1. **WASH!**
   a. **Remove any contaminated protective garments and immediately wash the exposed area of your body for 15 minutes with soap and water.** If your eyes or face were exposed, use the nearest eyewash or safety shower.
   b. Anyone who witnessed exposure should help coordinate next steps – BUDDY system. BUDDY is responsible for containing spill or coordinating clean-up if it poses immediate threat to others.

2. **CALL!**
   a. You or your BUDDY should call MGH Occupational Health at 617-726-2217 - they will connect you with nurse or physician on call who will decide from your description what immediate action should be taken.
   b. Have *as much* relevant information *as possible* ready to share with Occ. Health.

3. **CALL!**
   a. After receiving instruction from MGH Occupational Health, you or your BUDDY should call supervisor or contact person listed below to report/describe what has happened as well as MGH Occupational Health recommendations.

4. **GO!**
   a. If MGH Occupational Health directs you to the MGH Emergency Room (ER), proceed IMMEDIATELY by cab. You will be reimbursed for any transportation expenses.
   b. If MGH Occupational Health directs you to their office (165 Charles River Plaza, 4th floor, Suite 404, Boston), proceed IMMEDIATELY by cab. You will be reimbursed for any transportation expenses.

5. **REPORT!**
   For all incidents, after receiving any necessary medical care, as soon as possible
   a. Report exposure to your lab manager or directly to Alicja Trocha (603 275 6685)
   b. Complete an **Incident Report online**
      i. On your Partners workstation, go to START menu, Partners Applications, Safety Reporting
      ii. On a Mac or non-Partners workstation computer, go to **Incident Reporting link on Ragon intranet home page**.
   c. Report incident to **Ragon Institute Biosafety Officer**. Some exposures require reporting to regulatory authorities within 24 hours.
STANDARD OPERATING PROCEDURE

Emergency Procedure for Accidental Exposure
SOP # LS_SOP_003

Originated by: Karen Power  Date: 24 April 2017
Laboratory: Allen Lab  Pages: 2 of 3
Approved by: Alicja Trocha

Contact persons:
Daniel Worrall, NP  CELL: 781-696-0365
Doug Kwon, MD  CELL: 415-215-5337
Boris Juelg, MD  CELL: 617-401-6725
Bruce Walker, MD  CELL: 617-633-3691

POST POTENTIAL EXPOSURE INFORMATION CHECKLIST
Information should be gathered as quickly as possible by you or a BUDDY.

Name: _______________________________  Badge Number: _______________________________

PI Name: _______________________________

Material (circle all that apply)

Human  Whole Blood  Cell culture supernatant
Non-Human Primate  Plasma  High titer stock virus (JRCSF, NL43, IIIb, Other)
Mouse  PBMCs
Other  Cultured Cells

Source Information: Do not delay reporting to search for information!

Patient ID (Ragon, Fenway, Alias, Other) ____________________________________________
Date of Sample ____________________________________________

Patient HIV Status: POS  NEG  UNKNOWN  HIV Viral Load? __________________________
Patient HCV Status: POS  NEG  UNKNOWN  HCV Viral Load? __________________________

Other Coinfections: ______________________________________________________________

Drug Resistance Mutations: _______________________________________________________

Study/Project/Collaborator information: ____________________________________________

Route of Exposure (circle all that apply)

Needlestick  Splash to broken skin
Other sharps stick  Splash to face (eyes, nose, mouth)
<table>
<thead>
<tr>
<th>Location of Incident</th>
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<tbody>
<tr>
<td>Building:</td>
<td></td>
<td>Floor:</td>
<td>Room:</td>
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<tr>
<td>Other:</td>
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**DESCRIPTION OF INCIDENT:**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________