

For office use only

TB one step \_\_\_\_\_  
TB two step \_\_\_\_\_  
TB exempt \_\_\_\_\_  
IGRA \_\_\_\_\_  
Hep B series \_\_\_\_\_  
Hep B ab \_\_\_\_\_  
MMR titer \_\_\_\_\_  
MMR vaccine \_\_\_\_\_  
Varicella titer \_\_\_\_\_  
Varicella vaccine \_\_\_\_\_  
Tdap/Td \_\_\_\_\_  
SSS \_\_\_\_\_  
Flu vaccine \_\_\_\_\_  
Other \_\_\_\_\_  
Completed \_\_\_\_\_



WUMS Occupational Health Service  
660 S. Euclid Ave Campus 8030  
St. Louis, MO 63110  
Phone 314-362-3528

Welcome to the medical school campus! This form is to be completed with copies of documentation (if applicable) listed below. It is required that employees complete and return this paperwork to Occupational Health and have any outstanding immunizations/testing requirements initiated within 10 business days of employment. You may email any questions to [occupationalhealthservice@wusm.wustl.edu](mailto:occupationalhealthservice@wusm.wustl.edu)

### PLEASE PRINT

Today's Date: \_\_\_\_\_ Employee ID number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street City State Zip Code

Work Phone: \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender at birth ☐ Male ☐ Female

Status: ☐ Staff ☐ Faculty ☐ Fellow ☐ Student Date of Employment: \_\_\_\_\_

Date of Human Resources sponsored new employee orientation \_\_\_\_\_

Country of origin if other than United States: \_\_\_\_\_

Race: ☐ Alaskan/American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Are you a Danforth employee working on the medical school campus? ☐ Yes ☐ No  
Are you enrolled as an undergraduate student on the Danforth campus? (not University College) ☐ Yes ☐ No  
Are you enrolled as a graduate student on the Danforth campus? (not University College) ☐ Yes ☐ No  
Are you solely working on the Danforth campus? ☐ Yes ☐ No  
Are you a visitor or volunteer on the medical school campus? ☐ Yes ☐ No  
Are you enrolled in a summer research/clinical program (Amgen, TL1 etc.) ☐ Yes ☐ No  
*If you answered yes to any questions above, your sponsoring department will be responsible for any immunizations or tests provided by Occupational Health. Please have your sponsoring department complete the following for billing.*  
Cost center number \_\_\_\_\_ Campus box \_\_\_\_\_ Name of person responsible for payment \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Department: \_\_\_\_\_

Work location (campus/building) \_\_\_\_\_ Name of direct supervisor: \_\_\_\_\_

WUSM believes that healthcare workers have an ethical obligation to report HIV, Hepatitis C, Hepatitis B infections to WUMS Occupational Health, so proper confidential testing and patient safety measures are enacted. Please refer to the WUMS Communicable Disease Policy <http://medschoolhr.wustl.edu/Policies/Pages/CommunicableDisease.aspx> for more information.

I signify that I have read the previous statement. Initials \_\_\_\_\_ Date \_\_\_\_\_

Are you are a dialysis technician, medical doctor, registered nurse, nurse anesthetist, nurse practitioner, physician assistant or medical assistant ? ☐ Yes ☐ No

Are you are an occupational or physical therapist, polysomnographic, echo, vascular and ultrasound technician, respiratory therapist, or social worker? ☐ Yes ☐ No

Will you have direct contact with patients or human research subjects? ☐ Yes ☐ No

Will you be working in a patient care area within 6 feet of patients? ☐ Yes ☐ No

Will you be working with human blood / body fluids or human tissue? ☐ Yes ☐ No

Will you be working with antineoplastic agents? ☐ Yes ☐ No

**Immunization History: (If applicable, it is important to provide your immunization records to avoid unnecessary vaccinations, blood work and work delays. These records may include childhood vaccine records, school vaccine records or records from previous employment especially if it was a healthcare facility.)**

### **Tuberculosis Screening:**

OSHA requires that new employees, who have **patient or human research subject contact have two TB skin tests or one IGRA test within the year**, please supply the information below.

Have you had a Tuberculin skin test in the past year? ☐ No ☐ Yes

Have you EVER had a positive TB test? ☐ No ☐ Yes

If yes, must supply copy of chest X-ray report: Date of X-ray \_\_\_\_\_

Did you take medication for Latent Tuberculosis Infection? ☐ No ☐ Yes ( attach documentation )

If your TB testing /screening has been within the **past year** , please supply the following information:

Current TB skin test or (IRGA -Blood test for TB) date \_\_\_\_\_ (attach documentation)

Last year's TB test date \_\_\_\_\_ (attach documentation)

**Hepatitis B vaccination:** WUMS strongly recommends the Hepatitis B vaccine to all faculty/staff who are at risk for contact with human blood or other potentially infectious human materials while carrying out the duties of their employment.

**Hepatitis B Vaccine (Dates)** 1<sup>st</sup> dose: \_\_\_\_\_ 2nd dose: \_\_\_\_\_ 3rd dose: \_\_\_\_\_ (attach documentation)

**If completed, Hepatitis B titer, results:** ☐ immune ☐ non-immune (attach documentation)

Hepatitis B can be transmitted to health care workers by exposure to blood or body fluids from hepatitis B infected patients. The risk of contracting hepatitis B from a needle stick with a hepatitis B contaminated needle is 35-40%. The risk from a splash to the eyes is much less.

The Hepatitis B virus can survive in dried blood outside the body for 7 days. There is no cure for hepatitis B, but the vaccine can effectively prevent hepatitis B if you are exposed to the virus.

The Hepatitis B vaccine is a recombinant, noninfectious vaccine that is given as a series of three intramuscular injections; initial, one month later and six months later. The vaccine is considered safe and effective. You can receive the vaccine during pregnancy.

Anyone at risk for exposure to blood or other potentially infectious materials who does not wish to take the hepatitis B vaccine must sign a refusal statement. However, if you later decide that you want the hepatitis B vaccine, Occupational Health will provide you the vaccine at that time at no charge. The Occupational Safety and Health Administration (OSHA) requires that all persons who, while performing their job, could possibly come in contact with blood or other potentially infectious materials be offered the hepatitis B vaccine series at no cost. See <http://www.osha.gov>.

***If you still would like to decline the vaccine at this time, please sign and date the declination statement below. (Employees that are working with human blood or body fluids or human cells lines must provide sign the declination form or submit to vaccination with the complete series.)***

**Hepatitis B declination:**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Measles, Mumps, and Rubella Immunity:** WUMS requires employees working directly with patients or human research subjects provide “authentic documentation” of two doses of measles, mumps and rubella (MMR) vaccines (with the first dose given after the first year of life) or titer results showing immunity. (“Authentic documentation “means actual records from either a health care provider or childhood caregiver.)

Measles, Mumps, and Rubella Vaccine or Titers (attach documentation)

1<sup>st</sup> dose: \_\_\_\_\_ 2<sup>nd</sup> dose: \_\_\_\_\_

**Varicella Immunity (Chickenpox)** WUMS requires employees working directly with patients or human research subjects must provide written “authentic” documentation of two doses of varicella vaccine **or** laboratory evidence of immunity **or** diagnosis verification of a history of varicella disease by a health care provider or diagnosis **or** verification of a history of herpes zoster by a health care provider.

Have you ever had the Chickenpox (Varicella)? ☐ Yes ☐ No ☐ Unknown (If yes, attach documentation from your healthcare provider, verbal history is not acceptable.)

Or Varicella Vaccine: 1<sup>ST</sup> dose: \_\_\_\_\_ 2<sup>ND</sup> dose : \_\_\_\_\_ (attach documentation)

Or Varicella titer \_\_\_\_\_ (attach documentation)

**Tetanus-Diphtheria Pertussis (Tdap) Vaccine:** Date: \_\_\_\_\_

**Current seasonal Influenza vaccination** (mandatory for certain employees from October 1<sup>st</sup> to March 31<sup>st</sup> within 10 business days of employment or transfer) Date : \_\_\_\_\_ ( attach documentation)

## Participation in Animal/Research Work

*It is strongly recommended that individuals consider their immune /pregnancy status when working with certain infectious agents, please consult with Occupational Health and/or your personal physician if there is a concern.*

Will you be working with infectious agents in a laboratory setting? This includes recombinant DNA, biological toxins, and infectious microorganisms (If your contact with potentially infectious microorganisms or human tissues occurs only in a clinical setting as part of routine clinical care, you can answer no to this question.) ☐ Yes ☐ No

If yes, provide name of lab \_\_\_\_\_ Name of Principle Investigator \_\_\_\_\_

List the infectious agents you will be working with:

\_\_\_\_\_

Will you be working with human cells lines? ☐ Yes ☐ No

Will you be working with Lentivirus? ☐ Yes ☐ No If yes, what generation? \_\_\_\_\_

Will you be working with animals? ☐ Yes ☐ No If yes, which ones: \_\_\_\_\_Rodents \_\_\_\_\_Cats/Dogs/Pigs \_\_\_\_\_  
Sheep \_\_\_\_\_Other\_\_\_\_\_

Will you be working with any Biosafety level-2 or -3 (BSL2 or BSL3) agents in live vertebrate animals? ☐ Yes ☐ No  
If yes, List the infectious agents you will be working with : (Same as listed above ☐)

\_\_\_\_\_

Will you be entering non-human primate areas as service personnel (protective services, facilities, outside contractor, etc.)? ☐  
Yes ☐ No

Will you be working directly (within 3 feet) of non-human primates? ☐ Yes ☐ No

\_\_\_\_\_

If you are going to be handling live animals, unpreserved tissues or body fluids, animal cages or animal carcasses or working in laboratory where animals are used, please read and complete the following medical surveillance form.

In order to gain access to the animal facilities please visit <https://research.wustl.edu/access-dcm-facilities/> and log in to the university's compliance system (learn@work) to complete the compliance profile and required training. You will be reminded annually to perform training through learn@work and submit a surveillance form.

## **Occupational Health Medical Surveillance for Personnel with Animal Contact within Washington University School of Medicine (Initial Review)**

Washington University School of Medicine (WUSM) is committed to providing a safe working environment for all personnel, including individuals who have contact with animals. This would include employees who handle live animals, unpreserved tissues or body fluids, animal cages or animal carcasses.

### **Allergy Prevention**

Animal or animal products such as dander, hair, scaled fur, saliva and body wastes contain powerful allergens that can cause both respiratory and skin disorders. The development of allergies is perhaps the most common hazard associated with working with and around laboratory animals. It is estimated that as many as 40 to 70% may experience allergic reactions of some type when working with laboratory animals. Up to 20% of allergic animal users may develop occupational asthma, which can limit the ability to work and may lead to permanent disability.

Inhalation is one of the most common ways for allergens to enter the body. After a period of time (often several months, but occasionally years), workers may inhale sufficient quantities of allergens to become sensitized, thus they develop symptoms when exposed again, even to tiny amounts of the allergen.

Personnel with a history of allergic reactions are much more likely to develop laboratory animal allergies and the incidence increases with increasing exposure. The purpose of the medical surveillance program and questionnaire is to identify employees with conditions that could place them at increased risk.

### **Types of allergic reactions to animals can include:**

- Hives: Called contact urticaria, these are raised, clearly demarcated red lesions
- Allergic conjunctivitis: The conjunctiva of the eyes is red, itchy, and the eyes may water.
- Nasal Congestion: Called rhinitis, this is experienced by sneezing, an itchy nose, and clear nasal discharge.
- Asthma: Coughing, wheezing, shortness of breath, and chest tightness.
- Anaphylaxis: This is an extreme and sometimes life-threatening reaction which can include hives, generalized itching, throat tightness, eye or lip swelling and difficulty breathing or swallowing.

Individuals with a past history of anaphylaxis are required to consult with Occupational Health **prior** to working with animals or entering areas animals are housed.

Employees who are experiencing allergic symptoms from an exposure to animals at work should report these symptoms to Occupational Health #314-362-3528. In the case of severe symptoms with difficulty breathing, call #314-362-HELP, for transport to the emergency room.

Animal related allergies can often be managed by a combination of medical management and work place strategies. Wearing particulate masks, gloves, hair bonnets, shoe covers, laboratory coats, safety glasses, performing animal manipulations within biological hoods, and showering after the workday all help decrease exposure and allergic

reactions. Employees should always wash their hands after contact with animals, potentially infective materials and after taking off gloves.

Those reporting significant animal allergy symptoms will be contacted by Occupational Health for further evaluation.

Additional information regarding animal related allergies can be found at <http://www.cdc.gov/niosh/docs/97-116/>

It is important to report any animal's bites, including rodent bites to WUSM Occupational Health Services. For non-emergent, routine treatment on regular workdays, Monday-Friday, between 8:00am and 4:00pm call #314-362-3528 to report the incident, after hours or on weekends call the Occupational Health Service #314-871-2966 (listen to the directions for further instructions) to report the incident.

**Date:**

### **Participant information**

**Status:** Faculty/Staff Danforth Campus only ☐  
Faculty/Staff /Medical Campus only ☐  
Student of the Medical School ☐  
Student of the Danforth Campus ☐  
Summer Employee/Temp ☐ BJ Resident ☐ Visitor ☐

Name:	Employee ID #
Gender:	School/Department:
Telephone#	Email Address
Job Title	Supervisor's/PI's Name:
Number of years employed at this facility?	How many months/years at your present position?
Did you work with laboratory animals prior to employment at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What species of animals?	

### **Workplace Environment**

Does your position require work with infectious agents? ☐Yes ☐No if "yes" please list the infectious agent.

#### **Indicate the types of animal contact you will have:**

- ☐ I am not handling animals but will be working in areas where animals are housed
- ☐ I have direct contact and handling of non-fixed animals tissues, animal fluids or animal wastes
- ☐ I have direct contact with non-sanitized animal caging or enclosures
- ☐ I will have direct contact with non-human primates or tissues

**Please indicate the animals you will be exposed to-(this includes direct contact with animals, animal tissues, and/or wastes, and animal enclosures/cages/bedding) and document the approximate contact hours per week.**

<input type="checkbox"/> Rodents (mice, rats, hamsters )	hours per week	
<input type="checkbox"/> Small animals (rabbits, chinchilla, guinea pigs, other)	hours per week	
<input type="checkbox"/> Dogs, cats, pigs, other	hours per week	
<input type="checkbox"/> Sheep	hours per week	
<input type="checkbox"/> Frogs, Fish or other aquatics	hours per week	
<input type="checkbox"/> Marmosets	hours per week	
<input type="checkbox"/> Nonhuman Primates	hours per week	

### Medical History

Do you have any indoor pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the species	
Do you have an allergy to animals encountered outside the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list animal species.	
Have you been skin tested for allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what substances were you found to be allergic to or sensitized to?	<input type="checkbox"/> Ragweed <input type="checkbox"/> Dust <input type="checkbox"/> Grass <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Mice <input type="checkbox"/> Trees <input type="checkbox"/> Other
Has a doctor ever said you have asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any animals you cannot work with because of allergy problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which animal species?	
Do you feel you are allergic to any animals that you may encounter in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which animal species?	
If yes, does wearing personal protective equipment alleviate your symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you feel like you are allergic to lab animals, how soon after exposure to lab animals do these symptoms start?	<input type="checkbox"/> <10 minutes <input type="checkbox"/> 10 minutes – 1 hour <input type="checkbox"/> 1 hour – 8 hours <input type="checkbox"/> >8 hours	
Do you take any medicines for these symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



If yes, list medications

If you have symptoms, Please indicate year of onset, whether the symptom is present now, and the times at which you are most troubled by the symptom. **(Mark box with a "X" if applies)**

Symptom	Year of Onset	Present now?	Symptoms are present at home	Symptoms are present at work	Symptoms are present away from home (vacation)
Watery or itchy eyes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny or stuffy nose		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing spells		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent cough		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty swallowing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus problems		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of Lips or eyes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing/chest tightness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you routinely use or wear any of the following items when working with animals?

Safety equipment	Never	Less than ½ time	Most of the time	Always
<b>Wear gloves</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear a surgical mask</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear a N95 respirator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear a gown</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear hair bonnets</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear shoe covers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wash hands after handling animals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wear eye protection</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I verify that all this information is accurate. I fully understand that I will communicate any changes in my health status to WUMS Occupational Health Service. In addition, I will complete a new medical questionnaire to reflect these changes in my medical history or work assignments.

***Please keep the next three pages out of the packet for your own reference***

## ***Human Blood and Body Fluid's Post Exposure Procedure for WU employees***

*If you experienced a needlestick or sharps injury or were exposed to blood or other body fluid during the course of your work, **immediately follow these steps:***

- *Wash needlesticks and cuts with soap and water*
- *Flush splashes to the nose, mouth, or skin with water*
- *For splashes to eyes - Irrigate eyes with clean water or saline*
- ***Immediately \*report all body substance exposures to: Occupational Health -during office hours, #314-362-3528 or after hours call #314-871-2966 (and listen for instructions.)***
- *Keep the source or patient available for HIV, HBsAg and HCV/PCR testing*

*\*Prompt reporting is essential because, because in some cases, HIV post-exposure treatment may be recommended and should be started as soon as possible – preferably within two hours*

### **Information for Immune Comprised individuals**

Immune compromised personnel may be at increased risk for development of infectious diseases as a result of research activities, including working directly with potential pathogens as well as caring for infected animals and their environment.

There are many medical conditions that many cause immune compromise. These conditions may mean that the individual's immune system does not work as well as it does in healthy individuals. Some examples include:

- Infection with Human Immunodeficiency Virus (HIV)
- Prolonged use of corticosteroid (cortisone) medications by mouth or by injection. These drugs are given for a variety of diseases including asthma, allergies and autoimmune disorders such as lupus and rheumatoid arthritis.
- Monoclonal antibody therapy
- Medications used by people who have received organ transplants
- Long term diabetes mellitus, kidney or liver disease
- Blood diseases (diseases that affect the bone marrow or white blood cells, for example leukemia or lymphoma)
- Certain forms of cancer, leukemia and lymphoma
- Chemotherapy and radiation therapy
- Chronic under nutrition (malnutrition)
- Spleen removal
- Pregnancy will cause some degree of immunosuppression

If you have concerns regarding immunosuppression or need more information please consult Occupational Health Services and/or your primary care provider.

### **Safety Precautions**

There are some basic safety precautions that apply to all work environments regardless of types of hazardous material used. These include:

- \*Avoid using sharps whenever possible; substitute manually operated pipettes for needles and syringes
- \*Do not recap needles; dispose of them in sharp containers
- \*Use safety needle and safety sharp devices
- \*Wash your hand after you remove your gloves
- \*Know the exposure protocol for the agent you are working with before performing experiments.



314-362-4357

# Washington University School of Medicine Injury/Illness Procedures

2-HELP (314-362-4357) Protective Services



314-362-4357

**Life-Threatening Injury**

- Contact Protective Services 2-HELP (314) 362-4357 immediately for transportation to the Barnes-Jewish Hospital (BJH) Emergency Room, 400 N. Kingshighway.
- Send the completed "Report of Injury or Illness" form to the Washington University Worker's Compensation office at Campus Box 1084. For a copy of the form call (314) 935-5547.

**Non Life-Threatening Injury**

- Contact Protective Services at 2-HELP (314) 362-4357 for transportation to BarnesCare. If after-hours (between 4:30PM and 8:00AM) Protective Services will transport the employee to the BJH Emergency Room.
- Call the Worker's Compensation office at (314) 935-5547 for authorization to treat the employee at BarnesCare and to request a "Report of Injury or Illness" form.
- Send the completed "Report of Injury or Illness" form with the injured/ill employee to BarnesCare.

**Eye Exposure/Injury**

- For any substance in the eye (chemical, infectious, radioactive, blood, body fluid, particulates, etc.), immediately flush affected area with water for 15 minutes.
- Call Protective Services at 2-HELP (314) 362-4357
- If the exposure involves blood or body substances, call the Infectious Disease Division 24-hour hotline at (314) 747-3535.
- Protective Services will escort the injured employee directly to the BJH Emergency Room.
- Emergency Room staff will contact the Ophthalmology resident on-call.
- Protective Services will contact Environmental Health & Safety's emergency responder to fax a MSDS to the BJH ER. The BJH Emergency Room fax number is (314) 747-3338.
- Call the Worker's Compensation office at (314) 935-5547 for authorization to treat the employee and to request a "Report of Injury or Illness" form.
- Send the completed "Report of Injury or Illness" form to the Washington University Worker's Compensation office at Campus Box 1084.

**Chemical Odors or Spills**

- If a hazardous chemical is spilled, leave the lab immediately and call Protective Services at 2-HELP (314) 362-4357.

**Needlestick, Puncture Wound, Blood or Body Substance Exposures**

- Immediately wash affected area with soap and water (for skin exposures) or flush with water (for mucous membrane exposures).
- Call the Infectious Disease Division 24-hour hotline at (314) 747-3535.
- Press 3 for a needle stick injury or blood/body substance exposure and follow the instructions for Washington University employees or students.

**Skin Exposure**

- Immediately flush affected area continuously with water for 15 minutes.
- During this time, call Protective Services at 2-HELP (314) 362-4357. Protective Services will arrange the transport of the employee to either BarnesCare or the BJH Emergency Room depending on the severity of the exposure.
- Call the Worker's Compensation office at (314) 935-5547 for authorization to treat the employee at BarnesCare and to request a "Report of Injury or Illness" form.
- Call EH&S at (314) 362-6816 to request that a MSDS be faxed to treatment facility. Please call Protective Services 2-HELP (314) 362-4357.

**Radioactive Isotope Spills/Personnel Contamination**

- Follow directions on the posted emergency procedures and call Radiation Safety at (314) 362-3476. After hours call the emergency pager at (314) 299-1322 or Protective Services at 2-HELP (314) 362-4357.

**IN HOSPITALS** (BJH North, BJH South, Center for Advanced Medicine (CAM), and St. Louis Children's Hospital)

- Call BJH/SLCH Security (314) 362-0911
- Call BJH/SLCH Environmental Health & Safety at (314) 454-7008

**IN OFF-SITE CLINICS:**

- Emergency contact number: \_\_\_\_\_
- Emergency contact name: \_\_\_\_\_

**DEPARTMENT CONTACTS:**

- Department emergency contact number: \_\_\_\_\_
- Department emergency contact name: \_\_\_\_\_

Note: Washington University ID Badge should be presented at time of treatment