



## *Form E – Student Exposure Incident Form – Clinical Phase*

Master of Science in Physician Assistant Studies

Dear Healthcare Professional:

One of our MSPAS students may have been exposed to bloodborne pathogens during their clinical rotation. This individual had direct contact with potentially infected blood or other potentially infectious materials.

In accordance with the requirements of OSHA's Bloodborne Pathogen Standard, the exposed student must immediately have made available to them a confidential medical evaluation and follow-up which must include at least the following elements:

- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless the clinical education site can establish that identification is infeasible or prohibited by state or local law;
  1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the clinical education site shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
  2. When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's HBV or HIV status need not be repeated.
  3. Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- c. Collection and testing of blood for HBV, HCV, and HIV serological status;
  1. The exposed student's blood shall be collected as soon as feasible and tested after consent is obtained.
- d. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
- e. Counseling
- f. Evaluation of reported illnesses

In accordance with the requirements of OSHA's Bloodborne Pathogen Standard, you are being provided with the following information:

- a. A copy of the Bloodborne Pathogen Standard  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051) Please pay special attention to sections 1910.1030 (f)(3 to 5) of the Bloodborne Pathogen Standard if you are not familiar with this regulation; the indicated sections deal specifically with post-exposure evaluation and follow-up, information provided to the healthcare professional, and the healthcare professional's written opinion;
- b. A description of the exposed student's duties as they relate to the exposure incident;
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available; and
- e. Copies of all medical records relevant to the appropriate treatment of the student, including hepatitis B virus vaccination status, which are the University's responsibility to maintain.

**Please review the provided information and complete the post-exposure evaluation form. Return the original copy of the completed form to the MSPAS Program Director and give a copy to the patient within 15 days of the completion of the evaluation.**

The healthcare professional's written opinion for post-exposure evaluation and follow-up (copies attached) must be limited to the following information:

- a. That the student has been informed of the results of the evaluation; and
- b. That the student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses must remain confidential and shall **NOT** be included in the written report. If medical follow-up is indicated, please complete the medical follow-up form for each follow-up visit and return it to the address indicated.

Signature of Medical Provider: \_\_\_\_\_

Signature of Clinical Preceptor: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_

Name of Affected Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_