

Appendix K

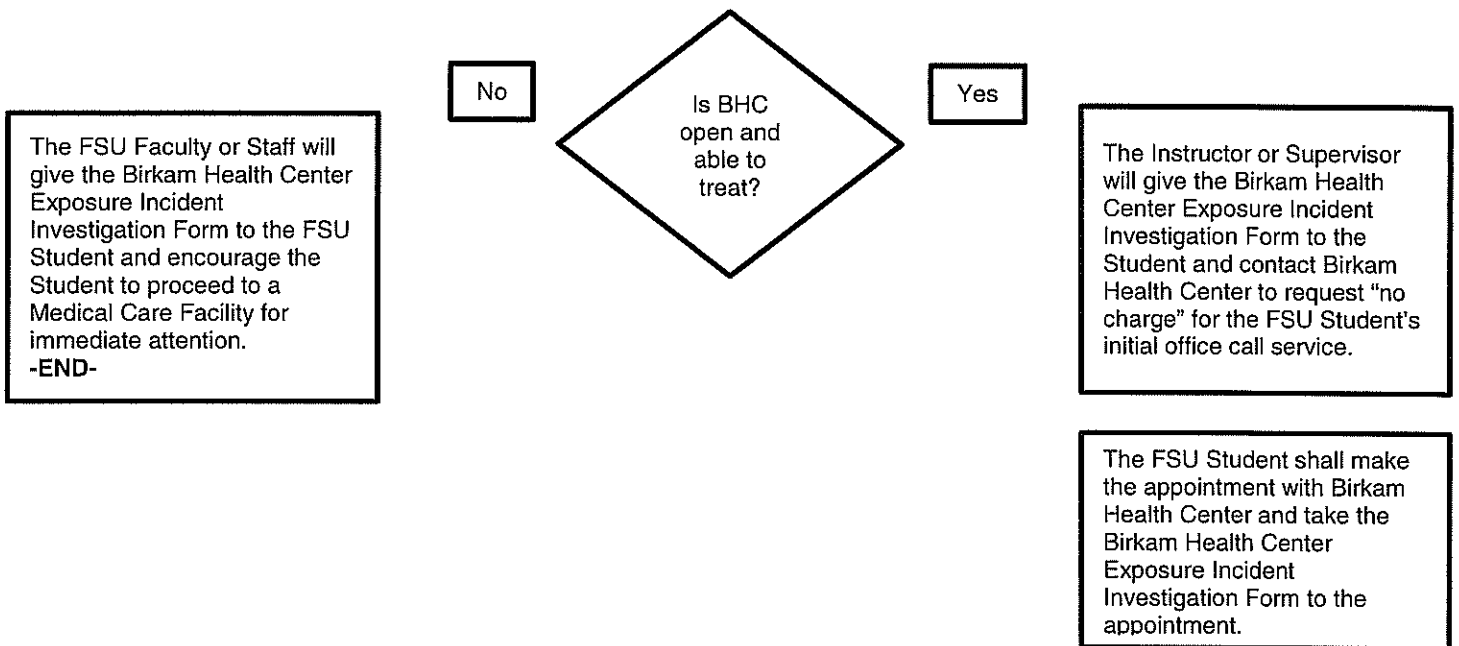
Bloodborne Pathogen Post Exposure Procedure for **Students with Non-Life Threatening Injuries/Exposures that have occurred ON the FSU Campus¹**
Birkam Health Center Exposure Incident Process
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A potential or real exposure has occurred to an FSU Student 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.



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

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Birkam Health Center Post-Exposure Bloodborne Pathogen Procedure Process for **Students with Non-Life Threatening Injuries/Exposures that have occurred ON the FSU Campus¹**

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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-

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