**Purpose:** Steps to be taken in the event of an exposure to blood/body fluids by a student or

school employee in the District.

**Authority:** Centers for Disease Control and Prevention

 Arkansas Department of Health

 OSHA guidelines

**Policy:** District policy states that when an incident occurs where a person may be exposed to another person’s blood or body fluids, each person involved in the incident will sign a statement indicating his/her intent to either have or not have a blood test performed by their family physician to screen for any blood borne pathogens. The involved persons who agree to have the blood screening will make available the results of the test to the Director of Health Services. The results of any test will be held in the strictest confidence.

The exposure policy will be the same for students and staff except in the case of a student, the parents/legal guardians shall be contacted immediately so they may sign waivers or consent forms for the student. In the event that the parent/legal guardian cannot be reached by phone, an attempt to notify the parent/legal guardian by letter will be made. The letter will contain a waiver of testing as well as a consent for testing that may be signed and returned to the Health Office. Parents/legal guardians may also request a meeting with the Director of Health Services and administrators to discuss the possible exposure incident. If after three attempt to reach the parent/legal guardian (two by phone and one by letter), no contact has been made, it will be understood that the parent/legal guardian refuses any available testing or follow-up of the incident.

All school employees are to use universal precautions in caring for students. However, should an incident occur that results in the employee’s or student’s exposure to blood or body fluids, the following procedure is to be followed:

* Student or employee involved is to notify his/her immediate supervisor (teacher on duty for students).
* The route of exposure and the circumstances under which the exposure incident occurred is to be documented. (**Responsibility:** employee or student involved and direct supervisor or teacher on duty).
* Identify and document the source individual (**Responsibility:** employee or student involved as well as the employer or teacher on duty, unless it is established that identification is infeasible or prohibited by state or local law).
* The employee or student involved will be referred to his/her private physician for evaluation and prophylactic therapy if necessary. Payment for lab tests, physician visits, and drug therapy are the responsibility of the employee or student involved.
* A request will be made of the source individual to have blood tested at the time of the incident. Consent must be given by the individual or the parent/legal guardian of the individual.
* Results of the source individual’s testing shall be made available to the exposed person following all laws and regulations concerning disclosure of the identity and infectious state of the source individual.
* A consent will be obtained from the exposed person for necessary lab tests. If the person refuses testing, then a release is to be signed.
* The exposed person should receive counseling from physician related to the exposure incident.

The steps to be taken immediately following a possible exposure occurrence include:

1. If the presence of blood or other body fluids is noted, then the student involved is to be sent to the Health Office for observation and assessment of possible exposure.
2. If an employee is involved, then the employee should report to his/her supervisor first, if possible. If not, the employee is to report directly to the Health Office for further evaluation.
3. The school nurse and the employee/student together will determine if an exposure occurred.
4. If it is determined that no exposure occurred, then a statement will be signed stating such by the employee/student.
5. If it is determined that the student was exposed, the student will sign a statement stating such. The parents/legal guardians will be notified immediately after the incident.
6. If the school nurse/principals are unable to reach the parent/legal guardian by phone, a certified letter with return receipt will be sent by the school to the parent/legal guardian. The parent/legal guardian signature on the receipt will serve as proof of notification of the possible exposure event.
7. For the exposed employee who determines with the school nurse that an exposure did occur, the employee will be directed to his or her physician to determine what testing/treatment is needed.
8. If the employee/student desires the source’s blood to be tested, signed consent must be obtained from the source individual and parent/legal guardian if the source is under age. The source will be referred to his/her personal physician for necessary tests.
9. If the source is tested, those results will be released to the school nurse and made available to the exposed person, keeping strictest confidentiality in mind.

Any exposure or possible exposure will be addressed according to this policy while following the guidelines set forth in the Exposure Control Plan and Bloodborne Pathogen Guidelines.

**Blood/Body Fluid Exposure Statement**

**Exposure Statement: Exposed Student/Staff Member**

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| --- | --- |
| **Name:** | **Position:** |

 **Agreement to blood screening**:

Due to an incident on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time)\_\_\_\_\_\_\_\_\_\_\_\_\_, I believe that I have been exposed to someone else’s blood or body fluids through an open wound or other open area of my body. Because of this I agree to have my blood screened by my family physician.

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| **Student signature:****Date:** |

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| **Parent/Legal guardian signature:****Date:** |

**Declination of blood screening:**

Due to an incident on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I believe (Circle one) **A.** I may have been exposed to another person’s blood or body fluids through an open wound or other open area of my body but do not wish to have my blood screened by my family physician, ***or* B.** I do not believe that I was exposed to another person’s blood or body fluids, therefore, I do not wish to have my blood screened by my family physician.

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| **Student signature:****Date:** |

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| **Parent/Legal guardian signature:****Date:** |

**(Name of School Nurse)**

**(Name of Lead Nurse/Director of Nurses**

**Title**

**(Insert Name) Public Schools**