

STUDENT Blood & Body Fluid Exposure Checklist

(For students only – Employees or Residents call Employee Health 585-275-1164)

_____ **Wash or irrigate the affected area immediately.**

_____ **Call UHS at 585-275-2662** if you are a Student or EIOH Intern

If the exposure occurred at the following sites:

F.F. Thomson Hospital call 585-396-6457

Highland Hospital call 585-341-8017 Rochester

General Hospital call 585-922-4026

_____ **Go to UHS website & print consent forms:** [Authorization for Release of Health Information](#)
(Including alcohol/drug treatment and mental health information) and confidential hiv/aids related information
([rochester.edu](#))

_____ **Download & Review informational forms:**
[Microsoft Word - Risk of Transmission \(rochester.edu\)](#)

_____ **Speak with nurse manager or Resident.** They will coordinate HIV consent from source person (Give them the consent form) and getting the blood drawn from source person.

- ❖ Once signed, the consent should be emailed to UHS mailbox:
uhsocchealth@uhs.rochester.edu -OR- fax to UHS Occ. Health 585-461-9636
- ❖ Any blood samples collected at URMC should be sent to the lab. UHS will place the order. Blood tubes needed: **2 SST and 2 lavender tubes with source patient Name, DOB, MRN #.**
Charge nurse or Medical Resident send blood samples to Micro lab @ tube 102
DO NOT ORDER IN eRecord; UHS will place send the order to Micro

_____ **Pick up PEP medication (if indicated & ordered by UHS Provider) at:**

Strong Memorial Outpatient Pharmacy (open 24 hours.) 601 Elmwood Avenue,
Rochester, NY 14642, phone: [\(585\) 275-4931](tel:5852754931) (not the Employee Pharmacy)

_____ **Follow up with UHS Occ Health** the same day (preferred) or on the following business day if happened after hours. Call: 585-275-4955.

_____ **Report the incident to Environmental Health & Safety 585-275-3241.**
(Non-employee incident report.)

For SMH Onsite Locations

Send Source Patient

Vacutainer Tubes

Stat to Micro Tube Station 102

UHS Medically

Urgent Labs

(Be sure to label each tube with patient

Name, DOB, & Medical Record # (if available)

but do not order anything in eRecord.)

Fax Source Patient Consent/Release form to

University Health Service at (585) 461-9636.

Send this form with specimens

For Offsite Locations

Examples: Sawgrass, Strong West, etc.

With the exception of affiliated hospitals which will follow their own source testing protocols, i.e. Highland, RGH, Unity, etc.

UHS Medically

Urgent Labs

Preceptor Calls: SMH Lab Client Services to arrange Courier Services to pick-up “STAT” Specimen.

(585) 758-0510, option #3

*Instruct courier to deliver specimens
directly to SMH Micro Lab.

**Fax Source Patient Consent/Release form to
University Health Service at (585) 461-9636.**

Send this form with specimens