UFCD Gainesville:
POST OCCUPATIONAL EXPOSURE PROCESS FLOW

➢ Stop the procedure, cleanse the skin with antibacterial soap or flush eyes with clean water.

➢ Injured health care worker (HCW); faculty, resident, staff or student calls the Student Health Care Center (SHCC) Needlestick Hotline at 9-1-866-477-6824. Identifies self as UFCD employee or student who has experienced an exposure. Provide information about the event as requested by SHCC.

➢ Attending dental faculty confirms permission from source/patient to test for Hepatitis B, Hepatitis C and HIV at no expense to source/patient. Patient signs electronic consent form in axium. (EHR>Forms>NDSLTK Post Exposure Pt. Consent Form) to document consent was obtained for testing related to occupational exposure. No further details are included.

➢ HCW and source patient go to Shands lab on 3rd floor, room 3152 for lab tests. (Lab forms will be completed by SHCC and faxed to the Shands lab.)

➢ The source patient is to be verbally informed of their test results by the exposed dental HCW. SHCC must provide the results – as SHCC originally ordered the tests.

➢ NOTE: If HCW is faculty, staff or paid resident, the HCW should contact Workers Compensation at 392-4940 to open a claim so expenses will be covered by Workers Comp. Follow-up visits for HCW are scheduled according to SHCC guidelines.

 UFCD St. Petersburg and Hialeah:
POST OCCUPATIONAL EXPOSURE PROCESS FLOW

➢ Stop the procedure, cleanse the skin with antibacterial soap or flush eyes with clean water.

➢ Injured health care worker (HCW); faculty, resident, staff or student calls the Student Health Care Center (SHCC) Needlestick Hotline at 9-1-866-477-6824. Identify yourself as UFCD employee or student and that you’ve had an exposure. Provide information about the event as requested by SHCC.

➢ Attending dental faculty confirms permission from source/patient to test for Hepatitis B, Hepatitis C and HIV at no expense to them. Patient signs electronic consent form in axium. (EHR>Forms>NDSLTK Post Exposure Pt. Consent Form) to document consent was obtained for testing related to occupational exposure. No further details are included.

➢ Hialeah: Kessler Occupational Medicine 1029 E 25th St in Hialeah
➢ Seminole (St Pete): Lakeside Occupational Medical Center 3745 33rd Street N. Suite A

➢ The source patient is to be verbally informed of their test results by the exposed dental HCW. SHCC must provide the results – as SHCC originally ordered the tests.

➢ NOTE: If HCW is faculty, staff or paid resident, the HCW should contact Workers Compensation at 392-4940 to open a claim so expenses will be covered by Workers Comp. Follow-up visits for HCW are scheduled according to SHCC guidelines.
UFCD Naples:
POST OCCUPATIONAL EXPOSURE PROCESS FLOW

> Stop the procedure, cleanse the skin with antibacterial soap or flush eyes with clean water.

> Injured health care worker (HCW); faculty or resident calls the Student Health Care Center (SHCC) Needlestick Hotline at 9-1-866-477-6824. Identifies self as UFCD employee who has had an exposure. Provide information about the event as requested by SHCC.

> HCW and source patient go to Physicians Regional Hospital for post-exposure lab work. Obtain parental consent for lab work and advise the parent that there is no cost to them.

> The resident should provide the Workman’s Comp information (Opta Comp, PO Box 44291, Jacksonville, FL 32231) to the Hospital. The case manager is Marti Hanuschik (800) 545-8585 ext 25519 should an authorization be required for treatment. Phone number for billing questions is (800) 333-8787.

> The source patient is to be verbally informed of their test results by the exposed dental HCW. SHCC must provide the results – as SHCC originally ordered the tests.

> NOTE: If HCW is faculty, staff or paid resident, the HCW should contact Workers Compensation at 392-4940 to open a claim so expenses will be covered by Workers Comp. Follow-up visits for HCW are scheduled according to SHCC guidelines.

UFCD Rotations OFF SITE:
POST OCCUPATIONAL EXPOSURE PROCESS FLOW

> When you check into the rotation site, be sure to review the specific process for rotation site prior to getting started with clinical tasks.

> UF Specific Guidelines:

  ▶ Stop the procedure, cleanse the skin with antibacterial soap or flush eyes with clean water.

  ▶ Injured health care worker (HCW); student dentist on rotation calls the Student Health Care Center (SHCC) Needlestick Hotline at 9-1-866-477-6824.

  ▶ Identifies self as UFCD student who has experienced an exposure while “out of town” on a rotation.

  ▶ Be sure to let the provider know there is a lab associated with the rotation site.

  ▶ Provide information about the event as requested by SHCC.

  ▶ If advised to obtain lab testing then follow rotation site specific guidelines for obtaining source/patient consent for lab work.

  ▶ HCW and source patient go to lab designated by the rotation site for post-exposure testing.

  ▶ The source patient is to be verbally informed of their test results by the exposed dental HCW.