**Purpose:** The (Insert Name) School District is committed to providing a safe and healthful environment for all students and staff. The District has a nondiscrimination policy in its educational practices regarding students infected with bloodborne diseases. In order to minimize student and staff exposure to bloodborne pathogens, an Exposure Control Plan shall be developed.

**Definition:** Bloodborne pathogens refers to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV) and other bloodborne pathogens present in human blood which students and staff may encounter in the school environment.

**Authority:** The Board shall require all students and staff to adhere to the procedures contained in the Exposure Control Plan developed by Health Services and administration, which comply with the requirements set forth in law and regulation.

**Delegation of responsibility:** The Superintendent shall designate the persons responsible for implementing the Exposure Control Plan, who will ensure that the plan is up to date and readily accessible to all employees.

1. Educate staff including teachers, administrators, custodial, and health care staff on the appropriate implementation of the Exposure Control Plan.
2. Delineate the possible need for exclusion of high-risk individuals, the importance of maintaining confidentiality, and the rights of the infected individuals to an unrestricted education.
3. Include post-exposure procedures which shall be followed by all students and staff and necessary reporting forms.

To be completed by exposed person:

**Exposed Person:**

|  |  |  |
| --- | --- | --- |
| Last name: | First name: | Date: |
| Position(student, staff, other): | Department/school: | DOB:  Gender: |
| Work Phone: | Home address: | Alt. phone: |
| Home phone: | Date of Incident: | Time of Incident: |

|  |
| --- |
| Location of incident: (be specific) |

|  |  |  |
| --- | --- | --- |
| Exposure type: (blood, saliva, etc.) | Location of exposure: (area of body) | Protective equipment used: (if any) |

|  |
| --- |
| Describe incident-Please attach any pertinent information on medical conditions and/or medications: |

|  |  |
| --- | --- |
| Action taken after exposure: (clean-up, decontamination, etc) | Did exposure require follow-up medical treatment?  If so, please describe: |

**Consent for Release of Information:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree that the Bald Knob Public School District’s Director of Health Services may confidentially discuss the above situation with my PCP and the Arkansas Department of Health.

Name of PCP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of exposed person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_