Needlestick Injuries

and other blood-borne pathogen exposures

Needlesticks at UCSF or in San Francisco:
If you experience a needle-stick, laceration or believe you have been exposed to blood-borne pathogens, please call the UCSF Needlestick Hotline 24 hour pager immediately at 415-353-STIC (7842). This number is used to report on-the-job needle-sticks, blood borne pathogen-related lacerations and splashes, and other exposures.

Follow-up care: UCSF, SFGH, and the VA have an agreement to provide all necessary follow up care for students related to an exposure. Regardless of where your exposure occured, you may obtain follow up care at the Occupational Health Services at UCSF, SFGH, or the VA. For details, click here [1].

Needlesticks at non-UCSF facilities or out-of-area facilities:
If you experience a needlestick or other exposure at a non-UCSF facility or facility outside of the Bay Area, you should follow the protocols that are applicable to your clinical site. If you are unfamiliar with the protocol, you should go to the site’s emergency room or the nearest emergency room if there is not one at the site. Students can also call the UCSF Needlestick Hotline 24 hour pager immediately at 415-353-STIC (7842).

Insurance Payment:
You do not need insurance pre-authorization to seek exposure treatment and follow-up services, but should notify SHCS as soon as possible as you will more than likely incur charges for your care. The UC Student Health Insurance Plan (UC SHIP) requires SHCS to issue an authorization before they issue payment for claims related to emergency care, including needlestick and other exposures. ER visit, Occupational Health visits, lab work, and medication will more than likely NOT be paid for by the organization at which you are on clinical rotation and will need to be submitted to your health insurance carrier.

To help facilitate and expedite the payment of services rendered by an outside facility in relation to an exposure, make sure to follow the steps as outlined for the Medical Billing Process [2].