

Student Bloodborne & Biological Pathogen Exposure Quick Form

Step One – Immediate Care (within 1 hour of incident)

- Exposure through a puncture/wound, cleaned with soap and water for 15 minutes.
- Exposure through eye or mucous membrane, flushed with water or saline for 15 minutes.
- Student reports incident to immediate supervisor.
- Student obtains a copy of “Bloodborne & Biological Pathogen Exposure Quick Form 1”.
- Transport to appropriate health care provider is discussed and facilitated with the student’s immediate supervisor.

Exposed Student Name and Contact information	
Source Patient Name or Identification	
Incident Description Include type and amount of fluid, type of device if puncture or wound, type and severity of exposure.	
Geographical Location of the Exposure Incident	
Student’s Immediate Supervisor where incident occurred. Contact Information	

Upon completion of Page 1, route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu

Step Two- Post Exposure Risk Determination & Medical Evaluation within 2 hours

- Student has obtained a medical evaluation.
- Exposure incident has been communicated to UND SMHS.

Step Three- Mandatory Reporting within 24 hours

- UND Incident Reporting Form (Form 2) completed and electronically submitted by the immediate supervisor.
Link to Form 2 (Click [SMHS only] button)
UND Campus Safety Incident Report:
<http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm>

- Lab testing/workup of source patient ordered by immediate supervisor.
 - Lab tests ordered on source: HBsAg, anti-HCV, rapid HIV, or TB.

- Testing/workup results on source serum reported to the student’s health care provider.

- Bloodborne Exposure:
Sample of student serum is drawn, separated, frozen and shipped by the student’s health care provider for storage at UND Student Health Services for 90 days.
Address: UND Student Health
 Attention: Laboratory Supervisor
 100 McCannel Hall
 2891 2nd Ave. N Stop 9038
 Grand Forks, ND 58202

- SMHS Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4) completed by the student, if applicable.

Date of Exposure _____

Student requires restrictions.

Time of Exposure _____

Specify:

Immediate Supervisor Signature/Date

(Verifying the Incident)

Health Care Provider Signature/Date

Student Signature/Date

(Verifying the Consult)

(Verifying the Incident)

- Student can assume normal tasks.
- Student unable to assume normal tasks.

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