The confidentiality and integrity of organization information are to be preserved at all times. Organizational information that includes, but is not limited to, patient identifiable, employee identifiable, financial, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), is considered confidential (AR S 12-2291 et seq. and CFR 160 & 164). All information contained within a patient’s medical record (hard copy and electronic) is confidential. Aggregate data output (diagnosis, procedure service, specialty, physician, etc.) is also confidential and may only be released by individuals authorized to do so by their position. Passwords to any computer system that processes/stores patient specific clinical data or corporate and employee data are also confidential. This information is protected by state and federal law and by the policies of the University of Arizona Health Network (UAHN). The intent of these laws and policies is to ensure that confidential information will remain confidential through its use and as a necessity to accomplish the missions of this organization.

In order to receive a computer user account and be allowed access to UAHN systems and/or be granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. Any patient or financial data available to me through access to UAHN computer systems will be treated as confidential information.
2. I will protect to the fullest extent required by state and federal laws and hospital policy the patient's right to confidentiality of all medical and personal information.
3. I will not access or attempt to access for the purpose of inquiry, manipulation, deletion or alteration any data outside the scope of my responsibility, including my own electronic medical record, data regarding family members, or that of friends/associates. In addition, I will not access or attempt to access confidential information, including personnel, billing or private information outside the scope of my responsibility.
4. I agree not to use information obtained from UAHN computer systems in any way that is detrimental to the organization, its members or patients and will keep all such information confidential.
5. My computer user account is equivalent to my LEGAL SIGNATURE. I will not disclose this account or password to anyone or allow anyone other than myself to access the system using it and understand that I am responsible and accountable for all entries made and all retrievals accessed under my user account, even if such action was made by me or by another due to my intentional or negligent act or omission.
6. I will not access or attempt to access any UAHN computer system fraudulently by using an account and password other than my own.
7. I will not leave any computer application that handles confidential information unattended while logged on and agree to log completely off of the system at the end of each workday.
8. I agree to use care in handling printed reports, report copies, and fax documents and appropriately destroying or disposing of non-permanent paper copies containing patient, workforce, or corporate confidential information.
9. I will not intentionally damage, corrupt, or inappropriately delete data or computer programs or copy data or programs to other devices or media without authorization.
10. I will not tamper with any UAHN network-connected device without the authorization and/or assistance of the Information Systems Department.
11. I understand that my use of the system may be periodically monitored to ensure compliance with this agreement.

I understand and acknowledge that improper access to or disclosure of confidential patient, workforce, or corporate information, whether verbally or from a paper-based or a computer-based record is a violation of UAHN corporate policies. I understand and acknowledge that any violation of any part of the above agreement can result in termination of medical record and/or computer access privileges and may result in sanctions that include immediate dismissal without notice and/or legal action. I also understand and acknowledge that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, expiration or cancellation of this agreement, or unless specifically waived in writing by the authorized party.

NOTICE: Per corporate policy, accounts that are not used for 90 days or more will be disabled. Accounts that have not been used for 6 months will be deleted.

Printed Name: ________________________________________ (Please print legibly) _________________________________________ (Organization)

Signature: _______________________________________ Date: ___________________________________

FILE Signed Form in COM Department

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