

## Blood Borne Pathogen Exposure Checklist

Student Name: \_\_\_\_\_ M#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Instructor: \_\_\_\_\_

Agency Where Exposure Occurred: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_

Make sure the exposed area has been washed thoroughly for five (5) full minutes.

\_\_\_\_\_ Follow agency protocol for immediate post exposure care if available.

\_\_\_\_\_ An incident report (or associated paperwork) MUST be completed at the agency /hospital in which the exposure occurred.

\_\_\_\_\_ Have the student evaluated at the location identified in the Rochester Area School of Nursing (RASON) Management of Clinical Incidents policy. If it states School Health Services, have the student go to the Emergency Room. (Faculty: see full Nursing Policy Manual, Appendix XXII, page 172)  
*Make sure the staff at the site know this is not a workman's compensation case, but that it was a student exposure during clinical.*

\_\_\_\_\_ If in the hospital, report exposure to charge nurse and nurse manager on the assigned unit. Ask the charge nurse or the nurse manager inform the Source Patient that a student has been exposed to their blood/body fluids and that they will be asked to consent to having blood drawn to test for HIV and Hepatitis. Reassure the patient that there is *no risk to them!*

\_\_\_\_\_ If exposure occurs outside of the hospital (or outside of an associated hospital system), the student should be evaluated at the nearest Emergency Room.

\_\_\_\_\_ If the student is at St. Ann's campus for clinical:

- Report the exposure immediately to clinical faculty and either the Nursing Supervisor, Nurse Manager or the Clinical Coordinator
- Student should report exposure to the Employee Health Nurse
- Report the source individual to the Nursing Supervisor, Nurse Manager or the Clinical Coordinator
- They will obtain consent for blood draws and release of information per St. Ann's policy.
- They will arrange for the blood draw per St. Ann's policy.
- A "Report of Bloodborne Pathogen Injury for Initial Medical Appointment" form will be completed by the appropriate person and provided to student. This form should be given to the healthcare provider in the Emergency Room.

\_\_\_\_\_ Student should follow up with their primary care provider after exposure and being evaluated in the Emergency Room.

\_\_\_\_\_ Instruct student to report incident to Monroe Community College Public Safety at 585-292-2911 and complete an Incident Report with that office.

\_\_\_\_\_ Report Blood Borne Pathogen Exposure to Department Chairperson at 585-292-2453 or [ccaruana001@monroecc.edu](mailto:ccaruana001@monroecc.edu) as soon as possible.

\_\_\_\_\_  
Faculty/Staff signature indicates review of steps with student

\_\_\_\_\_  
Student signature - indicates all steps are completed