Accidental Injuries and Exposures
Standard Operating Procedure (SOP)

NOTE: This SOP is for accidental injuries and exposures, including those involving recombinant or synthetic nucleic acids.
1. **REMOVE** contaminated PPE.

2. **EXPRESS** wounds or injury site to encourage bleeding.

3. **WASH** site thoroughly with antiseptic soap and warm water or **FLUSH** eyes continuous under running water (sink or eye wash) for 15 minutes.
4. **ALERT** others to avoid the area if hazards are present (post spill sign, secure sharps).

5. For inhalation hazards, leave the room, **ALERT** others to avoid the area (post spill sign, close door and wait 30 minutes if aerosol involved).
6. **REPORT** incident to supervisor. Supervisors should initiate the Accident/Injury Procedure (see below).

7. **SEEK MEDICAL ATTENTION** (see instructions below).
8. **NOTIFY** the Biological Safety Office (1-2663) as soon as possible to assure that the appropriate treatment and post-exposure follow-up measures are implemented.

**Employees Only:**
(All forms mentioned below can be found by searching on the Augusta.edu home webpage)
9. For incidents that **REQUIRE** medical treatment:
   i. If during normal work hours, the employee can go to Employee Health and Wellness 706-721-3418.
   ii. If after work hours or an emergency, ensure the employee goes to the nearest emergency room for assistance.
   iii. If it is not an emergency, but the employee would like to seek medical treatment call in the claim to the Department of Administrative Services (DOAS) at 877-656-7475.DOAS will let you know where the employee should go to seek treatment.
iv. When able, have the employee complete the **Employee's Report of Accident/Injury** form. Ensure both the supervisor and employee signs the form and submits it to HR Benefits/Data Management by fax at 706-721-1996.

10. For incidents that **DO NOT REQUIRE** medical treatment:
   i. When able, have the employee complete the **Incident Notice Only** form.
ii. Submit the Incident Notice Only form to HR Benefits/Data Management by fax at 706-721-1996.

If an employee will be out of work due to a work related accident, injury, or exposure the employee will need to complete the **Leave Election** form. This form notifies both Augusta University and DOAS of the employee's preference on how he/she would like to be paid during the time away from work.
Please contact Human Resources at 706-721-9365 with any questions regarding Worker's Compensation and the completion of the required forms.

**Students:**
If you have an accident, injury, or exposure while on Augusta University property, take the necessary precautionary actions to reduce further injury and report immediately to Student Health Services, who can be reached at 706-721-3448. Student Health
Services is located on the Health Sciences Campus in Pavilion II (AF-Building) room 1040.

**Visitors, Patients, Non-AU Employees:**
If you have an accident, injury, or exposure while on Augusta University property, report injury to any Augusta University employee who should notify Public Safety at 706-721-2911 and await their arrival.