

Utah Tech University College
of Health Sciences Bloodborne
Pathogens Protocol

Bloodborne Pathogens Protocol

Utah Tech University faculty, staff and students have the obligation to maintain standards of health care and professionalism that are consistent with the public's expectations of the health professions.

- All personnel are ethically obligated to provide patient/client care with compassion and demonstrate respect for human dignity.
- No personnel may ethically refuse to treat a patient/client solely because the patient/client is at risk of contracting, or has, an infectious disease such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS) or Hepatitis B or C infection. These patients may not be subjected to discrimination.
- Personnel are ethically obligated to respect the rights of privacy and confidentiality of patients/clients with infectious diseases.
- Utah Tech University will protect the privacy and confidentiality of any personnel who tests positive for an infectious disease. Personnel who pose a risk of transmitting an infectious agent must consult with the appropriate health care representative to determine whether continuing to provide professional services represents a material risk to the patient. If a faculty member learns that continuing to provide professional health services represents a material risk to patients, that person should so inform the Department Chair and/or Program Director. The Department Chair and/or Program Director will take steps consistent with the advice of health care professionals and with current Federal, state and/or local guidelines to ensure that such individuals do not engage in any professional activity that would create a risk of transmission.
- The Utah Tech University College of Health Sciences has established and will enforce written preclinical, clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control and hazard waste disposal. The protocols are consistent with current Federal, state and/or local guidelines, and will be provided to all faculty, students and support staff. The protocol is complete including the availability and use of gloves, masks and protective eye wear by faculty, students and patients in both the preclinical and clinical settings. The protocols will be reviewed annually by the Department Chair and/or Program Director to insure accuracy and compliance.
- The Department Chair and/or Program Director will require personnel to abide by current immunization standards set by clinical agencies. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, all students and faculty will:
 - o demonstrate proof of immunity to or complete a vaccination series for Hepatitis B
 - o be immunized against the Hepatitis B virus as part of their preparation for clinical service and/or training.

Chronic Communicable Disease Policy

Utah Tech University places a high priority on the need to prevent the spread of chronic communicable diseases on its campus. The University is committed to educating its staff, students and the community about communicable diseases. Specifically, because there is currently no cure or vaccine for Acquired Immune Deficiency Syndrome (AIDS), education regarding methods by which this virus may be transmitted and how to prevent transmission, is essential. By adopting this policy, it is the intention of Utah Tech University to promote the health and regular school attendance of our students so that they may attain their maximum potential for learning. In general, students, faculty and staff with a chronic communicable disease are expected to continue to study or work in an unrestricted setting. This policy is based on current epidemiological data and may be modified as required by new scientific and medical information. When a Utah Tech University class is offered in conjunction or in agreement with an outside agency, students and employees must abide by policies and procedures of the outside agency relating to chronic communicable diseases.

Utah Tech University will be responsible for complying with current standards of medical practice and public health guidelines from recognized authorities (e.g., Centers for Disease Control and Prevention, World Health Organization, etc.) for keeping abreast of pending legislation relevant to these diseases and for keeping others informed, especially those in charge of laboratories.

Students with Chronic Communicable Diseases

A student who has a chronic communicable disease, or who is a carrier, may attend the University, through reasonable accommodations, whenever the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such a setting so as to be outweighed by the detrimental effects resulting from the student's exclusion from participation. Student placement decisions will be made by using this standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether a student with a chronic communicable disease may participate shall be made on an individual basis, according to procedures implemented by the Department Chair and/or Program Director in consultation with the Dean of the College of Health Sciences, UT Provost, a consulting physician, the student's primary physician, public health personnel, the University's legal counsel and the student. A student who has a chronic communicable disease or who is a carrier of a chronic communicable disease may be denied admission to, or may be dismissed from, their program whenever such chronic communicable disease has a direct effect on the student's ability to perform so as to render the student not qualified for the program.

The Department Chair and/or Program Director shall respect the right to privacy of any student who has a chronic communicable disease or is a carrier. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and others. Persons deemed to have "a direct need to know" will be provided with the appropriate

information; however, these persons shall not further disclose the information. A multidisciplinary team responsible for making a decision on the student's enrollment status will also be responsible for determining who has "a direct need to know".

Temporary Exclusion – Upon being informed that a student is suspected of having a communicable disease, a staff member shall inform the Department Chair and/or Program Director or designee who will consult with a multidisciplinary team consisting of the Vice President for Student Affairs, the Vice President for Academic Affairs, a consulting physician, the student's primary physician, public health personnel, the University's legal counsel and the student. Pending change of the student's enrollment status, a student who has a chronic communicable disease or is a carrier of a chronic communicable disease, or a student who is reasonably suspected of having a chronic communicable disease or being a carrier, may be temporarily excluded.

Initial Evaluation – Each student's proposed enrollment status change case shall be evaluated by the above-mentioned multidisciplinary team convened by the Department Chair and/or Program Director. The student's failure to cooperate with the evaluation procedure shall not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

Placement Decision – Upon completion of a case evaluation, one or more meetings shall be convened for the purpose of determining enrollment status. Recommendations concerning the student's enrollment status shall be made at these multidisciplinary meetings by consensus of the participating personnel and shall be determined in accordance with the standards set forth in University policy and based upon the following factors:

- the risk of transmission of the disease to others
- the health risk to the particular employee
- reasonable accommodations which can be made without undue hardship to reduce the health risk to the employee and others
- The team's placement decision shall be communicated in writing to the student and the Department Chair and/or Program Director.

Appeal – A decision on a student's placement may be appealed in accordance with the UT ADA grievance procedure.

Subsequent Evaluations – The student shall be reevaluated on a regular basis by the multidisciplinary team to determine whether the student's enrollment status continues to be appropriate. The frequency for the reevaluations shall be determined by the team, but in no event shall the student be reevaluated less frequently than twice per academic year. In the event of a change in the student's medical condition or a change in the University environment,

the multidisciplinary team shall determine if a change in the enrollment status is appropriate. If an emergency occurs, the Department Chair and/or Program Director shall have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

Employees with Chronic Communicable Diseases

Employees with identified chronic communicable diseases or who are carriers will be permitted to retain their positions whenever, through reasonable accommodation of the employee's physical condition and without undue hardship to the employer, there is no reasonable risk of transmission of the disease to others. Such employees will remain subject to the University's employment policies, personal disability leave, physical examinations, temporary and permanent disability and termination. Employment decisions will be made by utilizing the general legal standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether an employee with a chronic communicable disease will retain his or her position will be made on an individual basis, according to procedures implemented by the University in consultation with the Department Chair and/or Program Director, Vice President for Academic Affairs, a consulting physician, the employee's primary physician, the Human Resources Department, public health personnel, the University's legal counsel and the employee.

The Department Chair and/or Program Director will respect the right to privacy of any employee who has a chronic communicable disease or is a carrier. The employee's medical condition will be disclosed only to the extent necessary to minimize the health risks to the employee and others. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons *will not* further disclose the information. A multidisciplinary team responsible for making personnel decisions will also be responsible for determining who has "a direct need to know".

Temporary Exclusion – Upon being informed that an employee is suspected of having a communicable disease, personnel will inform their Department Chair and/or Program Director who will consult with a multidisciplinary team consisting of Vice President for Academic Affairs, Human Resources Department, a consulting physician, the employee's primary physician, Southwest Public Health Department, the University's legal counsel and the employee. Pending determination of a personnel decision, an employee who has a chronic communicable disease or is a carrier of a chronic communicable disease, or an employee who is reasonably suspected of having a chronic communicable disease or being a carrier, may be temporarily excluded from working in the program.

Initial Evaluation – Each employee's case will be evaluated by the Department Chair and/or Program Director. The employee's failure to cooperate with the evaluation procedure will

not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

Placement Decision – Upon completion of a case study evaluation, one or more meetings will be convened for the purpose of determining the employee’s personnel decision. Recommendations concerning the employee’s personnel decision will be made at these multidisciplinary meetings by consensus of the participating personnel and will be determined in accordance with the standards set forth in the University policy and based upon the following factors:

- the risk of transmission of the disease to others
- the health risk to the particular employee
- reasonable accommodations which can be made without undue hardship to reduce the health risk to the employee and others
- the team’s personnel decision will be communicated in writing to the employee and the Department Chair and/or Program Director

Appeal – A decision on an employee’s personnel decision may be appealed in accordance with the University’s grievance procedures.

Subsequent Evaluations – The employee will be reevaluated on a regular basis by the multidisciplinary team to determine if the employee’s personnel decision continues to be appropriate. The frequency for the reevaluations will be determined by the team, but in no event will the employee be reevaluated less frequently than twice per academic year. In the event of a change in the employee’s medical condition or a change in the University environment, the multidisciplinary team will determine if a change in the personnel decision is appropriate. If an emergency occurs, the Department Chair and/or Program Director will have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

EXPOSURE CONTROL PLAN

Exposure Prevention

Standard Precautions

The term “Universal Precautions” was replaced by the Centers of Disease Control in 1996 with the term “Standard Precautions”.

The Centers for Disease Control (CDC) defines Standard Precautions as, “A set of precautions designed to prevent transmission of HIV, Hepatitis B virus (HBV), and other bloodborne

pathogens when providing first aid or health care. Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens”.

Standard Precautions are intended to be applied to the care of all patients/clients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel. Standard Precautions will be observed with all patients to prevent contact or exposure to blood, body fluids or other potentially infectious materials. Exposure is defined as contact by broken or non-intact skin, eye, mucus membranes, nose or oral cavity with potentially infectious material.

Employees with exudate lesions or weeping dermatitis should refrain from direct patient/client contact until the condition resolves.

Bloodborne Pathogen Exposure Procedure

Utah Tech University requires that the exposed employee or student obtain a confidential medical evaluation within two (2) hours.

1. Cleanse the needlestick/blood/body fluid exposure area thoroughly with soap and water. Follow facility policy for eye irrigation.
2. Inform your UT supervisor or clinical instructor of exposure. It is the responsibility of the instructor or supervisor to ensure the following steps are followed.
3. Complete the UT Occupational Exposure Incident Form. (See Appendix) If the exposure happens Monday through Friday, 9am to 5pm, take the form and report to Intermountain WorkMed, 385 North 3050 East, St. George (near Costco) for an evaluation and possible treatment. If the exposure happens at other times, take the form and report to the InstaCare at the River Road Clinic, or the Dixie Regional Medical Center Emergency Room for an evaluation and possible treatment.
4. Do not delay seeking evaluation and treatment, if required forms are not available.
5. Intermountain WorkMed, InstaCare, or Emergency Room personnel will advise the employee or student as to recommendations for treatment, utilizing guidelines such as those included in this packet. They will:
 - determine if exposure is considered a potential exposure to bloodborne pathogens.
 - provide assistance and recommendations for evaluating the exposure source patient.Follow facility policy for discussing exposure and requesting consent from the source

patient. If the source patient consents, blood testing will be done for HIV antibody, Hepatitis B surface antigen, and/or Hepatitis C antibody.

- assess exposed student or employee.
- collect blood/body fluid exposure packet from exposed student or employee.
- obtain lab test results for exposed student or employee.
- counsel exposed student or employee.

The student or employee should provide copies of the UT Occupational Exposure Incident Form and the Utah Tech University Post Exposure Source Patient Testing Consent or Refusal form to his/her supervisor or clinical instructor who will notify the Department Chair and/or Program Director about the exposure incident. One copy of the Exposure Incident Form will be sent to UT Human Resources Office. One copy will be kept in the employee or student file.

Incident Forms are Online (Department website) and in Appendix

Post-Exposure Evaluation and Follow-up

The following procedures must be instituted if an employee or student has a percutaneous (cut or needle stick) or mucous membrane (splash to the eye, nasal mucosa or mouth) exposure to body fluids or a cutaneous exposure to blood. Exposure of unbroken skin to body fluids is not considered significant.

- Immediately cleanse the wound with soap and water.
- Notify supervisory personnel and source individual of incident.
- Document route(s) of exposure and circumstance(s) of exposure. (See post-exposure evaluation form)
- Obtain permission for blood testing for HBV and HIV infections from source individual if possible. If the source individual refuses testing or source is unknown, the employee shall be evaluated as if the source was positive for the bloodborne pathogens found in HBV and HIV infections.
- The source individual shall be tested the same day as exposure or as soon as feasible.
- The exposed employee's blood will be collected as soon as feasible after exposure and tested for the hepatitis B surface antigen (Anti-HB's) and Anti-HIV. If the exposed employee has received the HBV vaccine and has post-tested to prove sero-conversion and immunity, then hepatitis testing is not required.

HEPATITIS BLOOD TEST RESULTS AND TREATMENT RECOMMENDATIONS

Patient's Antigen Status	Recipient of Exposure
HbsAg Negative	HBV vaccine is not already received
HbsAg Positive	<p>HBV vaccine recipient with laboratory proven seroconversion: <i>No treatment</i></p> <p>HBV vaccine recipient with laboratory proven seroconversion: <i>One additional dose of vaccine and one dose of Hepatitis B Immunoglobulin (HBIG) in anti-HBs negative on testing</i></p> <p>Anti-HBs negative recipient: <i>HBIG starting within 48 hours after exposure and HBV vaccine series started within seven day.</i></p>

HIV BLOOD TEST RESULTS AND TREATMENT RECOMMENDATIONS

Patient's Antigen Status	Recipient of Exposure
Anti-HIV Negative	<p>Anti-HIV positive: <i>Post-test counseling and medical evaluation</i></p> <p>Anti-HIV negative: <i>Post-test counseling and optional follow-up at 12 weeks</i></p>
Diagnosed with AIDS, antiHIV positive, refused testing, or unknown source	<p>Anti-HIV positive: <i>Post-test counseling and medical evaluation</i></p> <p>Anti-HIV negative: <i>Post-test counseling and repeat testing at 6, 12 and 24 weeks</i></p>

OSHA Exposure Control Plan

General Purpose

- To establish proper procedures for all employees in which occupational exposure to blood or other potentially infectious materials may occur. The Exposure Control Plan is based on the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Rules and Regulations for Occupational Exposure to Bloodborne Pathogens. The term "employee" will be used throughout the Exposure Control Plan to designate all workers: students, employees and faculty.
- To identify exposure potential for each employee.
- To ensure that every employee is informed and trained in the adopted procedures and precautionary measures.
- To make the Exposure Control Plan available to all employees.
- To provide direction in the event occupational exposure occurs.

- To review and update the Exposure Control Plan at least annually.
- To comply with federal, state and local regulations that relate to exposure control as outlined in the Occupational Health and Safety Act, CFR 29, as amended December 6, 1991.

Exposure Classification

- Exposure potential will be determined by job description and without the use of personal protective clothing or equipment.
- Related responsibilities, procedures or tasks in which occupational exposure may occur are included.
 - Class 1: Routine exposure to blood, body fluids or other potentially infectious materials. Inherent potential risk of mucous membrane or skin contact.
 - Class 2: Not routinely exposed to blood, body fluids or other potentially infectious materials. Exposure or potential exposure may occur as a condition of employment.
 - Class 3: Not exposed to blood, body fluids or other potentially infectious materials in routine or non-routine tasks, and that Class 1 tasks are not a condition of employment.

If a student or faculty member has an exposure, it is imperative that the person completes an Exposure Incident Reporting Form. (See Appendix)

OSHA Standards and Enforcement

The following section highlights OSHA standards, directives (instructions for compliance officers), and standard interpretations (official letters of interpretation of the standards) related to healthcare.

The General Duty Clause of the OSHA Act (the law that created OSHA) requires employers to provide workers with a safe workplace that does not have any known hazards that cause or are likely to cause death or serious injury.

Note: It is the expectation of UT CHS that where OSHA states "employees," this term will also include expectations for students.

Engineering and Work Practice Controls

- Hand washing facilities will be readily available to all employees.
- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless using mechanical devices (forceps), one-handed scoop technique, or protective cards, unless specified by medical procedure.
- Disposable contaminated sharps shall immediately, or as soon as possible after use, be placed in a puncture-resistant container.
- Re-usable sharps shall immediately, or as soon as possible after use, be placed in appropriate containers until properly processed.

- Containers will be:
 - puncture resistant
 - properly labeled or color-coded
 - leak proof on bottom and sides
 - constructed so that employees are not required to reach into the container by hand.
- All procedures will be performed to minimize cross contamination, splashing, spraying, spattering and generation of droplets of blood, body fluids, or other potentially infectious materials.
- Equipment contaminated with blood, body fluids or other potentially infectious materials will be cleaned and/or decontaminated according to policy before servicing or shipment.
- Disposable supplies that have been contaminated with blood must be discarded in a biohazard waste container. Biohazard containers will be labeled with the International Biohazard Label or color-coded red.

Personal Protective Equipment (PPE)

OSHA Regulation Standard 1910.132(a) – *Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.*

OSHA Regulation Standard 1910.132(f)(1) – *The employer shall provide training to each employee who is required by this section to use PPE.*

Each such employee shall be trained to know at least the following:

- 1910.132(f)(1)(i) – When PPE is necessary;
- 1910.132(f)(1)(ii) – What PPE is necessary;
- 1910.132(f)(1)(iii) – How to properly don, doff, adjust and wear PPE;
- 1910.132(f)(1)(iv) – The limitations of the PPE; and
- 1910.132(f)(1)(v) – The proper care, maintenance, useful life and disposal of PPE
 - Students and faculty will routinely use appropriate personal protective equipment designed to prevent skin and mucous membrane exposure when contact with blood or other body fluids is possible.
 - PPE must include, but is not limited to: mask, gloves, over gowns or laboratory coats and eye protection.
 - PPE such as pocket mask mouthpieces (resuscitation devices to be utilized in the event of an emergency) is optional to all employees.

- Appropriate PPE is defined as equipment that does not permit blood, body fluids or other potentially infectious materials to pass through or reach the employees clothes, skin, eyes or mouth under normal conditions in which the PPE is used.

Eye and Face Protection

- 1910.133(a)(1) – The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
- 1910.133(a)(2) – The employer shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (ex: clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.
- 1910.133(a)(3) – The employer shall ensure that each affected employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
- 1910.133(a)(4) – Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

OSHA Regulation Standard 1910.132

- 1920.132(f)(2) – Each affected employee shall demonstrate an understanding of the training specified in paragraph (f)(1) of this section, and the ability to use PPE properly, before being allowed to perform work requiring use of PPE.
- 1910.132(f)(3) – When the employer has reason to believe that any affected employee paragraph (f)(2) of this section, the employer shall retrain each such employee.

APPENDICES

Utah Tech University College of Health Sciences

Occupational Exposure Incident Form

Name: _____ Department/Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Banner ID# _____

I am a: UT Employee _____ UT Student _____

Date and time of injury: _____

Basic description of job duties or activity at time of injury: _____

Location of incident: (be specific) _____

Type of protective equipment used at time of injury: _____

_____ Check
which of the following applies:

_____ I have never received the hepatitis vaccination.

_____ I have completed the 3-dose hepatitis B series. Year: _____

_____ I have a hepatitis B positive antibody (HBsAb) titer from lab work completed within the last two years.

_____ I have not had my antibody titer checked since completing the hepatitis B series.

_____ I am currently in the process of completing the hepatitis B series and have had

One dose _____ Two doses _____

_____ I have only had part of the hepatitis B series and it was greater than one year ago.

Indicate the date of your last tetanus booster or TDaP: _____

(If longer than 10 years since the last tetanus booster, one may be needed within 72 hours)

Please **Initial and Date** if and when the following is completed:

_____ I notified my UT supervisor or clinical instructor of my exposure. Date: _____

_____ I filled out UT Worker's Compensation paperwork. Date: _____

<https://humanresources.utahtech.edu/forms/workers-compensation-claim-form/>

_____ I sought evaluation and treatment according to the UT Date: _____

Bloodborne Pathogen Exposure Procedure for Employee or Student. _____

I provided a copy of this form to my UT supervisor/instructor. Date: _____

Signature: _____ Date: _____

Utah Tech University College of Health Sciences

Bloodborne Pathogen Exposure Report

Name: _____

Banner ID#: _____

Job Category:

Student

Faculty

Staff

Where did injury occur?

Campus Clinic

Mobile Clinic

Off Campus Where?

Was source patient identified?

Yes No

Was the injured person the original user of the sharp item?

Yes No

The sharp item was:

Contaminated (known exposure to patient or contaminated equipment)

Uncontaminated (no known exposure to patient or contaminated equipment)

Unknown

For what purpose was the sharp item originally used?

What device or item caused the injury?

When did the injury occur?

Date: _____

Time: _____

How did the injury occur? (Describe the circumstances leading to this injury)

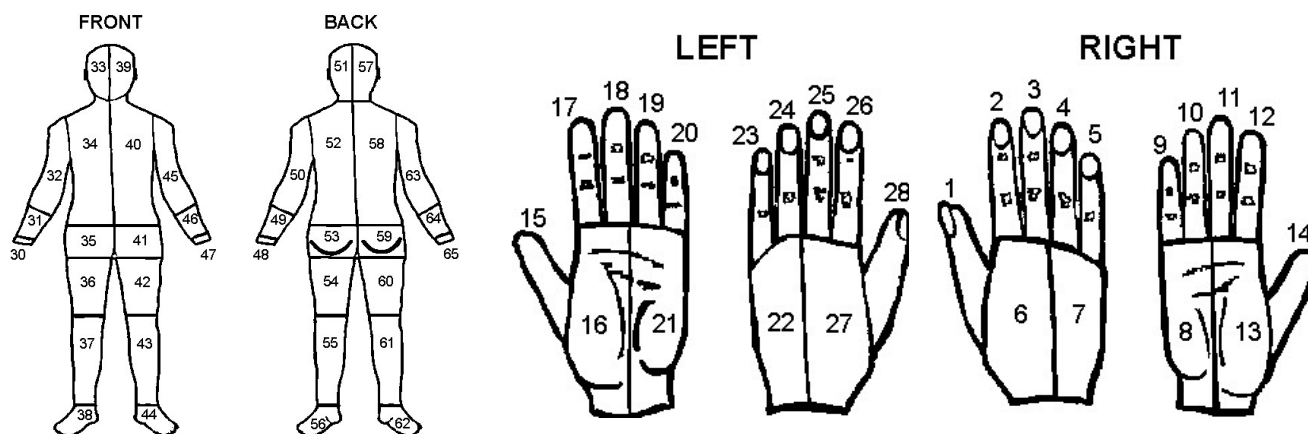
If the item that caused the injury was a needle, was it used with a shield or safety device?

Yes

No

N/A (the item was not a needle)

Mark the location of the injury:



Student Signature

Date

Clinic Coordinator or Faculty Signature

Date

**Utah Tech University
Consent or Refusal for HIV and Hepatitis Infectivity
Testing (By Student or UT Employee)**

Student Name & Banner ID:	
Phone Number:	Date of Birth:

I understand that I have been exposed to a patient's blood or body fluid. I also understand I am not required to give my consent, but if I do my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when HIV antibodies are not present and a follow up test may be required.

I understand that the results of these tests will be kept confidential. Positive test results will also be reported to my health care provider and the Department of Health and will become part of my medical record.

I hereby consent to:

HIV testing _____

HBV testing _____

HCV testing _____

I hereby refuse to consent to:

HIV testing _____

HBV testing _____

HCV testing _____

Student Signature:	Date:
Student Representative if Student Unable to Sign:	Date:
Witness to Signature for Verbal/Telephone Consent:	Date:

*Copies of this completed form must be sent to HR Coordinator-Benefits.

**Utah Tech University
Consent or Refusal for HIV and Hepatitis Infectivity Testing
(By Source Individual)**

Facility:	Date:
Source Name:	Phone #:

I understand that the employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee/student is exposed to blood or bodily fluids of any individual. I understand that a UT employee or student has been accidentally exposed to my blood or bodily fluids and the testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when HIV antibodies are not present and a follow up test may be required.

I understand that the results of these test will be kept confidential and will not be released to medical personnel directly responsible for my care and treatment or the health care worker or his/her medical benefit company, only as required by the law.

I hereby consent to:

HIV testing _____

HBV testing _____

HCV testing _____

I hereby refuse to consent to:

HIV testing _____

HBV testing _____

HCV testing _____

Source Signature:	Date:
Source Representative if Source Unable to Sign:	Date:
Witness to Signature for Verbal/Telephone Consent:	Date:

Source individual could not be identified _____

Signature of Department Chair and/or Program Director /Supervisor

_____ (This is to verify that source patient could not be identified)

*Copies of this completed form must be sent to the HR Coordinator – Benefits.