ACCIDENTAL INJURY/EXPOSURE PROTOCOL FOR STUDENTS

I. PURPOSE

To provide detailed information on how to obtain appropriate treatment for a student who has been involved with an accidental injury in the clinical agency.

II. PROCEDURE FOR ACCIDENTAL INJURY/EXPOSURE

If a student is accidentally injured in a clinical setting, including College Labs, the following protocol will be enforced.

1. Immediately inform the instructor of the incident and the supervisory personnel in the clinical agency.

2. Complete the Incident Report for the agency and/or an Accidental Injury/Exposure Report for the College. On campus exposure notifies Public Safety to complete and file the report for the College.

3. If an agency has an Employee Health Office, refer student to that office for assessment. If no Employee Health Office or the equivalent is available refer the student to the Emergency Room.

4. A student who is exposed in clinical/externships must submit all bills to the Human Resource Officer of the College, to initiate payment. A student who is exposed in the laboratories on campus must take all bills to the Business Office at Piedmont Technical College. Failure to do so may make the student ultimately responsible for all costs incurred.
ACCIDENTAL INJURY/EXPOSURE REPORT

Student name: _______________________________ P# _____________________________

Date of incident: ________________________ Clinical location: _________________________

Nature of incident: accidental injury ____________ exposure ___________________________

Accidental Injury/Exposure

Description of the incident: _______________________________________________________

______________________________________________________________________________

Was the student taken to the Health Care Services or ECC? Yes _________________________

No, student declined _______________

Describe the treatment/counseling received by the student.

______________________________________________________________________________

______________________________________________________________________________

Name of the care giver: _________________ Follow-up treatment required? ______________

Did the student receive counsel regarding the implications of the exposure? ______________

Is the source patient known? ____________________________

Was permission received from the source for appropriate testing? Yes _________________

No, source declined ___________________

What follow-up is recommended for the student?

______________________________________________________________________________