

Appendix M

Bloodborne Pathogen Post Exposure Procedure for Students with Non-Life Threatening Injuries/Exposures that have occurred NOT on the FSU Campus¹

Birkam Health Center Exposure Incident Process
Page 1

A potential or real exposure has occurred to an FSU Student in the course of performing their internships, clinicals, practicums or other course work studies while NOT on an FSU campus.

Expel blood; wash affected areas with soap and water.

Follow location's procedure for First Aid and Incident Reporting. Fill out location's paperwork if requested.

Immediately upon completion of the location's Incident Reporting and Post Exposure procedures, the FSU Student will notify their FSU Faculty or Staff who have oversight responsibilities for internships, clinicals or practicums of the incident.

Immediately upon return to campus, the FSU Student will meet with their FSU Faculty or Staff and fill out the Ferris State University Injury/Incident Report (for Non-Employees) Form and the Birkam Health Center Exposure Incident Investigation Form.

The FSU Student's Faculty or Staff member will forward the Ferris State University Student Incident/Accident Report Form to the Business Division Safety, Health, Environmental and Risk Management.

The FSU Faculty or Staff will give the Birkam Health Center Exposure Incident Form to the FSU Student and encourage the Student to proceed to a Medical Care Facility for a confidential medical evaluation. Follow-up may take place with the Medical Care Facility or with Birkam Health Center.
-END-

No

Is BHC open and able to treat?

Yes

The FSU Faculty or Staff will give the Birkam Health Center Exposure Incident Investigation Form to the FSU Student and contact Birkam Health Center to request "no charge" for the FSU Student's initial office call service.

The FSU Student shall make the appointment with Birkam Health Center and take all related Post Exposure documents that they have received associated with the incident and any treatment.

¹Definitions

Student- term also includes student athletes

NOT on the FSU Campus- means any location or event (not owned or operated by FSU) where an FSU Student is performing his/her internships, clinicals, practicums, other course work studies or athletics and receive a potential Bloodborne Pathogen Exposure

pg 2

INJURY/INCIDENT REPORT (For Non-Employees)

Ferris State University

PERSON INJURED

Name: _____ Campus ID or Driver's License: _____

Local Address: _____ City: _____ State: _____

Local Telephone Number: _____ Permanent Telephone Number: _____

Permanent Address: _____ City: _____ State: _____

DETAILS OF INJURY/INCIDENT

Date: _____ Time: _____ am pm

Location: Building/Other: _____ Room Number (or Area): _____

Type of Injury Setting: 1) Academic/Classroom 2) Recreation/Intramural 3) Other _____

What was person doing when injured?

Nature and Extent of Injury/Illness: _____
(Include area of the body injured, right/left where needed)

Type of treatment received at the scene: 1) None required 2) First Aid (describe):

If further medical care is recommended, injured person transported by: 1) Ambulance 2) Friend 3) Refused
4) Other (explain): _____

If medical care is recommended but refused, please obtain the injured person's signature:

"I hereby refuse further medical treatment". _____

WITNESSES

Name: _____ Student Number: _____ Local (Campus) Telephone: _____

Name: _____ Student Number: _____ Local (Campus) Telephone: _____

***If not an FSU Student, list campus or local address.

PERSON COMPLETING REPORT

Name: _____ Title: _____ Telephone: _____

Signature: _____ Report Date: _____

NOTE: The student shall not be transported by faculty or staff. The student may be transported by a friend or an ambulance if medical care is needed.

IN CASE OF AN EMERGENCY, CALL 911

Send original to Risk Management & Insurance, Prakken 153 Retain copy for your files.

Risk Management Office Use Only: _____

Appendix F

Birkam Health Center Exposure Incident Investigation Form

Instructions:

This form will be utilized by the healthcare provider to document the patient's history.

Date of incident: _____ Time of incident: _____ Location of incident: _____

Name of exposed employee: _____

Potentially infectious materials involved: _____

Type: _____

Source: _____

1. How the incident was caused (accident, equipment malfunction, etc.)?

2. Describe the exposed individual's duties as they relate to the potential exposure incident.

3. List all the personal protective equipment being used at the time of the incident:

4. Describe the actions taken following the potential exposure (decontamination, clean-up, reporting, etc.):

5. List all the recommendations for avoiding repetition of the incident:

Report filled out by: _____

Instructions for Ferris State University Use:

1. Original to be filed in patient's file at Birkam Health Center
2. Copy sent to SHERM