

## STEPS TO BE TAKEN IN EVENT OF A NEEDLESTICK / BLOODBORNE PATHOGEN EXPOSURE

If a Student or Resident	If an Employee or Faculty
<ul style="list-style-type: none"> <li>• Apply first aid:               <ol style="list-style-type: none"> <li>1. Clean exposed area with soap and water for at least 15 minutes.</li> <li>2. Flush mucous membranes with water or saline for at least 15 minutes.</li> </ol> </li>   <li>• If the source patient is known and present, keep individual on-site for a blood draw (see below) *</li>   <li>• Notify instructor / clinic supervisor / hospital supervisor to report injury</li>   <li>• Obtain medical evaluation and treatment at:                Student Health Services Clinic                UTPB Suite 510                713-500-5171                Hours: M-F 8:30am – 5:00pm</li>   <li>• If after hours, call the Needlestick Hotline: 713-951-8013 (24-hr pager -- enter your contact number &amp; exposure coordinator will call you back shortly)</li>   <li>• Complete the 'Supervisor's First Report of Injury Form' to document the injury and submit to Risk Management &amp; Insurance Program at OCB 1.330 or fax 713-500-8111</li> </ul>	<ul style="list-style-type: none"> <li>• Apply first aid:               <ol style="list-style-type: none"> <li>1. Clean exposed area with soap and water for at least 15 minutes.</li> <li>2. Flush mucous membranes with water or saline for at least 15 minutes.</li> </ol> </li>   <li>• If the source patient is known and present, keep individual on-site for a blood draw (see below) *</li>   <li>• Notify instructor / clinic / supervisor / hospital supervisor to report injury</li>   <li>• Obtain medical evaluation and treatment at:                UT Health Services Clinic                UCT Suite 1620                713-500-3267                Hours: M-F 8:00am – 5:00pm</li>   <li>• If after hours, call the Needlestick Hotline: 800-770-9206 (24-hr pager -- enter your contact number &amp; exposure coordinator will call you back shortly)</li>   <li>• Complete the 'Supervisor's First Report of Injury Form' to document the injury and submit to Risk Management &amp; Insurance Program at OCB 1.330 or fax 713-500-8111</li> </ul>
<p>* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with UT Student Health Services or the hospital where the incident takes place for testing the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p>	<p>* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with UT Health Services or the hospital where the incident takes place for testing the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p>