

## MORAVIAN UNIVERSITY

### BLOODBORNE PATHOGEN POST-EXPOSURE PLAN FOR CLINICAL STUDENTS

#### **Post-Exposure Procedures**

Involving a needlestick or other potential exposure to a bloodborne pathogen by a student, intern, or assigned volunteer.

#### **Immediate Post-Exposure:**

1. **Cleanse the wound and surrounding area** with soap and water (for a needlestick or body fluid exposure), or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face/eye).
2. **Inform a supervisor that an exposure has occurred.** Provide details about the time and location of the incidence, and what type of exposure occurred (e.g., needlestick, contact with blood or body fluid)
3. **Report to one of the following locations according to where the exposure occurs:**
  - On Moravian University's campus 9 am to 4 pm:
    - Report to the Student Health Center, 250 W. Laurel Street (Hillside 5H), Bethlehem, PA 18018. (610) 861-1567
  - On Moravian University's campus before/after Health Center hours:
    - St. Luke's North (Walk-In Care), 153 Brodhead Road, Bethlehem, PA 18017. (484) 526-3000 **OR**
    - St. Luke's University Hospital, Bethlehem (Emergency Department) 801 Ostrum Street, Bethlehem, PA 18015. (484)-526-4500
  - IF off campus exposure/out of area:
    - a. Report to the nearest hospital Emergency Department for evaluation and treatment. b. **Tell the triage staff** you experienced an occupational blood/body fluid exposure or needlestick.

#### **After Receiving Care**

1. **Inform your Department Head** of your exposure as soon as possible.
2. **Complete the Bloodborne Pathogens Exposure Report form** within 24-hours of your exposure (available at: <https://www.moravian.edu/rehab/athletic-training/clinical-education>)
3. **Send a copy of the Bloodborne Pathogens Exposure Report form** to the area suited to your position:
  - a. **Nursing:**  
Moravian University Health Center: 250 W Laurel Street, Bethlehem Pa 18018  
or email to Health Center Coordinator: Theresa Hudak ([hudakt02@moravian.edu](mailto:hudakt02@moravian.edu));  
Phone: 610-861-1567

For questions about these procedures to:

Moravian University Health Center Coordinator, Theresa Hudak: 610-861-1567 ([hudakt02@moravian.edu](mailto:hudakt02@moravian.edu))

**What are the exposed bloodborne individual's responsibilities?**

The exposed individual is responsible for:

1. Becoming familiar with post-exposure procedures before an exposure occurs.
2. Obtaining medical treatment and follow up. (See "Post Exposure Procedures" above)
3. Completing necessary form(s). These are available at:  
<https://www.moravian.edu/rehab/athletic-training/clinical-education>
4. Notifying your supervisor of your exposure.
5. Billing for your evaluation may be submitted to your insurance unless your department has made alternate arrangements for evaluation and testing

**What are the responsibilities of the supervisor?**

The supervisor is responsible for:

1. Becoming familiar with post-exposure procedures before an exposure occurs.
2. Knowing the location of the nearest health care provider able to perform post-exposure evaluation and treatment.
3. Informing the Department Head or Health Center of a bloodborne pathogen exposure.

**What are the responsibilities of the department?**

The department is responsible for:

1. Disseminating post-exposure information to students, interns, or assigned volunteers who are at risk for exposure to human blood/body fluids.
2. Informing the Student Health Center of a bloodborne pathogen exposure.
3. Informing the exposed individual's home department/program of a bloodborne pathogen exposure.

## Moravian University Bloodborne Pathogens Exposure Report Form

Name \_\_\_\_\_ DOB \_\_\_\_\_

Department/Program: Cell Phone

1. When the incident occurred (date and time)
2. Where the incident occurred
3. What potentially infectious materials were involved - Type of fluid (i.e., blood)
4. The route(s) of exposure: circle one Needlestick / Splash / Other: Describe\_\_
5. The circumstances under which the exposure incident occurred (Type of work being done)
6. How the incident was caused (Accident, Unusual circumstance (equipment malfunction, etc.), Description of the device being used)
7. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law (HIV and HBV status of the source, if known)
  - Source Name and date of birth:
  - Facility where Exposure occurred:
  - Facility where Exposure was evaluated:
  - Was testing completed on YOU (the exposed individual)?
  - Was testing completed on the source patient (or will be tested)?
8. Follow up after exposure to review testing will be done at what location?

Any questions please contact the Moravian University Health Center – 610-861-1567 or via email to Theresa Hudak at [hudakt02@moravian.edu](mailto:hudakt02@moravian.edu)

BBP Post Exposure Plan 2/2018; Reviewed 8/2025