

Blood-borne Pathogens Exposure Policy

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Blood Borne Pathogen(s) Exposure (BBPE) -Post-Exposure Prophylaxis

Purpose	The purpose of this document is to establish University of La Verne's policy for the initiation of prophylaxis after an exposure to the human immunodeficiency virus (HIV) and hepatitis B virus (HBV) and early treatment of infection with the hepatitis C virus (at time of seroconversion) to prevent chronic infection. This policy has been developed from the most current medical literature, US Public Health Service Guidelines and CDC documents on prevention of Hepatitis B infection in Health-Care Personnel. This prophylaxis protocol and regimen will be continuously updated with the most recent medical information.
Audience	University of La Verne's PA program students
Definitions	<ul style="list-style-type: none">• Occupational exposures requiring the initiation of prophylaxis are defined as:<ul style="list-style-type: none">• Percutaneous injury (e.g. needle stick, laceration with a sharp object)• Contact of mucous membranes or ocular membranes• Contact of non-intact skin (e.g. skin that is chapped, abraded) with Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).• Occupational exposures requiring monitoring include the three above requiring prophylaxis and:<ul style="list-style-type: none">▪ Contact with intact skin that is prolonged or involves an extensive area with Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
Important Links	<ul style="list-style-type: none">• CDC website for BBPE: https://www.cdc.gov/niosh/topics/bbp/• OSHA website for IPPE: https://www.osha.gov/SLTC/personalprotectiveequipment/• Clinical Consultation Center for Post-Exposure Prophylaxis (PEP): http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/• PEP Quick Reference Guide: http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/

**Occupational
Exposure
Monitoring**

All La Verne's students with a documented occupational exposure shall have the exposure evaluated and documented by a healthcare provider following the standard protocol.

- At the Student Health/nearest Emergency Room, the healthcare provider will recommend prophylaxis for percutaneous exposures, contact of mucous membranes or non-intact skin.
with
- Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
- Healthcare providers in the Emergency Department or in outlying clinics will recommend initial prophylaxis and refer exposed persons to Student Health Services associated with University of La Verne on the next business day for follow up.

Prophylaxis

Prophylaxis shall be recommended to all La Verne's students:

- HIV:
 - For percutaneous exposures, contact of mucous membranes or non-intact skin.
with
 - Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).
 - Ideally within two hours after exposures, but may be initiated up to 72 hours after exposure.
 - With appropriate drug therapy.
 - Until the source-patient blood has been obtained and analyzed. If the source-patient HIV status is determined to be negative, prophylaxis will be discontinued.
 - HBV-Prophylaxis for HBV prevention will be evaluated on an individual basis.
 - HCV-Employees/students testing positive for Hepatitis C Qualitative RNA (PCR) at 6 weeks, 3 months or 6 months, will be referred immediately to a hematologist for early treatment to prevent chronic hepatitis C infection

**Important
Telephone
Numbers**

- University of La Verne Campus Safety: (909) 448-4950
- University of La Verne Risk Management: (909) 448-4516
- University of La Verne Student Health Center: (909) 448-4619
- PA Program Clinical Coordinator: Lindsey Hoffmann, (909) 448-1467
- PA Program: (909) 448-1475
- Emergency or Police: 9-1-1

STUDENT CHECKLIST

- ❑ Wash exposed area immediately.
- ❑ Notify supervisor/preceptor immediately to assist with obtaining source consent & refer both the source and student to a designated medical provider or nearest emergency room.
- ❑ Have supervisor/preceptor document in source's medical record "source of occupational exposure" and that labs were drawn for HIV, HCV, and HBsAg (Hepatitis B surface antigen) with source's consent.

- ❑ Seek post-exposure care:

For students on campus during regular business hours report to

Week Days (8am-4pm) – during traditional academic school year
Student Health Center
(909) 448-4619

- ❑ Report to Emergency Department, after hours, weekends, or holidays (**Follow-up in Student Health Center on the next business day**).

For students who are less than 2 hours away from the PA program, he/she should report to Student Health or Emergency Department as soon as possible, but at least within 2 hours of exposure.

- ❑ Off-site Exposures - Follow clinic specific policy.
Immediately report to assigned supervisor/preceptor and clinical coordinator
- ❑ Complete "Blood Borne Pathogen (BBP) Exposure Notification Form" located below.
 - Off-site – Students are to follow the clinical facility's protocol for initial evaluation or go to the nearest emergency room.
 - On-campus –The appropriate form will be completed at the Student Health Center. After the medical evaluation/treatment, notify the PA Program's Clinical Coordinator.
 - If seen in the Emergency Department, form should be completed there and faxed
 - Send form(s) to Student Health and Clinical Coordinator

Student Health Center
Fax (909) 596-3770

Clinical Coordinator
Fax: (909) 448-1603

- ❑ Follow up with Student Health Center on the next business day



PROGRAM CHECKLIST

- ❑ Refer the student for post exposure care immediately.

For students on campus during regular business hours report to

Student Health Center - during traditional academic school year

Phone: (909) 448-4619

Students should report to Emergency Department for after hours, weekends, or holidays
(Follow-up with Student Health the next business day)

Students should report to Student Health or Emergency Department as soon as possible, but at least within 2 hours of exposure.

- ❑ Assist the student with obtaining source consent and refer both the source and student to designated medical facility or local emergency room.
- ❑ Document in source's medical record "source of occupational exposure" and that labs were drawn for HIV, HCV, and HBsAg with source's consent.
- ❑ Remind the student to report exposure by completing "BBP Exposure Notification Form."
 - Off-site – Complete form and fax to Student Health and Clinical Coordinator.
 - On-campus (less than 2 hours away) – Report to Student Health Center (form will be completed there).
 - If seen in the Emergency Department, form should be completed there and faxed to Student Health Center and Clinical Coordinator.

For students with related questions about exposures, call Student Health Center at (909) 448-4619 or the PA program Clinical Coordinator at (909) 448-1467

Additional Information, visit <https://myportal.laverne.edu/web/ofbs/risk-management/>

PROVIDER CHECKLIST

- Provide necessary medical care to treat the injury/exposure per site protocols
 - If needed, refer to the enclosed procedures as a guide for post-exposure care
 - Contact **Clinical Consultation Center for Post-Exposure Prophylaxis (PEP) for additional recommendations:** <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/>
 - **Refer to PEP Quick Reference Guide:**
<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>
 - Complete the Exposure Notification Form [enclosed] and fax to Student Health and Clinical Coordinator
 - Clinical Coordinator- FAX # (909) 448-1603
 - Student Health Center – FAX # (909) 596-3770
- Provide patient education information per site protocol or use [Appendix A].
- Complete Informed Consent for Prophylaxis form [enclosed].
- Billing instructions for Students' Off Campus Exposures
 - Student's Insurance should be billed

Student: Reimbursement will be for reasonable & customary charges for authorized or medically necessary tests as noted in enclosed information. Any additional charges will not be reimbursed by the PA program.



POST-EXPOSURE PROCEDURE

- I. MANAGE THE EXPOSURE
 - A. Wash the area immediately with soap and water.
 - B. For exposure to eyes, mouth, and/or nose flush area with water.

- II. NOTIFY SUPERVISOR/PRECEPTOR/CLINICAL COORDINATOR IMMEDIATELY
 - A. Supervisor/preceptor/Clinical Coordinator will assist in obtaining source consent and refer both the source and the student to designated medical facility- onsite site treatment, Student Health, or closest emergency room.
 - B. Supervisor/Preceptor or Clinical Coordinator shall release the student from their duties immediately to seek post-exposure care.

- III. PROCEDURE FOR SOURCE TESTING
 - A. Obtain source consent & provide appropriate referrals to designated medical facility or emergency room
 - B. General consent for comatose/general anesthesia patients will suffice but needs to be documented on either the enclosed Exposure Reporting or Exposure Management form.
 - C. Refusals should be documented on the enclosed Exposure Reporting or Exposure Management form. Notify the PA program's Clinical Coordinator as soon as possible. The Clinical Coordinator will make the decision on how the source blood will be obtained.
 - D. Direct the student to the medical facility or emergency room for an evaluation/treatment
 - E. The Clinical Coordinator will inform the Student Health Center and assist the student with scheduling follow-up appointments at the Student Health Center on the next business day.

- IV. STUDENT POST EXPOSURE CARE
 - A. For on-campus (less than 2 hours away) exposures: Monday through Friday, during traditional academic school year, Students are seen in Student Health Center 8AM to 4PM.
 - B. Holidays, weekends, or after hours – Go to the Emergency Department immediately.
 1. Triage to ensure initiation of prophylaxis within 2 hours of exposure.
 2. A consent is needed for HIV and other bloodborne pathogen testing.
 3. Assure consent for testing is documented
 4. The following laboratory tests for the designated medical facility, if La Verne's



BBPE protocol is requested – two serum separator tubes labeled appropriately.

- a. Order labs for exposed. In addition, HBV surface antibody should be ordered for students who have a history of HBV immunization
- b. Additional laboratory tests required if Student is starting prophylaxis for HIV exposure/possible exposure. Females must have a pregnancy test.
- c. Provide the following La Verne's BBPE protocol to the designated medical facility for prophylaxis treatment if requested (see subsequent paragraphs documenting post-exposure prophylaxis)

5. Post-exposure Prophylaxis for Tetanus/Diphtheria, Hepatitis B and Hepatitis C
 - a. Offer tetanus/diphtheria booster following percutaneous injury if none within last 10 years. Offer Tdap or Td vaccine for the booster.
 - b. For vaccinated students (who have written documentation of Tetanus/Diphtheria, Hepatitis B or Hepatitis C) testing the source patient for HBsAg is recommended, but not required.

A. Exposed Student has never received Hepatitis B vaccine

- a. Offer HBV vaccine if source is known to be positive for hepatitis B or is high risk for hepatitis B or source is unknown and student has not been vaccinated against hepatitis B.
- b. Offer Hepatitis B vaccine if source is known to be positive for hepatitis B, or is high risk for hepatitis B or source is unknown and student has not been vaccinated against hepatitis B.

B. Exposed Student has received 3 doses of Hepatitis B vaccine twice and titer of anti-HBs < 10 mIU/mL

- a. For vaccinated Students (who have written documentation of Hepatitis B vaccination) the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HbsAg status, Student should receive 2 doses of HBIG. The first dose should be administered as soon as possible after exposure and the second dose should be administered 1 month later. If the source patient is HBsAg-negative neither HBIG nor Hepatitis B vaccine is necessary.

C. Exposed Student unvaccinated or incompletely vaccinated (including those who refused vaccination)

- a. For unvaccinated or incompletely vaccinated Student (including those who refused vaccination because of personal beliefs or religious practices), the source patient should be tested for HBsAg as soon as possible after the exposure.
- b. Students testing positive for Hepatitis C Qualitative RNA (PCR) at 6 weeks, 3 months or 6 months, will be referred immediately to a hematologist for treatment.
- c. Recommend HIV prophylaxis following percutaneous injury or contamination of mucous



membranes or non-intact skin with blood, body fluids visibly contaminated with blood, unfixed tissue, semen, vaginal secretions, and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids (**goal is to begin prophylaxis within 2 hours of exposure**).

- d. Prophylaxis medications – write ***“Occupational Post-Exposure-Prophylaxis”*** on prescription.
 1. If Student is Pregnant prophylaxis should be reserved for those with HIGH RISK exposures.

V. OFF-CAMPUS EXPOSURE OF LA VERNE’S STUDENTS

- A. Maternal-Child Health Clinics – refer to treating clinic specific policies for initial management.
- B. Outpatient Clinic – refer to clinic specific policies for initial management or provide La Verne’s BBPE policy, if requested
Student Health (8AM-4PM)
(909) 448-4619
- C. Students who are LESS than 2 hours from the PA program should:
 1. Notify your Clinical Coordinator immediately
 2. Between 8am-4pm (M-F), come directly to La Verne’s Student Health Center or to the nearest emergency room. Seek treatment within 2 hours.
 3. After hours, weekends, or holidays go to the nearest emergency room for the initial evaluation and then follow up with Student Health the business next day. Seek treatment within 2 hours of the exposure. Follow up with Student Health Center the next business day. Student baseline laboratory tests to be drawn are HIV, HCV, total anti-HBc and anti-HBs.
 4. Have the clinical facility order the source laboratory tests for HIV, HCV, and HBsAg. Follow the clinical facility’s protocol for source laboratory tests and find out the contact person at the facility for the source laboratory test results. Have the Clinical Coordinator assist in this process.
- D. Students who are MORE than 2 hours away from the PA program:
 1. Notify the Clinical Coordinator immediately
 2. Follow the clinical facility’s protocol for initial evaluation or go to the nearest emergency room for an evaluation. Seek treatment within 2 hours of the exposure. Always follow up with Student Health Center. Student’s insurance should be billed for the evaluation/treatment.
 3. If after hours, weekends, or holidays, follow the clinical facility’s protocol for initial evaluation or go to the nearest Emergency room. Seek treatment within 2 hours of the exposure. Follow up with Student Health the next business day. Student’s insurance should be billed if treatment is necessary. Student baseline laboratory tests to be drawn



- are HIV, HCV, total anti-HBc and anti-HBs.
4. Have the clinical facility draw and run the source laboratory tests for HIV, HCV, and HBsAg. Follow the clinical facility's protocol for source laboratory tests and find out the contact person at the facility for the source laboratory test results. Have your Clinical Coordinator assist in this process.

References:

1. Kuhar DT, Henderson DK, Struble KA, Heneine W, et al. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis. *Infect Control Hosp Epidemiol* 2013;34:875-892.
2. Centers for Disease Control and Prevention. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management, 2013;62(No. RR-10):1-16.
3. Jaeckel E, Cornberg M, Wedemeyer H, et al. Treatment of acute hepatitis C with interferon alfa-2b. *N Engl J Med* 2001; 345:1452-7.
4. Tivicay package insert. Research Triangle Park, NC: GlaxoSmithKline; 2013 Aug.
5. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at:<http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed January 29, 2008.



EXPOSURE NOTIFICATION FORM

Person completing form _____ Signature _____ Date/Time _____

Name _____

Dept/School _____

Supervisor/Faculty _____

Home # _____ Work # _____ Pager # _____

Student SSN _____ Date of Exposure ____/____/____ Time ____am__ pm__

Location where exposure occurred (Building, Floor, Rm) _____

Personal Protective Equipment Used: Gloves Goggles/Mask/Faceshield Gown Other

Was a safety device being used? Yes No If so, did it work? Yes No

Type & Brand of safety device _____

Body part exposed (circle one) hand, eye, mouth, other (please identify) _____

Describe how exposure occurred. _____

Type of body substance exposed to: blood body fluid contaminated by blood semen, vaginal secretions and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids and unfixed human tissue Type of exposure: needlestick.....Depth of injury ____

(check all that apply) cut.....Depth of injury _____

Fluid injected Yes No – Estimated volume: _____

Mucous membranes

Non-intact skin (e.g., chapped, abraded, or otherwise non-intact)

Did this exposure occur during the student’s normal work activities? Yes No

Is patient source known? Yes No Was source consent obtained? Yes No

Source lab testing done? Yes No Source on antiretroviral therapy? Yes No

List Drugs _____

Was source blood sent to lab? Yes No

Source name _____ MR# _____ Location _____

Exposed student lab testing done? Yes No

(For Females)- Pregnancy test result _____

Was prophylaxis initiated? Yes No Date/Time of 1st dose ____/____/____ Time ____am__ pm__

Have you had training on Standard Precautions within the last 12 months? Yes No

Fax this form to the University of La Verne’s Student Health Center at (909) 596-3770
For questions call the Student Health Center at (909) 448-4619 or the PA Program’s Clinical Coordinator at (909) 448-1467



BLOOD BORNE PATHOGENS EXPOSURE MANAGEMENT FORM
For Student Use

Name _____
(Last) (First) (MI)

Phone: _____
(Home) (Pager) (Work)

Date of Exposure _____ Time of Exposure _____ am/pm

Initial Care of Injury/Exposure Site _____

Date of Evaluation (Initial) _____ Time of Evaluation (Initial) _____ am/pm

Completed BBP Notification Form attached.

SOURCE INFORMATION AT TIME OF INCIDENT Known Source Unknown Source

Name _____ Student ID# _____

Source MR # _____ Location _____

SOURCE LAB RESULTS

	Date Drawn	Results
HIV		
HBsAg (Hep B surface antigen)		
HCV		

HEPATITIS AND TETANUS

Hepatitis B Vaccine	[0] [1] [2] [3]	
Date Last Dose:	_____	
Antibody Response:	<input type="checkbox"/> anti-HBs ≥10 mIU/mL	<input type="checkbox"/> anti-HBs <10 mIU/mL <input type="checkbox"/> Unknown
Hepatitis B Vaccine Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Given: _____
Immunoprophylaxis: HBIG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Given: _____
Tetanus/Diphtheria Booster (Tdap [†]):	Date of Last Dose: _____	
Booster Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Given: _____

[†] If patient refuses Tdap, offer Td.



HIV EXPOSURE

INITIAL VISIT

BP _____ P _____ R _____ T _____ WT _____ HT _____

Medication(s) _____ Drug Allergy(s) _____

Clinical Findings: _____

STUDENT BASELINE LAB

Consent for HIV Testing Yes
 No

Date _____

Prophylaxis Baseline Labs:

RESULTS

CBC	
Total bilirubin, ALT, AST, GGT	
Pregnancy Test (serum)	
Creatinine, BUN	
Blood glucose	
CPK	

STUDENT RESULTS

	Date Drawn	Results
HIV1/HIV2		
anti-HBs* (Hep B surface antibody)		<input type="checkbox"/> anti-HBs \geq 10mIU/mL <input type="checkbox"/> anti-HBs < 10mIU/mL
Total anti-HBc		
HCV antibody		

***For students** who have never received vaccine or declined vaccinations (e.g. personal beliefs or religious practices) or who have had a history of HBV immunization prior to coming to University of La Verne, an HBsAg (Hepatitis B surface antigen) test should be done

Results Reported by: _____ Via: _____ Date: _____

Fax this form to the University of La Verne's Student Health Center at (909) 596-3770
 For questions call the Student Health Center at (909) 448-4619 or the PA Program's Clinical Coordinator
 at (909) 448-1467



CHECK FOLLOW-UP NEEDED:

- 2 Weeks** (If on prophylaxis)
- 4 Weeks** (If on prophylaxis)
- 6 Weeks** (HIV+source. HCV+source)
- 3 Months** (HIV+source. HCV+source. Unknown source)
- 6 Months** (HIV+source. HCV+source. Unknown source).
- 12 Months** (HIV+source)

FOLLOW-UP DIRECTIONS:

HIV+source = HIV drawn
 HCV+source = **HCV Qual-RNA (PCR)** drawn
 HIV/HCV (-) = HIV drawn
 Unknown source = HIV and HCV drawn

2 WEEK FOLLOW-UP ___/___/___ **RESULTS**

4 WEEK FOLLOW-UP ___/___/___ **RESULTS**

If placed on prophylaxis:

CBC	
Total bilirubin, ALT, AST, GGT	
Pregnancy Test (urine or serum)	
Creatinine, BUN	
Blood glucose	
CPK	

If placed on prophylaxis:

CBC	
Total bilirubin, ALT, AST, GGT	
Creatinine, BUN	
Blood glucose	
CPK	

Results
 Reported ___/___/___ Via ___ By _____

Results
 Reported ___/___/___ Via ___ By _____

6 WEEK FOLLOW-UP ___/___/___ **RESULTS**

HIV, CBC	
Total bilirubin, ALT, AST, GGT Creatinine, BUN, blood glucose	
HCV Qual RNA (PCR) (only if source blood Hep C+)	
CPK	

Results
 Reported ___/___/___ Via ___ By _____



University of La Verne

3 MONTH FOLLOW-UP / / RESULTS

6 MONTH FOLLOW-UP / / RESULTS

HIV	
HCV Qual RNA (PCR) (only if source blood Hep C+)	

HIV	
HCV Qual RNA (PCR) (only if source blood Hep C+)	
HBsAg	
Total anti-HBc	

Results
Reported / / Via _____ By _____

Results
Reported / / Via _____ By _____

12 MONTH FOLLOW UP / / RESULTS

HIV	
-----	--

Results: Reported / / Via _____ By _____

ASSESSMENT/RECOMMENDATIONS:

Warnings discussed to avoid pregnancy and/or breast feeding during treatment (females) Yes No

Assistance in Counseling Referral Made Declined

Post-Exposure Treatment: Recommended Not Recommended

Informed Consent: Obtained Refused

Post-Exposure Prophylaxis: Declined Provided

Date/Time of 1st dose / / - AM/PM

Printed Materials Provided: Yes No

Comments: _____

Nurse: _____ Date: _____

Healthcare Provider: _____ Date: _____

Provider Information: Name: _____

Clinic: _____

Address: _____

Phone: _____

After follow-up is completed,
Provider is to forward to:

Student Health Center
Cindy Denne
2147 "E" Street
La Verne, CA 91750
FAX # (909) 596-3770



For questions call:

(909) 448-4619 or (909) 448-1475

Provision of PEP should not be delayed while awaiting expert consultation.

Situations for which Infectious Diseases Consultation for Human Immunodeficiency Virus (HIV) post exposure prophylaxis (PEP) is recommended.

- Delayed (ie, later than 72 hours) exposure report. Interval after which benefits from PEP are undefined.
- Breastfeeding in the exposed person
- If source person's virus is known or suspected to be resistant to one or more of the drugs considered for PEP, selection of drugs to which the source person's virus is unlikely to be resistant is recommended.
- Toxicity of the initial PEP regimen
 - Symptoms (eg, gastrointestinal symptoms and others) are often manageable without changing the PEP regimen by prescribing antimotility or antiemetic agents.
- Serious medical illness in the exposed person who is already taking multiple medications may increase the risk of drug toxicity and drug-drug interactions.



INFORMED CONSENT FOR PROPHYLAXIS AFTER BLOOD BORNE PATHOGENS EXPOSURE

As a patient, you have the right to be informed about your risk after a blood borne pathogens (BBP) exposure and the recommended prophylaxis. This disclosure is not meant to alarm you; however, there are certain side effects which are associated with prophylaxis. I have read and understand the patient information entitled "Occupational Exposures to Blood Borne Pathogens- Patient Information," which explains risks of infection, prophylaxis, medication schedule, pregnancy precautions, follow-up and special precautions.

- I hereby voluntarily consent to prophylaxis for exposure to blood and body fluids infected or possibly infected with human immunodeficiency virus-1(HIV-1). The medications include:

- I hereby decline prophylaxis following my exposure to blood borne pathogens. The healthcare provider has informed me of the possible risks associated with refusing this medication. The nature and purpose of the proposed prophylaxis & the risks and hazards if the treatment is withheld, have been explained to me by a healthcare provider. I have had an opportunity to discuss these matters with a healthcare provider and to ask questions about my exposure, alternatives, and the proposed treatment.

STUDENT SIGNATURE	Date	Time
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HEALTHCARE PROVIDER	Date	Time
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WITNESS	Date	Time
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***** Please forward to Student Health Services *****

The following laminated attachment is provided to all PA students to accompany their student ID badge as BBPE reporting reminders

WIN – WASH exposed area, IDENTIFY source, NOTIFY supervisor

PACT – Protect, Act, Clean, Tell

Important Telephone Numbers:

- **Emergency: 9-1-1**
- **Pomona Valley Hospital: (909) 865-9500**
- **Program Clinical Coordinator: (909) 448-1467**
- **PA Program: (909) 448-1475**
- **Student Health Center: (909) 448-4619**
- **Campus Safety: (909) 448-4950**

Laverne.edu