

UNIVERSITY OF ILLINOIS

Rockford

A **UIC** Health Sciences Campus

Needlestick Injury Protocol

Exposures to potentially infectious blood or body fluids as a result of needle sticks, cuts or splashes that occur on assignment (UPCC, M3 clerkships, M4 rotations) could result in transmission of blood-borne diseases such as Hepatitis B, Hepatitis C, or HIV.

Seek treatment within 1-2 hours after initial exposure, as is recommended by the Center for Disease Control and Prevention

In the event of an exposure use the following procedure:

1 Clean it.

- Wash the area immediately and thoroughly with soap and water

2 Get Treated.

- Hospital 7am - 5pm: Report to their employee health services department for care
- Hospital after 5pm: Report to their emergency department for care.
- Clinic: Report to Physicians immediate Care for care.

3 Report it.

- Notify your preceptor, and/or clerkship director
- Notify Noel Pycior APN - Director of Student Health within 48 hours to complete the necessary incident report and referral documentation.
815-395-5870

4 Follow up.

- Any follow up care deemed necessary by your initial evaluation takes place at Physicians Immediate Care (PIC) 6595 E State St, Rockford, IL (815) 226-1300

Protect yourself

- Plan for safe handling and disposal before using needles.
- Dispose of used needles promptly in sharps disposal containers.
- Complete annual blood borne pathogen training.
- Get your hepatitis B vaccines.
- Report all sharps-related injuries to your preceptor/clerkship director, and student health to ensure appropriate follow-up.

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REPORT OF INJURY/ILLNESS

To be completed by student within 24 hours of incident-return to:
Noel Pycior, APN – Director of Student Health 815-395-5870

STUDENT INFORMATION (*/ ONE*) MBT MEDICAL NURSING PHARMACY

Name _____ UIN # _____
Street _____ Phone # _____
City _____ State _____ Zip _____
DOB _____ Sex M / F

STUDENT'S REPORT OF INJURY/ILLNESS (*attach additional sheets as needed*)

During which clinical experience did the incident occur? _____

Location of clinical experience where incident occurred? _____

Was the incident reported to the following?

Preceptor/Clerkship		
Director	YES _____	NO _____
CampusCare OR	YES _____	NO _____
Private Insurance	YES _____	NO _____

Date of Injury/Illness _____ Time _____ am _____ pm Day of Week _____

Date Reported _____ To _____

Exact Location where accident occurred _____

Body Part Injured _____ Type of Injury/Illness _____

Describe in Detail what happened _____

What object or substance directly harmed the student? _____

Recommendation for prevention _____

Witnesses (list names and numbers) _____

Did you receive medical treatment? YES _____ NO _____ If Yes, where? _____

Signature of Student _____

Date _____



Office Use Only

Date Form Received _____ By _____