



Policy on Infection Control Procedures for Health Care Providers Infected with HBV/HIV/HCV

In compliance with the University of Washington Infection Control Procedures regarding bloodborne disease, the School of Nursing and Health Studies supports voluntary reporting of HIV/HBV/HCV status. As part of their professional responsibility and accountability, the university encourages all students to be aware of their risk status for HBV/HIV/HCV. If they are at risk for these diseases, they are encouraged to seek testing and to notify the School of Nursing and Health Studies of their status so as not to place patients/community members in a position of risk. In addition to following standard precautions, it is recommended that students adhere to CDC guidelines, which state that students with a known blood-borne pathogen are expected to:

- Double-glove during all procedures involving the possibility of blood-borne exposure
- Refrain from all direct patient care and the handling of patient care equipment used in invasive procedures if the student has exudative lesions or weeping dermatitis
- Refrain from direct participation in exposure-prone procedures, which at the minimum include the following:
 - Digital palpation of a needle tip in a body cavity
 - Simultaneous presence of the student's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site

If an infected student must engage in such activities, each situation should be reviewed and specific practice protocol developed. All students are taught standard precautions as part of their basic nursing curriculum. Following these policies is essential for the protection of the care provider and the patient, and minimizes risk to either party.

Blood Borne Pathogens (BBP) Exposure

Students exposed to blood- or secretion-borne pathogens (BBP) should take immediate first aid including scrubbing wounds and skin with soap and water for 20 minutes and/or flushing mucous membranes with water for 20 minutes. Risk assessment and laboratory testing may be available to students at the clinical site's employee health office. Need for medications for prophylaxis of BBP may require further assessment. If there is no employee health office at the clinical site or for exposures occurring after clinic hours, on weekends, or on holidays, students are to seek care at the nearest emergency room or urgent care clinic. The staff on duty in the Emergency Department (ED) at the University of Washington Medical Center (UWMC) is available at (206) 520-5000 for information 24 hours a day. Students experiencing an injury and/or BBP exposure at all clinical agencies complete, with the clinical instructor, the [UW Nursing Student Clinical Incident/Injury Form](#). *This form should be given to your UW Bothell instructor, rather than be mailed to the address on the form.* Students, with their instructor, at Harborview Medical Center & UW Medical Center also need to complete a Patient Safety Net (PSN) report for any incident/accident reports, which they can receive at Harborview.



University of Washington Bothell, School of Nursing and Health Studies Blood Borne Pathogens Policy Acknowledgement Statement

For Students with Active RN Licensure

Each Nursing student in the School of Nursing and Health Studies must sign and upload this form to CastleBranch. This requirement complies with UW School of Nursing affiliation agreements with clinical agencies and Occupational Safety and Health Administration (OSHA) rules, and has been developed for the safety of you and your clients, subjects, and/or patients. Please read these directions CAREFULLY, and sign where indicated

1. I have been provided with a copy of the School of Nursing Blood Borne Pathogens (BBP) Policy

2. I understand that prior to beginning an assignment in a clinical agency I must have received training in the following aspects of blood-borne pathogens:

- Epidemiology and symptoms of blood-borne disease
- Modes of transmission
- Explanation of the University exposure control plan (contained in the BBP Policy)
- Policy)
- Methods to control exposure
- Information on protective clothing and equipment
- Emergency information (contained in the BPP Policy)

I acknowledge having received BBP training either as a part of my prior work or educational experience, or by virtue of the fact that I am licensed as an RN in the State of Washington.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

STUDENT ID NO.: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

DEGREE PROGRAM:

RN-to-BSN MN