

**Stabilization and Crisis Unit (SACU)**

<b>SACU Guideline:</b>	<b>Hep B, Universal Precautions, and Exposure Control</b>		
<b>Policy:</b>	<b>4.003 Infection Control &amp; 5.002 Bloodborne Pathogens</b>		
<b>Information Memo:</b>	<b>11/26/2012</b>	<b>Effective Date:</b>	<b>12/1/2012</b>

1. If I am exposed to blood or other potentially infectious material as described during my training I will immediately complete paperwork and follow the process as outlined below:
  - a. **Supervisor** will provide the employee a packet containing an “Employee Incident/Accident Report”; an “801” form; a physical assessment form; and a Workers’ Compensation Associated Leave Choice form.
  - b. **Employee** will complete the “801”; Employee Incident/Accident Report and Workers’ Compensation Associated Leave Choice form and immediately give them to the supervisor.
  - c. **Supervisor** will send the employee to a local emergency room and/or health care professional, at no cost to the employee, for a post exposure evaluation and follow-up
  - d. **Employee** will give the physical assessment form to the health care professional to be filled out and return completed form to their supervisor
  - e. **Supervisor** will immediately send the completed forms to the SACU Safety Office for processing.
  
2. My signature below indicates that I have reviewed the policy of Infection Control, Universal Precautions and the Bloodborne Pathogen Exposure Control Plan as part of my New Employee Orientation (NEO) or Annual Packet review and understand the purpose of proper control and how to handle, report and reduce exposure to these hazards.
  
3. My signature acknowledges that I have had the opportunity to discuss exposure risks with a knowledgeable staff member and I am aware of what types of Personal Protective Equipment (PPE) is available, where it is located at my work site and how to properly use it.

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**Print name**


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**Employee signature**


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**Date**


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**Site Manager’s signature**


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**Date**