CHECKLIST: Blood and Body Fluid Post-Exposure Management

Name: ____________________________       Date of Exposure: __________

Student ID Number: ____________________       Telephone #: ____________

Date Completed

1. Wash exposed area with soap and water. If mucous membranes or eyes exposed, flushed with water for 15 minutes, with contact lenses removed.

2. Immediately report exposure to Employee Health Department of the Clinical Site. If Employee Health is closed, then report to the Emergency Department of the site.

If the site does not have Employee Health or an Emergency Department, then call the CDC National Clinicians’ Post-Exposure Prophylaxis Hotline at 1-888-448-4911 and report to the WellStar Kennesaw State University Health Clinic, or an Emergency Department or Urgent Care for evaluation of Blood or Body Fluid Post—Exposure Management.

3. Report incident to Faculty Member and Charge Nurse or Nurse Manager of assigned clinical area.

Name of Faculty Member___________________________________
Name of Unit Contact ______________________________________
Title: _____________________________________________________
Institution: _______________________________________________
Location in Institution: _____________________________________
Phone Number: ___________________________________________

4. Complete necessary clinical agency documentation as required (e.g. hospital Incident Report).

5. Faculty member reports incident to course coordinator.
6. Complete the following information:

Explanation of exposure (please be as specific as possible)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Name of Agency providing evaluation and follow-up care for student:

_________________________________________________________________________

Plan for student testing and prophylaxis (if needed).

_________________________________________________________________________

7. Receive Counseling regarding the need for ongoing evaluation, Treatment, and counseling if applicable.

8. Complete the anonymous Safe Student Reports (SSR) of Student Nurse Practice Errors and Near Misses in Prelicensure Nursing programs at safestudentsreport.com. KSU login: US05500100  Password: ds5792NH&

9. Submit a copy of completed KSU WSON Blood and Body Fluid Post-Exposure Management Checklist with signatures of faculty and student to Associate Director of Undergraduate Nursing for filing.

Student Signature and Date

Faculty Signature and Date

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