<table>
<thead>
<tr>
<th>If a Student</th>
<th>If a UTHealth Employee, Faculty, or Resident</th>
<th>If a UT Physicians Insperity Employee</th>
</tr>
</thead>
</table>
| **Apply first aid:**  
1. Clean exposed area with soap and water for at least 15 minutes.  
2. Flush mucous membranes with water or saline for at least 15 minutes.  
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| **If the source patient is known and present, keep individual on-site for a blood draw (see below) * | **If the source patient is known and present, keep individual on-site for a blood draw (see below) * | **If the source patient is known and present, keep individual on-site for a blood draw (see below) * |
| **Notify instructor / clinic supervisor / hospital supervisor to report injury** | **Notify clinic / supervisor / hospital supervisor to report injury** | **Notify clinic / supervisor / hospital supervisor to report injury** |
| **Obtain medical evaluation and treatment at:**  
Student Health Services Clinic  
UTPB Suite 130  
713-500-5171  
Hours: M-F 8:30am – 5:00pm | **Obtain medical evaluation and treatment at:**  
UT Health Services Clinic  
UCT Suite 1620  
713-500-3267 (select Ext. 1)  
Hours: M-F 7:00am – 4:00pm | **Obtain medical evaluation and treatment at:**  
UT Health Services Clinic  
UCT Suite 1620  
713-500-3267 (select Ext. 1)  
Hours: M-F 7:00am – 4:00pm |
| **Call the Needlestick Hotline: 713-500-OUCH** (if after hours the exposure coordinator will call you back shortly) | **If after hours, call the Needlestick Hotline:** 800-770-9206 (24-hr answering service will ensure exposure coordinator calls back promptly) | **If after hours, call the Needlestick Hotline:** 800-770-9206 (24-hr answering service will ensure exposure coordinator calls back promptly) |
| **Complete the ‘Supervisor’s First Report of Injury Form’ to document the injury and submit to Risk Management & Insurance Program at OCB 1.330 or fax 713-500-8111** | **Complete the ‘Supervisor’s First Report of Injury Form’ to document the injury and submit to Risk Management & Insurance Program at OCB 1.330 or fax 713-500-8111** | **Complete the ‘Supervisor’s First Report of Injury Form’ to document the injury and submit to Risk Management & Insurance Program at OCB 1.330 or fax 713-500-8111** |

* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with UT Student Health Services or the hospital where the incident takes place for testing the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.