Visiting Medical
Student Exposure to
Infectious and
Environmental Hazards

Policy and Procedure Manual
Upstate Medical University
Standard Precautions Procedure

Purpose:
University Hospital follows the Centers for Disease Control’s guidelines to prevent disease transmission. The current recommendations recognize Standard Precautions as the first level of protection for both healthcare workers and patients. This requires that adequate barrier techniques be used for contact with all patient’s blood and body fluids, regardless of diagnosis. All moist body substances should be handled with care, including blood, non-intact skin, mucous membranes, all body fluids, secretions and excretions (except sweat), regardless of whether or not they contain visible blood.

In addition, a health care worker whose skin has a cut, break, abrasion or dermatitis will protect the area so that no body substance contacts it. When a worker has exudative or weeping skin lesions, direct contact with patients and their body fluids will be suspended until the lesions resolve.

Modes of Transmission:
1. Blood-borne diseases including Hepatitis B and AIDS are transmitted in the following ways:
   a. By close, intimate contact such as sexual contact.
   b. From a woman to her newborn baby, presumably through blood exchange in the uterus, during birth or while breastfeeding.
   c. By shared needles among drug addicts.
   d. By transfusions of contaminated blood products (a disappearing route).
   e. By a needlestick, mucous membrane or wound contact with contaminated blood or body fluids.
2. Blood-borne diseases have not been shown to be transmitted via casual contact with patients or inanimate objects, such as talking to someone, shaking hands, delivering food or handling objects or administering medication to patients. Nor can it be transmitted from tabletops, toilet seats, telephones or equipment in patient rooms, unless obviously contaminated.

Policy Implementation:
1. Standard Precautions shall be applied to all patients, regardless of their diagnosis or presumed infection status.
2. Additional types of precautions may need to be implemented for selected patients; for example, airborne precautions for patients with tuberculosis. These Transmission Based Precautions would be in addition to the basic Standard Precautions.
3. Specific Guidelines
   a. **GLOVES:** Gloves will be worn when handling blood, body fluids, mucous membranes, non-intact skin, soiled items or specimens. New gloves will be worn for each patient contact. Hands will be washed after glove removal.
b. **GOWNS:** If a health care provider anticipates the possibility of soiling his clothing with patient material, a protective garment will be worn.

c. **FACE PROTECTION:** If the possibility of a splash of blood or body fluid to the face is anticipated, a full face-shield or eye protection and face mask will be worn.

d. **RESUSCITATION:** If a health care worker recognizes a patient’s need for emergency ventilatory support, a resuscitation mask will be used.

e. **LINEN:** All soiled linen shall be placed in a plastic linen bag and sealed prior to returning to the laundry for cleaning. All linen is considered potentially infectious.

f. **ENVIRONMENTAL CLEANING:** Gloves will be worn when cleaning up spills and decontaminating walls, table tops, floors, beds and other objects soiled with any body fluid. Body fluid spills will be cleaned up promptly. The spill will be wiped with paper towels then the area of the spill should be disinfected with the hospital approved germicide. Bulk blood spills will be flooded with the germicide, wiped up, then the area will be disinfected. Discard paper towels into red bag waste receptacle after wiping up spill.

g. **SHARPS:** Use caution when handling needles, scalpels and other sharp objects that have been used on a patient. Do not bend, break or recap needles. Place disposable sharps in a designated puncture-resistant container promptly.

h. **WASTES:** Body waste and containers of drainage can be disposed of directly into the toilet or hopper. Take care to avoid splashing. Wear personal protective equipment as needed. Soiled dressings, garbage and disposable instruments, other than sharps, should be disposed of promptly in an appropriate trash receptacle.

i. **INSTRUMENTS/EQUIPMENT:** Reusable instruments soiled with any body fluid should have the gross debris rinsed off. The instruments will be placed in a designated bin in the dirty utility room for pick up. Any equipment soiled with any body fluid will be wiped down with hospital approved germicide or disinfectant wipes. Gloves will be worn for handling instruments and equipment soiled with any body fluid.

j. **UNUSED ARTICLES:** Medications, equipment, wrapped articles, etc. that are not soiled and have not been used, need not be discarded if they have been in a patient’s room or in the operating room during a procedure.

k. **VISITORS:** Family and visitors need not wear masks, gowns or gloves for casual contact.

4. **For More Information:**

a. Individual department and unit policies will address the specific precautions associated with clinical practice in the area. Personnel with questions concerning this policy should contact the Infection Control Office at 4-5258.

**Originating Department:** Infection Control

**Contributing Department(s):** No other department(s) consulted.

**References:**


Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006

29 CFR Bloodborne Pathogens. 1910. 1030. Occupational Safety and Health Administration - Home
Hand Hygiene Policy/Procedure

Policy:
University Hospital follows CDC guidelines to eliminate or markedly reduce the number of pathogenic organisms on employee's hands, prevent their transmission between patients and reduce employee exposure to infection.

Rationale:
Hand hygiene is the single most important procedure for preventing health-care associated infections. Direct and indirect patient contact can result in transient colonization of health-care workers' hands, which can carry bacteria, viruses, and fungi that may be potentially infectious to themselves and others.

Equipment:
Sink with hand, foot or electronic controls, closed unit soap dispenser, liquid anti-microbial or non-anti-microbial soap, paper towels, waste container. Alcohol based hand gel/foam.

Background Information:
I. Hand washing is recommended when there is prolonged and intense contact with any patient.

II. Hand hygiene is necessary before and after situations in which hands are likely to become contaminated, especially when hands have had contact with mucous membranes, blood and body fluids, and secretions or excretions, and after touching contaminated items such as urine-measuring devices. Personnel should perform hand hygiene:
A. Before taking care of patients.
B. After taking care of patients.
C. Between patient contacts and between contact with different sites on the same patient.
D. After removing gloves and
E. After eating, sneezing, coughing or using the bathroom.

III. The CDC recommends vigorous rubbing together of all lathered surfaces for at least 15 seconds followed by rinsing in a flowing stream of water. If hands are visibly soiled, more time may be required.

IV. Fingernails will be kept short. If fingernail polish is used, it will be kept in good repair. Artificial fingernails (any application that is not your natural nail) are not acceptable for direct care providers or for any employee who is required to use vinyl or latex gloves to carry out their duties.

V. Each patient care area sink is equipped with dispensers that contain an antimicrobial soap and a plain soap. You should use an anti-microbial soap:
1. at the beginning of your shift  
2. upon returning to the unit after breaks  
3. after performing any care that results in visible contamination of the hands  
4. prior to performing any invasive procedure  
5. for all care of patients with C. difficile on Contact Precautions PLUS

VI. If hands are not visibly soiled, alcohol gel/foam can be used to decontaminate hands. Dispense product into the palm of one hand; rub hands together, covering all surfaces of hands and fingers till dry.

VII. Hand hygiene is still necessary after gloves are removed. Gloves may become perforated and bacteria can multiply rapidly on gloved hands.

VIII. Patients should also be taught the importance of hand hygiene.

<table>
<thead>
<tr>
<th>Hand Wash Procedure</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Turn on water faucet to a cool temperature.</td>
<td>Water that is too hot can affect skin integrity Repeated exposure to hot water increases the risk of dermatitis</td>
</tr>
<tr>
<td>2. Place hands under water.</td>
<td>To aid soap activation</td>
</tr>
<tr>
<td>2. Apply amount of soap dispensed with one pump action.</td>
<td>Overuse of soap product may cause drying of hands and dry cracked hands may harbor bacteria, viruses, fungus.</td>
</tr>
<tr>
<td>3. Rubbing briskly, wash all surfaces of hands including between fingers, for at least 15 seconds.</td>
<td>The principle of good hand washing technique is primarily that of mechanical removal of dirt and microorganisms, using friction and rinsing under running water.</td>
</tr>
<tr>
<td>5. Rinse thoroughly under running water.</td>
<td>To lessen skin irritation from soap residue</td>
</tr>
<tr>
<td>6. Pat hands dry with paper towels, discarding the paper towels in waste container.</td>
<td>All faucet handles are considered contaminated.</td>
</tr>
</tbody>
</table>

Originating Department: Infection Control  
Contributing Department(s): No department(s) consulted  
Reference:  
Contact Precautions

Contact precautions are designed to prevent transmission of illnesses that are transmitted by direct patient contact or by contact with items in the patient’s environment.

Specifications for Contact Precautions

1. Hand hygiene must be performed to enter room and when leaving room, before and after touching patient or potentially contaminated articles and after removal of PPE.
2. Wear gloves when entering the room. Remove gloves before leaving the room.
3. Gowns are indicated for all those entering the room. Exception: Gown use in pediatrics is indicated for close patient contact only. Refer to Pediatric Contact Precautions sign: F83154
4. Dedicate the use of non-critical patient care equipment to a single patient.
5. A private room is indicated for patients infected or colonized with resistant organisms.
6. Cohorting of patients with the same organism is acceptable.
7. Patients are restricted to their rooms, except for medically necessary procedures.
8. Pediatric patients and visiting siblings are restricted from playrooms, the Family Resource Center and scheduled performances.
9. Visitors should be directed to perform hand hygiene upon entering the patient room and to leave the room. Visitors are not required to wear gowns and gloves.

Transporting patients on Contact Precautions

1. Nursing unit must inform the receiving department that the patient being transported is on precautions.
2. Wear gloves and gowns when assisting a patient to a wheelchair or a stretcher.
3. Remove gloves and gowns and wash hands. Gowns and gloves are not required to transport the patient (push wheelchair or stretcher). Extra gloves can be placed in the transporter’s pocket to deal with any unexpected in-route, direct contact with the patient.
4. Any surfaces or equipment (side rails, IV poles, etc.) that become contaminated in the transfer of the patient to the wheelchair or stretcher should be disinfected with disposable disinfectant wipes, prior to leaving the patient’s room. It is not necessary to put monitors and resuscitation boxes in plastic bags. This equipment can be wiped down with disposable disinfectant wipes when the transport is complete.
5. Patient charts must not be placed on the patient. The transporter should carry the chart or use wheelchair pocket. For stretchers, the chart can be placed beneath the head of the stretcher.
6. When transporting patients from the critical care areas, one transporter may need to wear a gown and gloves and one transporter must remain free to open doors, push elevator buttons, etc.
Diseases or Conditions Requiring Contact Precautions

Bronchiolitis - infants & young children
Conjunctivitis, viral and etiology unknown
Croup
Diphtheria-cutaneous
Enteroviral infections - infants and young children
Group A Streptococcal disease – major skin, wound or burn
Hepatitis A – see comments Disease Reference Chart IC C-04
Herpes Zoster (shingles) – disseminated disease in any patient
Herpes simplex: Mucocutaneous, disseminated, severe primary or neonatal
Human metapneumovirus
Impetigo
Multiply-resistant bacteria, infection or colonization (any site) with any of the following:
1. MRSA (Methicillin resistant Staphylococcus aureus), Staphylococcus aureus resistant to methicillin (or nafcillin or oxacillin if they are used instead of methicillin for testing).
2. Pneumococcus resistant to penicillin.
3. Haemophilus influenzae resistant to ampicillin (beta-lactamase positive) and chloramphenicol.
4. VRE (Vancomycin Resistant Enterococcus), Enterococci resistant to vancomycin.
5. Other resistant bacteria may be included, if they are judged by the Infection Control Department to be of special clinical and epidemiologic significance.
Open and/or uncontained draining major wound
Parainfluenza virus respiratory infection - in infants & young children
Pediculosis
Poliomyelitis
Rabies
Rotavirus gastroenteritis
RSV
Rubella, congenital and other
SARS
Scabies
Scalded skin syndrome, staphylococcal (Ritter’s disease)
Staphylococcal disease - major skin, wound or burn
Tuberculosis - extrapulmonary with draining lesion
Vaccinia – refer to Disease Reference Chart IC C-04

Originating Department: Infection Control
Contribution Department(s): No other department(s) consulted.

References:

Contact Precautions Sign: F83093
Pediatric Contact Precautions Sign: F83154
Contact Precautions PLUS

Contact Precautions PLUS is designed to prevent transmission of Clostridium difficile from contact with the patient and the patient’s environment. Handwashing, barrier use and environmental cleaning, using a bleach product, are all important in preventing the spread of this spore-forming organism. The ability of spores to survive in the environment for extended periods makes mechanical friction for removal of contamination an important aspect of both handwashing and surface cleaning.

Specifications for Contact Precautions PLUS

1. Wear gloves when entering the room. Remove gloves before leaving the room. Gowns are indicated for all those entering the room. Exception: Gown use in Pediatrics is indicated for close patient contact only. Refer to Pediatric Contact Precautions PLUS sign.
2. Dedicate the use of non-critical patient care equipment to a single patient.
3. Do not use waterless products. Hands must be washed after touching the patient, or potentially contaminated articles, and before taking care of another patient. Friction provides physical removal of contamination.
4. The following criteria will be used for room assignment:
   a. Private room. Prioritize private rooms for patients who have poor hygiene or uncontrolled diarrhea.
   b. If no private room: cohort with another patient with the same diagnosis. Cohorts should take place on the same nursing unit.
   c. If cannot provide private room or cohort patient, the administrative supervisor will place the patient in a semi-private room. The roommate will not be on antibiotics, be over the age of 65 or be immune compromised.
5. Visitors should be directed to wash their hands upon entering the patient room and prior to leaving the room. Visitors should not use patient bathroom. Visitors are not required to wear gowns and gloves.
6. Environmental Services will change disposable disinfectant wipes to a bleach based wipe.

Transporting patients on Contact Precautions PLUS

1. Nursing unit must inform the receiving department that the patient being transported is on precautions (specify which category).
2. Wear gloves and gowns when assisting a patient to a wheelchair or a stretcher.
3. Remove gloves and gown and wash hands. Gowns and gloves are not required to transport the patient (push wheelchair or stretcher). Extra gloves can be placed in the transporter’s pocket to deal with any unexpected in-route, direct contact with the patient.
4. Any surfaces or equipment (side rails, IV poles, etc.) that become contaminated in the transfer of the patient to the wheelchair or stretcher should be disinfected with disposable bleach wipes, prior to leaving the patient's room. It is not necessary to put monitors and resuscitation boxes in plastic bags. This equipment can be wiped down with disposable wipes when the transport is complete.

5. Patient charts must not be placed on the patient. The transporter should carry the chart. For stretchers, the chart can be placed beneath the head of the stretcher.

6. When transporting patients from the critical care areas, one transporter may need to wear a gown and gloves and one transporter must remain free to open doors, push elevator buttons, etc.

Originating Department:   Infection Control
Contributing Department(s):   Environmental Services

References:
• Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA).

Contact Precautions PLUS sign:   #F88465
Pediatrics Precautions PLUS sign:   #F88466
Needlestick/Body Fluid Exposure General Guidelines

Patient Source Evaluation*
All source patients will be tested for hepatitis B surface antigen (HBSA), hepatitis C antibody by enzyme immunoblot assay (EIA) and HIV antibody after informed consent is obtained with the following exceptions.
1. Patient declines to be tested.
2. Patients confirmed to be hepatitis B carriers or HIV positive do not need repeat HBV or HIV testing.
3. Patients with reliable documentation of hepatitis C antibody positivity by EIA and recombinant immunoblot assay (RIBA) do not need repeat HCV testing.
4. If the employee is a known responder to the hepatitis B vaccine then the patient source does not need HBSA testing.

*For special circumstances for Release of Information, see Administrative Policy M-01.

Health Care Worker Follow-Up
Hepatitis B:
See table Recommended Post Exposure Prophylaxis for Percutaneous or Mucous Membrane Exposure to Hepatitis B Virus.

Hepatitis C:
A baseline hepatitis C antibody EIA will be requested on those HCWs exposed to a positive source. A follow-up hepatitis C virus ribonucleic acid qualitative test will be requested at 4 to 6 weeks, following exposure for those with significant blood or body fluid contact to patients EIA and RIBA antibody test positive.

HIV:
An HIV antibody test will be drawn on the exposed HCW, after obtaining informed consent. If the source patient is found to be HIV negative, an additional 12 weeks HIV follow-up is offered for the HCW, because of the remote possibility that the source patient was newly infected and had not yet developed antibody. If the HCW refuses the HIV test and baseline blood work was obtained, a blood sample will be saved for 90 days. If during the 90 days the individual consents to the testing, then the blood will be tested.

If the source patient is HIV positive or withholds consent for testing, refer to Known HIV positive source or unknown HIV status.
Known HIV Positive Source or Unknown HIV Status
1. If the source patient is known HIV positive or unknown HIV status, post exposure prophylaxis (PEP) will be discussed with the employee.
2. If the HCW wishes to pursue PEP, the Post Exposure Follow-up Policy is followed.
3. If the source patient is found to be HIV negative and there is no evidence that the patient is HIV infected, PEP is discontinued. HIV follow-up for the exposed HCW would include testing at the time of exposure and would be offered at 12 weeks.
4. If the source patient is HIV positive or does not consent to testing, HIV testing is recommended for the exposed employee. The testing schedule would include a baseline HIV test and repeat testing at 6 weeks, 3 months and 6 months.

Recommended Post Exposure Prophylaxis for Peri- cutaneous or Mucous Membrane Exposure to Hepatitis B Virus

<table>
<thead>
<tr>
<th>Vaccination and antibody response status of exposed person</th>
<th>Treatment when source is hepatitis B surface antigen positive</th>
<th>Treatment when source is hepatitis B surface antigen negative</th>
<th>Treatment when source is hepatitis B surface antigen positive unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Hepatitis B Immune Globulin x 1 (HBIG), initiate hepatitis B vaccine series</td>
<td>Initiate hepatitis B vaccine series</td>
<td>Initiate hepatitis B vaccine series</td>
</tr>
<tr>
<td>Previously Vaccinated: Known responder¹</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>Known non-responder</td>
<td>HBIG x 2, or HBIG x 1 and initiate revaccination</td>
<td>No treatment</td>
<td>If known high-risk source, treat as if source were hepatitis B surface antigen positive</td>
</tr>
<tr>
<td>Antibody response unknown</td>
<td>Test exposed person for hepatitis B antibody, 1. If adequate¹, no treatment 2. If inadequate¹, HBIG x 1 and vaccination booster</td>
<td>No treatment</td>
<td>Test exposed person for hepatitis B antibody, 1. If adequate¹, no treatment 2. If inadequate¹, initiate revaccination</td>
</tr>
</tbody>
</table>

¹ Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen (>10 mIU/ml), inadequate response to vaccination defined as serum antibody to hepatitis B surface antigen (< 10 mIU/ml)

Originating Department: Infection Control
Contributing Department(s): Employee/Student Health

References:

29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule, Federal Register, OSHA

Needlestick/Body Fluid Exposure Follow-Up Policy

GENERAL
All puncture wounds and other exposures to blood and body fluids will be reported. By doing so prophylaxis, if needed, can be started as soon as possible.

This policy applies to all employees, students and volunteers.

EXPOSURE INCIDENT DEFINITION
A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or any body fluid visibly contaminated with blood or with potentially infectious material as identified below:

<table>
<thead>
<tr>
<th>Potentially Infectious Body Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semen</td>
</tr>
<tr>
<td>Vaginal fluid</td>
</tr>
<tr>
<td>Pleural fluid</td>
</tr>
<tr>
<td>Synovial fluid</td>
</tr>
<tr>
<td>Amniotic fluid</td>
</tr>
<tr>
<td>Peritoneal fluid</td>
</tr>
<tr>
<td>Pericardial fluid</td>
</tr>
<tr>
<td>Cerebrospinal fluid</td>
</tr>
</tbody>
</table>

- Saliva in dental procedures or through a human or primate bite
- Unfixed tissues or organs from living or dead humans
- Organ cultures, culture media or similar solutions
- Blood, organs and tissues from experimental animals infected with HIV or HBV
- HIV or HBV containing cell or tissue cultures
- Or where it is difficult or impossible to differentiate between fluids

Contamination to intact skin is not defined as an exposure, unless extensive or prolonged.
Proper Response to Blood and Body Fluid Exposure

1. Exposures in University Hospital and Other Syracuse Area Facilities
   - Immediately wash the affected area with soap and water or for eye involvement, flush with clean water or normal saline
   - Call Employee/Student Health (ESH) at 464-4260 on weekdays between 7:30 AM - 4 PM
   - Report to the University Hospital Emergency Department after hours, weekends and holidays
   - An Injury Report (following) must be completed and submitted to Employee/Student Health.
     (this form is also available at http://www.upstate.edu/intra/forms/pdf/f83120.pdf)

2. Exposures in Facilities Outside of the Syracuse area
   - Immediately wash the affected area with soap and water or for eye involvement, flush with clean water or normal saline.
   - Immediately report to the nearest Emergency Department unless the student is familiar with the specific facility procedure for exposures.
   - If exposure occurs in an outpatient setting, report to the nearest Emergency Department without delay.
   - Call ESH to report the exposure. If after hours, leave a voicemail message and a contact number.
   - Follow-up testing is coordinated by ESH

3. Post-exposure Evaluation and Management
   - Notify ESH as soon as possible, regardless of the facility where the exposure occurred
   - ESH or the Emergency Department practitioner determines the type and extent of exposure and coordinates assessment and testing of the source patient for HIV, hepatitis B and hepatitis C
   - Baseline testing is obtained on the exposed individual for hepatitis B, hepatitis C, and HIV, if indicated
   - Testing of source patient is done with appropriate consent
   - Counseling is provided by the ESH or Emergency Department practitioner - information about the risk of the exposure, risk/benefit of post-exposure prophylaxis (PEP) and follow-up plan
     - No risk of blood borne infection – PEP is not indicated
     - Source patient is HIV positive or unknown – begin PEP (ideally within 1 hour of exposure, but no later than 36 hours)
     - Source patient is HIV negative – PEP is not indicated
   - Follow-up testing is arranged by ESH
This is an Interactive Document. You may fill out on line and print as many copies as needed.

- The injured person must complete Part 1 (below) and Part 3 (on reverse side).
- The injured person’s supervisor must complete Part 2 and submit to the Human Resources Benefits Office located in 204 Jacobson Hall or fax to 315-464-4390.
- If injury/illness involves communicable disease/needle stick exposure, please contact infection control at (315) 464-5258 between the hours of 8am & 5pm, after 5pm contact the ER at (315) 464-5612.
- State Employees must also call The Accident Reporting System 1-888-800-0029 Monday-Friday, 8:00am-9:00pm.

### Part 1

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Employee ID #</th>
<th>Date and time of injury/illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address - Street</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City | State | Zip Code | Home Telephone # | Please Check One: |
|-----|-------|----------|-------------------|-------------------|

Department | Job Title | Work Telephone # |
|------------|-----------|------------------|

Please provide exact location where incident occurred:

Describe what you were doing when the injury/illness occurred:

Please provide the name(s) of any witness(es):

What tools, equipment, objects or substances were involved?

Did you receive medical treatment? Yes [ ] No [ ]

If Yes, on what date?

Did you go to the Emergency Room? [ ] No [ ] Yes

Were you admitted to the hospital? [ ] No [ ] Yes

Treating Healthcare Provider information – Name

Address

City

State

Zip

Phone Number

### Part 2

Name of supervisor working when injury/illness occurred:

Date you were notified of injury/illness: ____________

What time:

Time employee began work on date of injury:

Did employee continue working? [ ] Yes [ ] No

If No, date employee left work:

(if applicable)

Date employee returned: ____________

Please check employee’s regular pass days:

[ ] Sun [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri [ ] Sat

Supervisor’s Comments:

Have any corrective action(s) or preventive measures been taken as a result of this injury/illness? (e.g., notified appropriate department head of safety issue, requested workstation evaluation, etc.)

Supervisor’s Signature

Telephone #:

Date: ____________

F83120 Rev. 11/2011
## PART 3

Please check all that apply with respect to your injury/illness. You should have at least one box checked in each column.

<table>
<thead>
<tr>
<th>Body Part(s)</th>
<th>Nature of Injury/Illness</th>
<th>Event(s)/Cause(s)</th>
<th>Source(s)/Exposure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>Abrasion(s)/Scratch(s)/Scratch(es)</td>
<td>Alleged Assault</td>
<td>Animal</td>
</tr>
<tr>
<td>Ankle (Left)</td>
<td>Allegic Reaction(s)</td>
<td>Alleged Harassment</td>
<td>Bacteria, Virus, Fung</td>
</tr>
<tr>
<td>Ankle (Right)</td>
<td>Bite(s)/String(s)</td>
<td>Bending/Stooping</td>
<td>Bod/Stand</td>
</tr>
<tr>
<td>Arm (Left)</td>
<td>Breathing Difficulty</td>
<td>Climbing</td>
<td>Blood/Body Fluids</td>
</tr>
<tr>
<td>Arm (Right)</td>
<td>Burn(s)</td>
<td>Collapse</td>
<td>Body Movement/Motion</td>
</tr>
<tr>
<td>Back, Including Spine</td>
<td>Chest Pain</td>
<td>Collided with</td>
<td>Broken Glass, Sharp Object</td>
</tr>
<tr>
<td>Body Systems</td>
<td>Head Injury</td>
<td>Computer Use</td>
<td>Buildings and Premises</td>
</tr>
<tr>
<td>Breast (Left)</td>
<td>Contusion(s)/Bruise(s)</td>
<td>Construction</td>
<td>Cart(s)/Dollies</td>
</tr>
<tr>
<td>Breast (Right)</td>
<td>Crush Injury</td>
<td>Contract with</td>
<td>Chemical(s)</td>
</tr>
<tr>
<td>Buttock(s)</td>
<td>Repetitive Strain/Sprain</td>
<td>Fall</td>
<td>Cleaning Agent(s)</td>
</tr>
<tr>
<td>Chest</td>
<td>Death</td>
<td>Groundswork</td>
<td>Communicable Disease</td>
</tr>
<tr>
<td>Ear (Left)</td>
<td>Dislocation(s)</td>
<td>Housekeeping</td>
<td>Computer</td>
</tr>
<tr>
<td>Ear (Right)</td>
<td>Dizziness</td>
<td>Ingestion</td>
<td>Coworker</td>
</tr>
<tr>
<td>Elbow (Left)</td>
<td>Electric Shock</td>
<td>Inhalation</td>
<td>Dust/Airborne Particles</td>
</tr>
<tr>
<td>Elbow (Right)</td>
<td>Exposure(s)</td>
<td>Knecaling</td>
<td>Electricity</td>
</tr>
<tr>
<td>Eye (Left)</td>
<td>Foreign Body</td>
<td>Lifting</td>
<td>Elevator</td>
</tr>
<tr>
<td>Eye (Right)</td>
<td>Broken Bone</td>
<td>Material Handling</td>
<td>Equipment</td>
</tr>
<tr>
<td>Face</td>
<td>Headache</td>
<td>Needle Stick</td>
<td>Explosion and/or Fire</td>
</tr>
<tr>
<td>Finger(s) (Left Hand)</td>
<td>Hearing Disorders/Loss</td>
<td>Overexertion</td>
<td>Falling Object(s)</td>
</tr>
<tr>
<td>Finger(s) (Right Hand)</td>
<td>Hernia</td>
<td>Patient Contact</td>
<td>Floor</td>
</tr>
<tr>
<td>Foot (Left)</td>
<td>Infection/Parasitic Disease</td>
<td>Patient Handling/Transfer</td>
<td>Friction</td>
</tr>
<tr>
<td>Foot (Right)</td>
<td>Internal Organ Injury</td>
<td>Pinched</td>
<td>Fume(s)/Noxious Odor(s)</td>
</tr>
<tr>
<td>Groin</td>
<td>Laceration(s)/Cut(s)</td>
<td>Pushing</td>
<td>Gas(es)</td>
</tr>
<tr>
<td>Hand (Left)</td>
<td>Loss of Consciousness</td>
<td>Reaching</td>
<td>Ground</td>
</tr>
<tr>
<td>Hand (Right)</td>
<td>Mental Disorders/Stress/Angority</td>
<td>Repetitive Work</td>
<td>Hand Tool(s)</td>
</tr>
<tr>
<td>Head</td>
<td>Muscle/Tendon/Ligament/Joint In.</td>
<td>Restraining Patient</td>
<td>Hot or Cold Temperature</td>
</tr>
<tr>
<td>Hip (Left)</td>
<td>Nausea/Vomiting</td>
<td>Slip/Trip/Loss of Balance (two fall)</td>
<td>Insect(s)</td>
</tr>
<tr>
<td>Hip (Right)</td>
<td>No Apparent Injury</td>
<td>Spill</td>
<td>Instrument(s)</td>
</tr>
<tr>
<td>Internal Organ(s)</td>
<td>Numbness/Tingling</td>
<td>Spray/Splash</td>
<td>IV Tubing</td>
</tr>
<tr>
<td>Knee (Left)</td>
<td>Pain</td>
<td>Struck against</td>
<td>Lighting</td>
</tr>
<tr>
<td>Knee (Right)</td>
<td>Paralysis/Weakness</td>
<td>Struck by</td>
<td>Loud Noise</td>
</tr>
<tr>
<td>Leg (Left)</td>
<td>Poisoning</td>
<td></td>
<td>Motor Vehicle(s)</td>
</tr>
<tr>
<td>Leg (Right)</td>
<td>Puncture(s)</td>
<td></td>
<td>Needle(s)/Sharp object(s)</td>
</tr>
<tr>
<td>Lip(s)</td>
<td>Respiratory Distress/Shortness of Breath</td>
<td></td>
<td>Office Equipment</td>
</tr>
<tr>
<td>Lung (Left)</td>
<td>Seizure</td>
<td></td>
<td>Organic Compound(s)</td>
</tr>
<tr>
<td>Lung (Right)</td>
<td>Skin Disorder/Rash/Hives</td>
<td></td>
<td>Paints/Solvents</td>
</tr>
<tr>
<td>Mouth</td>
<td>Sprain(s)/Sprain(s)</td>
<td></td>
<td>Parking Garage</td>
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<tr>
<td>Neck</td>
<td>Swelling</td>
<td></td>
<td>Parking Lot</td>
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<tr>
<td>Nose</td>
<td>Visual Disturbance</td>
<td></td>
<td>Patient</td>
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<tr>
<td>Pelvis</td>
<td>Seizure</td>
<td></td>
<td>Radiation</td>
</tr>
<tr>
<td>Rib(s) (Left Side)</td>
<td>Skin Disorder/Rash</td>
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<td>Scaffold</td>
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<tr>
<td>Rib(s) (Right Side)</td>
<td>Sprain(s)/Sprain(s)</td>
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<td>Sidewalk/Curb/Pavement</td>
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<tr>
<td>Sacrum/Coxxy</td>
<td>Swelling</td>
<td></td>
<td>Snow/ice</td>
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<tr>
<td>Shoulder (Left)</td>
<td>Visual Disturbance</td>
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<td>Stairwells/Shaftways</td>
</tr>
<tr>
<td>Shoulder (Right)</td>
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<td>Steam</td>
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<tr>
<td>Skin</td>
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<td>Student</td>
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<tr>
<td>Stomach</td>
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<td>Vibration</td>
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<tr>
<td>Teeth</td>
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<td>Visitor</td>
</tr>
<tr>
<td>Thigh (Left)</td>
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<td>Volunteer</td>
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<tr>
<td>Thigh (Right)</td>
<td></td>
<td></td>
<td>Water/Liquid</td>
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<tr>
<td>Thumb (Left)</td>
<td></td>
<td></td>
<td>Window/Door</td>
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<td>Thumb (Right)</td>
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<tr>
<td>Toe(s) (Left Foot)</td>
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</tr>
<tr>
<td>Toe(s) (Right Foot)</td>
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</tr>
<tr>
<td>Tongue</td>
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<tr>
<td>Wrist (Left)</td>
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<tr>
<td>Wrist (Right)</td>
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<tr>
<td>Other - List:</td>
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</tbody>
</table>

Signature of Injured Person: ☐ I request that my name not be entered on the "Log of Work Related Injuries and Illness": Date

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**TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT:**

ARS#: Case #: SIF#: Date Sent to: Supervisor: Employee Health: Risk Management:
Effects on Medical Student Learning Activities.

In the event of exposure, medical students should contact Student Health as soon as possible. If learning activities are interrupted, the Director of Student Health, upon verification and understanding of specific scenario, will contact the Dean of Student Affairs. The Dean will communicate and make arrangements with faculty regarding absence, make up of work, and future action plan.

Financial Responsibility

Students are responsible for any charges related to post-exposure evaluation, treatment and follow-up. These expenses are not covered by the Student Health fee or by Worker’s Compensation, and should be submitted to the student’s health insurance for payment.

Expenses incurred for evaluation and management due to blood and body fluid exposure are not covered by SUNY Upstate Medical University. Students must submit charges to their own insurance.
As a Visiting Medical Student to SUNY Upstate Medical University, my signature below affirms that I have received the policies and procedures for exposure to infectious and environmental hazards as outlined in the Visiting Medical Student Exposure to Infectious and Environmental Hazards Policy and Procedures Manual.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>