Purpose: This policy describes the procedures for care and treatment after exposure to an infectious or environmental hazard including a definition of financial responsibility. This includes exposure to blood or other body fluids.

Policy:

1. Immediately after exposure to a needle puncture or mucous membrane exposure to blood or other potentially infectious material (OPIM) the student should:
   a. Clean wound with soap and water or flush affected mucous membranes with clear water
   b. Contact his or her supervisor. The student should not rely on fellow students or housestaff for instructions.

2. The student should report to the following within two hours depending on the site of clinical rotation or care:
   a. For exposures at SUNY Downstate during normal working hours, the student should report to the Student Health Service. When Student Health Services is closed, report to the Emergency Room at SUNY Downstate.
   b. For exposures at Kings County Hospital, the student should report to the Emergency Room at KCH.
   c. For exposures at other clinical sites, the student should ask the nurse in charge, who will be able to direct the student how to proceed, e.g., to the Emergency Room or the Employee Health Service.

3. At the immediate post-exposure evaluation, the student must be evaluated by a trained health professional who will assess the risk and make a recommendation regarding post-exposure prophylaxis.

4. If the student was not initially seen at the Student Health Services, the student should report there when it next opens for the necessary follow-up care. The Student Health Center is located at 440 Lenox Road, Apt 1-S, and is open Mon-Fri, 9 am-4 pm. The contact number is 718-270-1995 or 2018.

5. Services received at Student Health will be at no charge. Charges to the student’s insurance for services received in the KCH Emergency Room may be reversed by having the student report to the KCH Employee Health Service within 5 days. The student’s insurance may be charged for services received at other clinical sites.

6. It is the responsibility of the site of the clinical rotation to provide the appropriate follow-up of the source patient, if known.