



COLUMBIA UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY

Post Exposure **PRINT&GO** Sheet

Bloodborne Pathogens post-exposure guidance

Created: 8/03/2016

Revised: 1/14/2019

<https://research.columbia.edu/sites/default/files/content/EHS/Homepage/bbpPrintAndGo.pdf>

What are print and go sheets?

Following an occupational exposure to the agent identified above, this information sheet identifies the immediate “first aid” actions that should be taken. A medical evaluation should be sought immediately following the exposure. The guidance sheet provides information that medical personnel can reference but does not provide individualized medical care or treatment. This sheet should be printed and taken to the medical provider. Also, display your Columbia University ID card while visiting the medical provider.

Hazard summary:

Potential exposure to Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency virus (HIV) and other bloodborne pathogens (BBP) warrants serious attention. The Columbia University BBP exposure control plan (<https://research.columbia.edu/system/files/EHS/Policies/BBPECP.pdf>) describes the full BBP program.

Post-exposure Medical Surveillance:

If exposure occurs Mon. to Fri., 8:00 am - 4:00 pm: Employees from CUIMC, Morningside and Manhattanville campuses go to the Workforce Health and Safety (WHS) clinic located at Harkness Pavilion 1 South 176 Fort Washington Ave (212-305-7590). CUIMC students go to Student Health Services at 60 Haven Avenue (212-305-3400). Morningside students go to Columbia Health in the John Jay Building (212-854-7426). For after-hours exposure, go to the New York Presbyterian Hospital or Mount Sinai St. Luke's Hospital (212-523-3335) Emergency Room (ER). Give this sheet to the physician so they understand that you may have just been exposed to BBP, and this is a medical emergency.

1. **Verify that first aid was performed** – Ensure skin was washed with soap and water for 5 minutes and mucus membranes or eyes with plain water for 10 minutes. Confirm that the area of injury is not squeezed and chemicals like bleach are not used as they are not known to be beneficial and may break down the barrier function of the skin.
2. **Document and understand the exposure** – Confirm if exposure was mucocutaneous or percutaneous. Determine the nature of the material (e.g. blood, human cell line, unfixed tissue, otherwise potentially infectious material) and how large the exposure was (e.g. blood visible on injury device, deep stick with hollow bore needles versus scratch with dental probe). Identify the type of sharp involved (e.g. Manufacturer/Model, whether it was an engineered sharp). Identify the task being performed when the exposure occurred. Determine HIV/Hepatitis status of material or source patient involved in the exposure (utilize name, medical record number, if available). Contact the principal investigator (PI) if needed with the exposed individuals' permission, to fully understand the potential hazards.
3. **Medication**
Medical provider and exposed individual will discuss the nature of the exposure in the context of the CDC guidelines for post exposure prophylaxis (PEP) for HIV (<https://stacks.cdc.gov/view/cdc/20711>). The decision whether to accept or decline PEP is made by the exposed individual. HBV vaccination can also be offered as post exposure prophylaxis measure. A tetanus booster may be offered.
4. **Testing and Follow-up**
When applicable inform the source patient of the exposure and obtain permission for blood drawing for testing (HBV, HCV, HIV). Blood tests for HBV and HCV will be ordered on the source patient and consent will be requested from the source patient for HIV testing. If the source patient is already known to be HIV, HCV and/or HBV positive, new testing need not be performed. In New York State, specific informed consent for HIV testing is required. Informed consent is not required for



COLUMBIA UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY
Post Exposure **PRINT&GO** Sheet

Bloodborne Pathogens post-exposure guidance

Created: 8/03/2016

Revised: 1/14/2019

<https://research.columbia.edu/sites/default/files/content/EHS/Homepage/bbpPrintAndGo.pdf>

anonymous HIV testing of a person who is the source of an occupational exposure, who is deceased, comatose, or otherwise unable to provide consent, and no person authorized to consent on behalf of the source patient is immediately available. The initial doses of PEP medication are dispensed by the medical providers. To complete the course of medication a prescription will need to be filled at a local pharmacy. Follow up HIV/Hepatitis virus testing may be warranted.

Next steps:

If evaluated at the ER, follow up with respective campus provider next business day. Complete an Accident Report Form there. Notify supervisor of incident. By law, accidents which result in overt exposures to materials containing [recombinant or synthetic nucleic acid molecules](#) must be immediately reported to the Institutional Biosafety Committee and National Institutes of Health Office of Science Policy (NIH-OSP). This reporting requirement is accomplished by investigators by notifying an EH&S Biosafety Officers who will take care of any subsequent reporting.

Contact information:

Environmental Health & Safety (EH&S) - Ask for a Biosafety Officer. Mon. - Fri: 9 am - 5 pm. Medical Center - (212) 305-6780

Public Safety can contact a Biosafety Officer after business hours. Medical Center - (212) 305-7979. Morningside - (212) 854-5555. Manhattanville - (212) 853-3333