Appendix K

Bloodborne Pathogen Post Exposure Procedure for Students with Non-Life Threatening Injuries/Exposures that have occurred ON the FSU Campus

Birkam Health Center Exposure Incident Process

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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 ON an FSU campus.

Expel blood; wash affected areas with soap and water.

Immediately the Student will notify their Instructor or Supervisor 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 Instructor or Supervisor 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 Investigation Form to the FSU Student and encourage the Student to proceed to a Medical Care Facility for immediate attention.

-END-

Is BHC open and able to treat?

No

Yes

The Instructor or Supervisor will give the Birkam Health Center Exposure Incident Investigation Form to the 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 the Birkam Health Center Exposure Incident Investigation Form to the appointment.

¹Definitions
Student- term also includes student athletes
ON the FSU Campus- means any location or event (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
The Student provides the Birkam Health Center care provider with the completed Birkam Health Center Exposure Incident Investigation Form. If the form was not issued to the Student, the Student will be asked to fill out the form.

Birkam Health Center will provide a confidential medical evaluation and follow-up that include: documentation of routes of exposure; circumstances involved; if possible, identification of source individual; type of device involved; if possible and necessary, testing of source blood; and results of the source blood made available to the exposed in accordance with the U.S. Public Health Department. The Student receiving these services will be required to pay by either out of pocket or insurance.

Follow-Up After the Initial Visit
The Student will be seen by the Birkam Health Center for test results, counseling and evaluation. The Student will be responsible for those costs.

Birkam Health Center’s Healthcare Provider’s professional written opinion shall be provided within 15 days of the completion of the evaluation, which will be limited to: opinion for Hepatitis B vaccination is indicated, that the Student has been informed of the results of the evaluation and any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Birkam Health Center shall maintain all Student medical records according to the Student Medical Record Policy.
-END-
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: ___________________________ Number: ___________________________ Local (Campus) Telephone:______________

Name: ___________________________ 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: ____________________________________________

9/15/2016
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