Discovery/Phase II BSL-3 Emergency Response Packet

TAKE THIS PACKET WITH YOU!

• Emergency Contact Information
• Workers’ Compensation Information
• Directions to Authorized Treating Physicians
• Directions to Fort Collins Emergency Room
• Biosafety Incident Report Form
• Infectious Agent Fact Sheets:
  - Chikungunya Virus
  - Highly Pathogenic Avian Influenza Virus
  - Japanese Encephalitis Virus

Updated 12/2014
The most up to date version of this document can be found in the Biosafety or Occupational Health Websites under the “Illness Procedure and “Emergency Response Packet” Bar: http://www.ehs.colostate.edu/WOHSP/Bl3Packets.aspx
# Emergency Phone Numbers

<table>
<thead>
<tr>
<th>BIOSAFETY EMERGENCY NUMBER</th>
<th>491-0270</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDRC On-Call</td>
<td>491-IDRC (491-4372)</td>
</tr>
<tr>
<td>Fort Collins Emergency Room</td>
<td>495-7000</td>
</tr>
<tr>
<td>Occupational Health Coordinator</td>
<td>491-3102, 420-8172</td>
</tr>
</tbody>
</table>
Workers’ Compensation Procedure

Updated 12/2014

NOTE: Workers Compensation Statutes change frequently, and every effort has been made to update this document accordingly. However, Risk Management is the source for the most current Workers’ Compensation procedures: [http://www.ehs.colostate.edu/WWorkComp/Home.aspx](http://www.ehs.colostate.edu/WWorkComp/Home.aspx)

- First Report of Injury must be INITIATED as soon as possible

- Medical attention must be sought by a CSU Authorized Treating Physician
  - For a complete list of CSU Authorized Treating Physicians: [http://www.ehs.colostate.edu/WWorkComp/HealthContPrint.aspx](http://www.ehs.colostate.edu/WWorkComp/HealthContPrint.aspx)

- All claims are subject to review and may not be covered under Workers Compensation unless found compensable under current Worker’s Compensation Statutes.
  - **GO TO A CSU AUTHORIZED TREATING PHYSICIAN WHENEVER POSSIBLE** as initial visit costs will be covered through Workers Compensation even if it is determined that your illness is not work related. If you must go to the ER or an Urgent Care provider for the specific reasons listed above, you and/or your insurance carrier will be responsible for all health care costs for illnesses/injuries that are NOT related to your employment.
  - However, in order to assure that medical attention is sought appropriately for potentially work related illnesses, CSU may cover certain out of pocket costs for ER or Urgent Care services that are NOT covered under Colorado Workers’ Compensation Statutes (provided that the requirements of this procedure have been properly followed). In general, such coverage will not exceed $2,000.

- CSU Workers’ Compensation Website: [http://www.ehs.colostate.edu/WWorkComp/Home.aspx](http://www.ehs.colostate.edu/WWorkComp/Home.aspx)
When to go to a CSU Authorized Treating Physician

- During regular business hours
  - When you **have a fever**, and you have been in the **BSL-3 barrier in the last 5 days**
  - When you have a **KNOWN exposure** to or an injury **INVOVING TUBERCULOSIS**
  - When you have a minor injury

- When told by the ER, Urgent Care, or Workers’ Compensation to follow up after an Emergency Room or Urgent Care visit

- Due to limitations in Workers’ Compensation coverage for ER or Urgent Care visits, see a CSU Designated Care Provider whenever possible.
  - For details see Workers’ Compensation Procedure in this packet, or “BSL3 Illness Procedures” online at [http://www.ehs.colostate.edu/WBiosafety/Home.aspx](http://www.ehs.colostate.edu/WBiosafety/Home.aspx) under the bar labeled “BSL3 Illness Procedures, Info, and Emergency Response Packets”.

CSU AUTHORIZED TREATING PHYSICIANS

For NON-EMERGENCY incidents

If you go to the Emergency Room, follow-up with one of these providers

A complete list of designated providers can be found at: http://www.ehs.colostate.edu/WWorkComp/HealthContPrint.aspx
University of Colorado Health Occupational Health Services
4674 Snow Mesa Drive, Suite 200
Fort Collins, CO
(970) 495-8450
Mon-Fri, 7:00am - 6:00pm

FROM FOOTHILLS CAMPUS:
• Right on Overland trail
• Left on W. Prospect Rd
• Left on S. College Ave.
• Left on Harmony Rd.
• Right on Snow Mesa Dr
• Occ Health is on 2nd floor, Suite 200

Approximate drive time is 20 minutes.

FROM MAIN AND SOUTH CAMPUSES:
• South on College Ave.
• Left on Harmony Rd.
• Right on Snow Mesa Dr
• Occupational Health Services is on 2nd floor, Suite 200

Approximate drive time is 15 minutes.
**Workwell Fort Collins**  
1600 Specht Point Road, Suite 115  
Fort Collins, CO  
(970) 672-5100  
Mon- Fri, 8:00am - 5:00pm

**Workwell Loveland**  
1608 Topaz Drive  
Loveland, CO  
(970) 593-0125  
Mon-Fri, 8:00am - 5:00pm

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**FROM FOOTHILLS CAMPUS to Workwell, Fort Collins**

- Turn Right on Overland Trail.
- Turn Left on W. Prospect Road.
- Turn Right at Specht Point Drive.
- Workwell is located on the first floor.

Approximate drive time is 15 minutes.

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**FROM MAIN AND SOUTH CAMPUSES to Workwell, Fort Collins**

- Head East on Prospect Road.
- Turn Right at Specht Point Drive.
- Workwell is located on the first floor.

Approximate drive time is 15 minutes.
When to go to the Emergency Room

• When you have a KNOWN EXPOSURE to a BSL-3 infectious agent (other than Tuberculosis)

• When you have a major injury

• WHEN A CSU AUTHORIZED TREATING PROVIDER IS CLOSED and you have a fever within 5 days of being in the BSL-3 barrier and/or have symptoms associated with disease due to pathogens worked with.
  – IF YOU GO TO THE EMERGENCY ROOM OR URGENT CARE AND ARE DIRECTED TO DO SO, YOU MUST FOLLOW UP WITH ONE OF THE CSU AUTHORIZED TREATING PHYSICIAN THE NEXT BUSINESS DAY.

• Complete list: [http://www.ehs.colostate.edu/WWorkComp/Home.aspx](http://www.ehs.colostate.edu/WWorkComp/Home.aspx)

• If you go to the Emergency Room or Urgent Care, it is your responsibility to follow up by providing them with your Workers’ Compensation claim number and billing information:
  P.O. Box 4998
  Greenwood Village, CO 80155
  Phone: (303) 804-2000
  Fax: (303) 804-2005
  Toll-Free: (888) 428-4671
Emergency Room Directions

Please do not drive yourself. Have someone take you. Contact Biosafety if you need a ride. 491-0270
EMERGENCY ROOM NEAREST TO CSU

Go to Emergency Room closest to you

Poudre Valley Hospital Emergency Dept (Colorado Health Medical Group)
1024 South Lemay Ave
Fort Collins, CO
(970) 495-7000
24 hours, 7 days per week

FROM FOOTHILLS CAMPUS
- Turn Left on Overland Trail
- Turn Right on W. Mulberry Street
- Turn Right on Riverside Avenue
- Turn Right at S. Lemay Avenue
- Hospital is on the East side of the road.

Approximate drive time is 15 minutes.

FROM MAIN AND SOUTH CAMPUSES
- Head East on Prospect or Drake
- Turn Left at Lemay Avenue
- Hospital is on the East side of the road.

Approximate drive time is 10 minutes.
Poudre Valley Hospital Harmony

URGENT CARE

Go to an Urgent Care closest to you

FROM FOOTHILLS CAMPUS
• Turn Left on Overland Trail
• Turn Right on Mulberry Ave
• Turn Right on Riverside Ave
• Turn Left on E. Prospect Rd
• Turn Right on Timberline Rd
• Turn Left on E. Harmony Rd
• Facility is on the South side of Harmony Road
• Follow signs to Urgent Care

Approximate drive time
is 21 minutes

FROM MAIN AND SOUTH CAMPUSSES
• Head East on Prospect Rd
• Turn Right on Timberline Rd
• Turn Left on E. Harmony Rd
• Facility is on the South side of Harmony Road
• Follow signs to Urgent Care

Approximate drive time
is 20 minutes

PVHs Harmony Urgent Care
2127 E. Harmony Road
Daily, 8 a.m. to 8 p.m.
(970) 297-6250
# Biosafety Incident Report Form

**THIS IS NOT A WORKERS’ COMPENSATION INCIDENT REPORT FORM**

If this is an injury, have you filled out a workers’ compensation form?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Personal Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>CSU ID:</td>
</tr>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Alt. Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Name:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

## Incident Information

Pathogen working with:

Does the pathogen contain recombinant DNA or synthetic nucleic acid molecules?  □ Yes  □ No

Location (building, room):  
Time of Incident:  

Incident Type (exposure, physical injury, etc.):  

Incident Description (Provide as much detail as possible and list external events that may have contributed to the incident):

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# Method and Location of Injury

(Select all that apply):

<table>
<thead>
<tr>
<th>Method</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needlestick</td>
<td></td>
</tr>
<tr>
<td>Blood or body fluids</td>
<td></td>
</tr>
<tr>
<td>Spill</td>
<td></td>
</tr>
<tr>
<td>Aerosol</td>
<td></td>
</tr>
<tr>
<td>Animal Bite/Scratch</td>
<td></td>
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<tr>
<td>Necropsy</td>
<td></td>
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<tr>
<td>Broken glass</td>
<td></td>
</tr>
<tr>
<td>Sharps Container</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
</tr>
</tbody>
</table>

# Action(s) taken to control incident

(e.g. hand washing, spill clean-up, etc.):

<table>
<thead>
<tr>
<th>Action(s) taken to control incident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Personal Protective Equipment (PPE) Worn at time of Injury

<table>
<thead>
<tr>
<th>Scrubs</th>
<th>Tyvek</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical gown</td>
<td>PAPR</td>
</tr>
<tr>
<td>N-95 respirator mask</td>
<td>Face Shield</td>
</tr>
<tr>
<td>Gloves</td>
<td>Goggles</td>
</tr>
<tr>
<td>Hair Cover</td>
<td>Shoes</td>
</tr>
</tbody>
</table>

# Was there a PPE failure?

If yes, explain:

<table>
<thead>
<tr>
<th>Was there a PPE failure?</th>
<th></th>
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<tbody>
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</tbody>
</table>

Print or scan and send to the Biosafety Office: 6021 Campus Delivery, 141 General Services Building, Fort Collins, CO 80523; E-mail scanned copies to Heather.Blair@colostate.edu, or Joni.Triantis@colostate.edu
Avian Influenza Virus (Highly Pathogenic, H5N1)

Principal investigators are responsible for communicating this information to staff working with or around this agent, and for mitigation of associated risks. This document is not intended to be used as a sole source for diagnosis, medical treatment, or medical advice. Consult a CSU Authorized Treating Physician for concerns about work related medical conditions.

CONTAINMENT AND SPECIAL PRECAUTIONS

Containment
- BSL-3 and ABSL-3 Level practices, containment equipment and facilities are required for work involving virus isolation and laboratory manipulation of virus.
- BSL2 practices and containment equipment are recommended for activities with clinical or diagnostic specimens

Special considerations:
- Select Agent
- Health care personnel PPE should include eye protection, laboratory coat or gown, gloves, and particulate N95 masks or equivalent.

VIABILITY/INACTIVATION

Inactivation:
- Autoclave sensitive
- 1% bleach (500 ppm available sodium hypochlorite), 70% ethanol, and a number of commercially available disinfectants.

Stability:
- Infectious for 4-30 days in water, depending on temperature. Variable survival in feces.

HAZARD IDENTIFICATION

Disease: Influenza

Transmission: shed in feces, nasal secretions and saliva, fomites and flies are mechanical vectors.

Communicability: person to person spread is rare, and most likely due to close contact with severely ill patient.

Incubation: 1 to 4 days, virus shed for 3-5 days after initial signs

Infectious dose: unknown

MEDICAL

Signs and symptoms:
- Fever
- Chills
- Loss of appetite, weight loss
- Headache
- Myalgia (muscle pain)
- Weakness
- Sneezing
- Rhinitis
- Sore throat
- Non productive cough
- Diarrhea
- Abdominal pain
- Photophobia (light sensitivity)
- Nausea
- Vomiting
- Ear infection
- Pneumonia

**Pre-exposure prophylaxis:**
None (seasonal flu vaccination not protective)

**Diagnosis:**
- Viral isolation, detection of antigens or nucleic acids, virus isolated in cell lines or chicken embryos then identified by hemagglutination inhibition tests and nucleic acid sequencing. Antigens can be detected in respiratory secretions by immunofluorescence or ELISA. Commercial rapid diagnostic tests are available as well as RT-PCR tests.
  - Serum taken:
    - Day of exposure and upon recovery
- Guidance for laboratory testing of persons with suspected infections can be found at: [http://www.cdc.gov/flu/avianflu/guidance-labtesting.htm](http://www.cdc.gov/flu/avianflu/guidance-labtesting.htm)

**Treatment:**
- **Post-exposure prophylaxis:**
  - Oseltamivir once daily for 7 days post potential exposure

**Treatment of clinical cases:**
- Amantadine
- Rimantadine
- Zanamivir
- Oseltamivir
- Guidance for Follow-up

**WHAT TO DO IF AN EXPOSURE OCCURS**

**Employees, Graduate Students, Work Study**
1. Employee notifies Biosafety (970-491-0270) and/or Occupational Health Program Coordinator (970-420-8172) to inform where medical attention will be sought and if transportation is needed
   - The Principal Investigator/Supervisor must also be notified
2. Employee goes to Emergency Room
3. After the Emergency Room visit, individual fills out the following forms:
• Workers’ Compensation (within 4 days or as soon as possible):
  http://www.ehs.colostate.edu/WWorkComp/Home.aspx

4. Employee follows up with CSU Authorized Treating Physician

Student Not Paid by CSU
1. Contact supervisor/PI
2. Student or supervisor contact Biosafety (491-0270) or Occupational Health (420-8172) to inform where attention is being sought, and to arrange transportation if needed
3. Student goes to CSU Health Network (formerly Hartshorn Health Services)
4. After the visit to CSU Health Network, student fills out Biosafety Incident Report form
  http://www.ehs.colostate.edu/WBiosafety/PDF/IncidentReportForm.pdf

Volunteers and Visitors
1. Contact supervisor/PI
2. Contact Biosafety (491-0270) or Occupational Health (420-8172) to inform where attention is being sought, and to arrange transportation if needed
3. Individual goes to their personal physician, or as otherwise directed by their physician
4. Individual fills out Biosafety Incident Report form
  http://www.ehs.colostate.edu/WBiosafety/PDF/IncidentReportForm.pdf

REFERENCES
• CDC Infection Control:  http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm
• CDC Web Page: http://www.cdc.gov/flu/avianflu/
• Iowa State University Technical Data Sheet, Influenza:  http://www.cfsph.iastate.edu/Factsheets/pdfs/influenza.pdf
• Iowa State University Technical Data Sheet, Highly Pathogenic Avian Influenza:
  http://www.cfsph.iastate.edu/Factsheets/pdfs/highly_pathogenic_avian_influenza.pdf
• Minnesota State Infection Control: http://www.health.state.mn.us/divs/idepc/diseases/flu/avian/hcp/ic.html
• WHO Control Practices:  http://www.doh.state.fl.us/rw_Bulletins/WHO_AvianFlu_control_practices.pdf

CONTENT REVIEW
This document has been reviewed by:
• CSU subject matter expert: Dr. Richard Bowen
Chikungunya Virus

Principal investigators are responsible for communicating this information to staff working with or around this agent, and for mitigation of associated risks. This document is not intended to be used as a sole source for diagnosis, medical treatment, or medical advice. Consult a CSU Authorized Treating Physician for concerns about work related medical conditions.

CONTAINMENT AND SPECIAL PRECAUTIONS

Containment
- BSL-3 level practices, containment equipment and facilities are required for infectious or potentially infected materials, animals, cultures, or insects

Special considerations:
- Mosquito-borne virus
- Transmission to fetus rare, may cause abortion in first trimester

HAZARD IDENTIFICATION

Disease: Chikungunya fever

Transmission: Mosquito bite, aerosol transmission in laboratory

Communicability: Limited evidence for vertical transmission (mother to infant in womb)

Incubation: 2-12 days

Infectious dose: unknown

VIABILITY/INACTIVATION

Inactivation:
- Autoclave sensitive
- 1% bleach (500 ppm available sodium hypochlorite), 70% ethanol, 2% glutaraldehyde, organic solvents, detergents

MEDICAL

Signs and symptoms:
- Self-limiting fever
- Arthralgia (joint pain)
- Arthritis in knee, joints and ankle
- Rash
- Nausea and vomiting
- Eruption of mucous surfaces

Pre-exposure prophylaxis:

None
Diagnosis:
- Serology – testing serum to detect virus-specific IgM and IgG
- Serum taken:
  Day of exposure and 10-14 days later to detect 4-fold rise in titer

Treatment
Post-exposure prophylaxis:
- Supportive care

Treatment of clinical cases:
- Treatment is supportive and symptomatic

WHAT TO DO IF AN EXPOSURE OCCURS

Employees, Graduate Students, Work Study
1. Employee notifies Biosafety (970-491-0270) and/or Occupational Health Program Coordinator (970-420-8172) to inform where medical attention will be sought and if transportation is needed
   - The Principal Investigator/Supervisor must also be notified
2. Employee goes to Emergency Room
3. After the Emergency Room visit, individual fills out the following forms:
   - Workers’ Compensation (within 4 days or as soon as possible): [http://www.ehs.colostate.edu/WWorkComp/Home.aspx](http://www.ehs.colostate.edu/WWorkComp/Home.aspx)
4. Employee follows up with CSU Authorized Treating Physician

Student Not Paid by CSU
1. Contact supervisor/PI
2. Student or supervisor contact Biosafety (491-0270) or Occupational Health (420-8172) to inform where attention is being sought, and to arrange transportation if needed
3. Student goes to CSU Health Network (formerly Hartshorn Health Services)

Volunteers and Visitors
1. Contact supervisor/PI
2. Contact Biosafety (491-0270) or Occupational Health (420-8172) to inform where attention is being sought, and to arrange transportation if needed
3. Individual goes to their personal physician, or as otherwise directed by their physician

REFERENCES
WHO Guidelines on Clinical Management:
http://www.wpro.who.int/mvp/topics/ntd/Clinical_Mgmt_Chikungunya_WHO_SEARO.pdf

CONTENT REVIEW
This document has been reviewed by:
- CSU subject matter expert: Dr. Carol Blair
**Encephalitis Viruses**

*Japanese Encephalitis Virus (JE)*  
*Western Equine Encephalitis (WEE)*  
*Venezuelan Equine Encephalitis (VEE)*  
*Eastern Equine Encephalitis (EEE)*

Principal investigators are responsible for communicating this information to staff working with or around this agent, and for mitigation of associated risks. This document is not intended to be used as a sole source for diagnosis, medical treatment, or medical advice. Consult a CSU Authorized Treating Physician for concerns about work related medical conditions.

**CONTAINMENT AND SPECIAL PRECAUTIONS**

**Containment**
- BSL-3 Level practices, containment equipment and facilities are required for work involving potentially infected materials, animals, cultures, or mosquitos.

**Special considerations:**
- North American strains of EEE virus and some epizootic subtypes (IAB and IC) of VEE virus are Select Agents
- Arthropod-borne disease
- Can cross placenta

**HAZARD IDENTIFICATION**

**Disease:** Encephalomyelitis

**Transmission:** infected mosquitoes, aerosol transmission of VEE and WEE viruses, natural person to person spread not reported, no human to mosquito transmission for WEE and EEE virus, but can happen in VEE virus up to 72 hours post-infection, VEE virus known to cross the placenta and this may also occur with the other viruses.

**Incubation:** 1-6 days (VEE) 5-15 days (JE, WEE and EEE)

**Infectious dose:** VEE – 1 pfu, JE, WEE and EEE – unknown

**VIABILITY/INACTIVATION**

**Stability:** Stable in blood, exudates, and freeze dried materials (VEE), can survive over winter in mosquito eggs (JEE)

**Chemical Inactivation:** Like most enveloped viruses, susceptible to 1% bleach (500 ppm available sodium hypochlorite), 2% glutaraldehyde, 3-8% Formaldehyde, quaternary compounds and phenolics. JEE and VEE are susceptible to 70% ethanol. EEE is inactivated after 60 minutes exposure to 50% ethanol.

**Physical Inactivation:** Sensitive to autoclave and drying
MEDICAL

Signs and symptoms:

EASTERN EQUINE ENCEPHALITIS
- Fever
- Chills
- Myalgia (muscle pain)
- Arthralgia (joint pain)
- Headache
- Irritability
- Neck stiffness
- Confusion
- Stupor
- Disorientation
- Tremors
- Seizures
- Paralysis
- Coma
- Abdominal pain
- Vomiting and diarrhea
- Symptoms subside in 1-2 weeks

JAPANESE ENCEPHALITIS
- Fever
- Headache
- Stupor
- Disorientation
- Coma
- Tremors/Seizures
- Paralysis
- Diarrhea
- Myalgia (muscle pain)

WESTERN EQUINE ENCEPHALITIS (similar signs as EASTERN EQUINE ENCEPHALITIS)
- Fever
- Chills
- Myalgia (muscle pain); back pain
- Malaise (discomfort)
- headache
- Nausea, vomiting
- Diarrhea, abdominal pain
- Respiratory symptoms
- Symptoms subside in 1-2 weeks

VENEZUELAN EQUINE ENCEPHALITIS
- Fever
- Chills
- Malaise (discomfort)
- Myalgia (muscle pain)
- Severe headache
- Encephalitis
- Coughing
- Sore throat
- Nausea, vomiting
- Diarrhea
- Symptoms subside in 4-6 days

Pre-exposure prophylaxis:
- JE: Vaccine readily available, although there are no data demonstrating vaccine efficacy post needle stick or aerosol exposure.
- EEV, VEE, and WEE- May be available under certain circumstances through USAMRIID

Diagnosis:
- In all cases, Serum is taken on day of exposure, and 10-14 days post infection to detect 4-fold rise in titer.
- EEE: Isolated in A549 and MRC-5 cell cultures. Antigens detected by immunofluorescence and ELISA. Nucleic acid detected by RT-PCR.
- WEE: Throat swabs can be cultured. Viral isolation in embryonated eggs (Vero cell plaque assay). Also, detection methods similar to EEE.
• VEE: Viral isolation from blood, CSF and throat swabs. During febrile stage, antigen capture ELISA can detect VEE in the blood. Also, detection methods similar to EEE and WEE.
• JE: Similar to EEE, WEE and VEE

Treatment (Post-Exposure Prophylaxis/Treatment):
• Treatment is supportive and symptomatic

WHAT TO DO IF AN EXPOSURE OCCURS

Employees, Graduate Students, Work Study
1. Employee notifies Biosafety (970-491-0270) and/or Occupational Health Program Coordinator (970-420-8172) to inform where medical attention will be sought and if transportation is needed
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2. Employee goes to Emergency Room
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REFERENCES
• CDC General Information: [http://www.cdc.gov/ncidod/dvbid/jencephalitis/qa.htm](http://www.cdc.gov/ncidod/dvbid/jencephalitis/qa.htm)
• Iowa State University Technical Fact Sheet, Eastern, Western, Venezuelan: [http://www.cfsph.iastate.edu/Factsheets/pdfs/easter_wester_venezuelan_equine_encephalomyelitis.pdf](http://www.cfsph.iastate.edu/Factsheets/pdfs/easter_wester_venezuelan_equine_encephalomyelitis.pdf)
• Iowa State University Technical Fact Sheet, Japanese: [http://www.cfsph.iastate.edu/Factsheets/pdfs/japanese_encephalitis.pdf](http://www.cfsph.iastate.edu/Factsheets/pdfs/japanese_encephalitis.pdf)

CONTENT REVIEW
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• CSU subject matter experts: Dr. Richard Bowen