

NORTHWOOD TECHNICAL COLLEGE
HEALTH SCIENCES
STUDENT POLICIES

EXPOSURE CONTROL PROCEDURES (NEEDLE STICK)

Employees and students at Northwood Tech recognize that even with strict adherence to standard precautions and exposure prevention practices, exposure incidents may occur. Northwood Tech has an exposure control plan in place to assure appropriate and timely post-exposure follow-up.

- a. The involved student will report the incident immediately to their onsite supervisor. By the end of the day the Program Director and the Northwood Tech College Health Nurse must be contacted.
- b. If the incident occurs at a clinical site, clinical agency policy is implemented first.
- c. Northwood Tech Accident/Injury Report Form is completed and given to the Northwood Tech Health Nurse and Program Director.
- d. The College Health Nurse follows the Northwood Tech Exposure Control Plan.
- e. The College Health Nurse collaborates with the student and program staff as needed.
- f. The College health nurse or Program Director provides completed documentation to the Dean, Health Sciences.



Accident/Injury Report

General Information	
Today's Date:	Campus Location:
Name of Injured:	
Address of Injured:	
Home/Cell Phone #:	
Date of Birth:	
Status of Injured:	
<input type="checkbox"/> Northwood Tech Employee <input type="checkbox"/> Northwood Tech Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other	
Employee ID#:	Student ID#:
If employee was any work missed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any work be missed due to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident/Injury Details:	
Date of Accident/Injury:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Specific Location where injury occurred:	
Name(s) of other individuals(s) involved:	
Witness(es) (Name and Phone number): (Witness(es) may be asked to complete Accident/Injury Witness Report if they do not do so right away)	
Describe activity prior to the incident:	
Describe exactly how the accident/Injury occurred:	
What part of your body was injured?	
Have you ever injured this part of your body before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when?	

Specify machine, tool, substance, or object connected with the accident/injury?	
Unsafe mechanical/physical/environmental condition at time of accident (be specific):	
What could prevent this type of incident from occurring again?	
Initial Treatment (check all that apply)	
<input type="checkbox"/> No Medical Treatment <input type="checkbox"/> Seen by College health Nurse (notes sent to Safety Team under separate cover) <input type="checkbox"/> Clinic/Hospital/Emergency Room <input type="checkbox"/> Hospitalized overnight <input type="checkbox"/> Future major medical/lost time anticipated <input type="checkbox"/> Went home <input type="checkbox"/> Returned to work	
Treating Clinic/Hospital/Physician (Name and Address):	
Signature of person injured:	Signature Date:
If injured person is not able to complete the Accident Injury Report Form:	
Printed name of person completing form on Injured person's behalf:	
Signature of person completing form on Injured person's behalf:	Date:



Significant Exposure Form

Exposed Person Data <i>(Completed by exposed person)</i>	
Name:	Phone #:
Address:	
Date of Exposure:	Location:
<input type="checkbox"/> Student	<input type="checkbox"/> Employee
Program Area:	Division:
Description of Exposure <i>(Completed by Instructor/Staff)</i>	
<i>Type of Exposure:</i> <input type="checkbox"/> Blood-body fluid into body orifice (nose, mouth) <input type="checkbox"/> Blood exchanged from penetrating wound, including needle puncture <input type="checkbox"/> Human bite where skin is broken <input type="checkbox"/> Blood/body fluid exposure – mouth-to-mouth resuscitation	
Type and estimated volume of fluid exchanged:	
Anatomical site exposed:	
Specific description of incident:	
Source Person Data	
Client Name:	
Address:	
Name of Physician, Hospital, Clinic:	
Diagnoses:	
The above is an accurate description of the exposure. Disclosure to the exposed person of the source person's HIV/Hepatitis B/Hepatitis C test results is requested.	
Exposed Person:	Date:
Instructor/Staff:	Date: