

Blood Borne Pathogen Protocol

Exposure Checklist

Exposed Person, please initial each item:

1. _____ Make sure that source patient blood is drawn by clinic/hospital personnel (HIV, BSAG, HCV).
2. _____ Notify supervisor at the clinical site where you were exposed.
3. _____ Contact the office of Institutional Health at 806-743-3019 (during regular office hours) or 806-368-2647 (after hours)
4. _____ Notify your program director

Please mail forms to TTUHSC: ATTN Nicole Hines MS 8150, 3601 4th ST Lubbock TX 79430