

## **STUDENT INJURY PROCEDURES (revised 2/10/21)**

### **Purpose**

To inform students, clinical faculty, and academic faculty regarding the correct procedure for reporting student clinical accidents/incidents.

To standardize the procedures for reporting student clinical accidents/incidents.

To provide a standardized check sheet and forms, including deadlines for notifications, and completion of forms.

### **Introduction**

Student accidents and incidents in the clinical/practicum/internship setting are unfortunate, but not uncommon. Due to the nature of the clinical/practicum/internship setting, there is the potential for exposure to bloodborne pathogens and other potentially infectious materials, as well as the potential for other physical injuries (i.e.; chemical/ thermal burns, trauma to the extremities, injury as a result of seizure activity, cardiac/respiratory failure or arrest, etc.) As a result, it is imperative that standardized methods of reporting accidents/incidents in an accurate and timely manner be developed and utilized.

Currently, students who are injured in the clinical setting have two options:

1. They can seek initial and follow-up treatment at Emergency facilities, as appropriate.
2. They seek initial and follow-up treatment by their personal, primary care physician.

In addition, for accidents/incidents involving contaminated sharps, a series of tests for HIV and Hepatitis B and C is indicated. A blood sample for testing HIV and Hepatitis B and C should be obtained from the patient whose blood or body fluid is present on the contaminated instrument, if possible. Specific consent must be obtained from that individual prior to testing. In addition, baseline testing for HIV, Hepatitis B, and Hepatitis C should be initiated within 24 hours of the accident/incident.

The recommended follow-up testing schedule is as follows:

<b>What?</b>	<b>When?</b>
HIV	6 weeks, 3 months, 6 months, and 1 year post exposure
Hepatitis B and C, and ALT	4-6 weeks and 4-6 months post exposure

For more specific guidelines regarding occupational exposure to bloodborne pathogens; needlestick and other sharps injuries, please refer to OSHA and Federal Register guidelines at: <http://www.osha.gov> and the US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis at: <http://www.cdc.gov> It is essential that complete documentation be prepared immediately following an incident. A checklist, including responsible parties, reports needed, and time lines are included. For more information regarding occupational injury and illness recording and reporting requirements, please refer to OSHA and Federal Register guidelines at: <http://www.osha.gov>