



## Appendix C. Post Exposure Protocols

The following checklist details the YSU Post Exposure Protocols to follow for an occupational and non-occupational exposure to potentially infectious bodily fluids (bloodborne pathogens). All medical services are highly recommended but not required.

For occupational exposure, all medical services are paid by workers compensation.

Non-occupational exposure is a student on campus or at an off-site facility (clinical or internships). The cost of the initial medical visit should be submitted to the students' personal health insurance and then any cost to the student (deductible or billed) will be paid by the YSU department where the student is enrolled. The bill should be sent to the patient and then taken to the YSU department for payment. The cost of additional medical services following the initial medical visit will be the full responsibility of the student.

1. Immediately after exposure, wash the exposed skin with soap and water and flush mucous membranes with copious amounts of water.
2. Report the exposure to your supervisor or faculty supervisor.
3. Go to the closest emergency room for the initial post exposure medical evaluation.
4. For occupational exposure, advise them the incident is work related and will be covered by workers compensation.
5. For non-occupational exposure, advise them that the cost should be submitted to the patient's personal insurance.
6. Have the health care provider complete the Post Exposure Medical Evaluation Form (next page).
7. Complete an online incident report form at <https://ysu.edu/ehs/incident-report>.
8. Provide the completed post exposure medical evaluation form to the YSU exposure control officer (EHS Department at [ehs@ysu.edu](mailto:ehs@ysu.edu)).

If you have any questions, please contact the EHS department at 330-941-3700 during normal business hours. After hours call the YSU police at 330-941-3527 and ask them to contact the EHS department and someone will call you back.



### Appendix C. Post Exposure Medical Evaluation Form

Patient Name (YSU employee or student):

YSU Department:

Date of Potential Exposure Incident:

#### Physician Evaluation

As attending physician, I have examined and evaluated the aforementioned YSU patient to determine their exposure to bloodborne pathogens following an incident involving blood and/or body fluids.

Subsequently, I have determined that the YSU patient  HAS  HAS NOT experienced an exposure incident. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Based on this determination, the YSU patient  HAS  HAS NOT been recommended for post-exposure treatment (prophylaxis).

Also, according to OSHA requirements:

I have informed the YSU patient of the evaluation results

I have informed the YSU patient of any medical conditions resulting from the exposure to blood or other body fluids.

Physician Name:

Physician Signature:

Date of Evaluation:

YSU Patient Signature: