

*Red Lake Public School*  
*Bloodborne Pathogens*  
*Program*

*Program Administrator: Clayton VanWert*

# Bloodborne Pathogen Program

## Purpose

An infection control plan must be prepared for all persons who handle, store, use, process, or dispose of infectious medical wastes. This infection control plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

## Responsibilities

- The Company Nurse or Physician will conduct the Bloodborne Pathogen Program and maintain records of training and inspections for this program.
- Management will ensure proper conduct of the program through inspections, record keeping and periodic audit.

## Definitions

**Biological Hazard.** The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the well being of humans.

**Medical Wastes/Infectious Wastes.** All waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing..

**Universal Precautions.** Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A)

## Hazards

Unprotected exposure to body fluids presents the possible risk of infection from a number of bloodborne pathogens notably Hepatitis and HIV.

## Hazard Control

**Engineering Controls** - prevention of exposure to bloodborne pathogens engineering controls include proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment.

**Administrative Controls** - prevention of exposure to bloodborne pathogen administrative controls include universal precautions, assignment of PPE, employee training, use of spill kits specifically designed for blood and body fluids, restricted access to waste collection points and waste disposal procedures.

## **Reporting and Record Keeping**

Any reports required by OSHA will be maintained by the Occupational Health Department. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness. Exposures to blood-borne pathogens from contact with sharps will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a Physician.

## **Training**

All personnel assigned duties as EMT, Paramedics, First Aid Station Staff, HAZMAT responders, Custodial Employees (those that clean rest rooms, etc.) will receive initial and annual training by a qualified medical practitioner on the Bloodborne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training.

All new and current affected Employees will be trained initially and annually thereafter. The content of the training program will include:

1. Company Policy
2. Types and transmission of Blood-Borne Pathogens
3. General Safety Rules
4. Universal Precautions
5. Use of Personal Protective Equipment
6. Medical Waste Disposal Procedures
7. Post Exposure Treatment and Procedures
8. HBV Vaccinations

Documentation of training will be by *Control of Blood-Borne Pathogens Training Certificate*

All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form.

## **Hepatitis-B Virus (HBV) Vaccinations**

Occupational Health Professionals and those required to provide first aid or emergency response duties or medical care on a routine basis will be offered Hepatitis-B Virus (HBV) Vaccinations at Company expense. Employees that transfer to a job or their job is reclassified to include exposure to blood-borne pathogens will be offered HBV Vaccinations within 10 working days of the transfer or reclassification.

The choice for HBV vaccination is not mandatory. If an affected Employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The Company will document the offer, acceptance or declination, and vaccination dates with the *Notice of HBV Vaccinations Form*.

## **Post Exposure Treatment and Notification Procedures**

Should an affected Employee or an Employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected Employee will report the exposure to the Company Nurse. The Company will provide for the Employee to be tested for HIV/HAV/HBV at Company expense. Following the initial blood test at time of exposure, seronegative Employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the Employee will follow the recommendations provided by the Physician or the U. S. Public Health Service.

An "occupational exposure" is defined as blood or body fluid contact from an injured or ill Employee to the affected Employee or injury by a contaminated sharp object.

Following the report of exposure, \_\_\_\_\_ will contact the exposure source and request that person be tested for HIV/HAV/HBV at Company expense. The request is not mandatory and if refused will not effect that Employee's future employment.

The source individual's blood is tested as soon as possible and after consent is obtained to determine HBV and HIV infectivity. (Hepatitis B surface Antigen, Hepatitis C Antibody and HIV Screen)

The exposed employee's blood shall be collected as soon as feasible and tested for HBV (Hepatitis Bs Antibody, Hepatitis C Antibody) and HIV serological status after consent is obtained (Employee Consent for HIV Antibody Testing).

During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". The *Blood-Borne Pathogens Exposure and Treatment* form is used to document the exposure and offer of medical assistance to the affected Employee and use the *Medical Consent for Blood-Borne Pathogens Testing* form for the exposure source. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

## **General Procedures**

The following procedures must be followed by personnel when in medical rooms or laboratories.

All supervisors must ensure that their staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper cleanup and disposal techniques.

Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact in groups where resuscitation is a part of their responsibilities.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to any health hazard. Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious material is stored or in other areas of possible contamination.

According to the level of risk, wearing laboratory or protective clothing may be required for persons entering infectious disease laboratories. Likewise, showers with a germicidal soap may be required before exit.

Gowns, aprons, or lab coats must be worn whenever there is a possibility that body fluids could splash on skin or clothing.

Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used in the following circumstances:

- When the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions.
- When examining abraded or non-intact skin of a patient with active bleeding.
- While handling blood or blood products or other body secretions during routine laboratory procedures.

Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

All personal protective equipment must be removed immediately upon leaving the work area, and if this equipment is overtly contaminated, it must be placed in an appropriate area or container for storage, washing, decontamination, or disposal.

Contaminated clothing must not be worn in clean areas or outside the building.

All procedures involving blood or other potentially infectious agents must be performed in a manner that will minimize splashing, spraying, and aerosolization.

## **Medical Wastes**

Medical/infectious waste must be segregated from other waste at the point of origin.

Medical/infectious waste, except for sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be contained in double disposable red bags conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD."

Used needles or other sharps (razor blades, broken glass, scalpels, etc.) must not be sheared, bent, broken, recapped, or resheathed.

Infectious sharps must be contained for disposal in leak-proof, rigid puncture-resistant containers. Infectious waste contained as described above must be placed in reusable or disposable leak-proof bins or barrels that are conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD." These waste barrels are picked up regularly by an outside company licensed to handle infectious wastes.

All infectious agents, equipment, or apparatus must be disinfected in an autoclave or otherwise disinfected before being washed or disposed of. Each individual working with infectious bio-hazardous agents is responsible for dis-infection and disposal of these agents.

Biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) then disposed of in the regular trash.

Liquid bio-hazardous waste may be disposed of in the sewage system following chemical decontamination.

Reusable glassware must be decontaminated in sodium hypo chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. The glassware must then be sterilized in an autoclave.

To minimize the hazard to firefighters or emergency response personnel, at the close of each work day and before the building is closed, all infectious or toxic material must be placed in a refrigerator, placed in an incubator, or autoclaved or otherwise disinfected.

Infectious agents must not be placed in an autoclave and left overnight in anticipation of autoclaving the next day.

Floors, laboratory benches, and other surfaces in buildings where infectious agents are handled must be disinfected with a suitable germicide, such as 1:9 sodium hypo chlorite solution (household bleach) as often as necessary as determined by the supervisor.

The surroundings must be disinfected after completion of operations involving planting, pipetting, centrifuging, and similar procedures with infectious agents.

Infectious agents must not be dumped into the building drainage system without prior disinfection.

### *Cuts*

If an employee has a needle stick, cut, or mucous membrane exposure to another persons body fluids he/she must report the incident immediately to the Company Nurse.

### *Blood Exposure*

All employees exposed to human blood and blood products must report to the Company Nurse for information and possible inclusion in the Hepatitis B Immunization Program.

### *Infection Control Plan*

conspicuously labeled with the words, "INFECTIOUS WASTE -- BIOHAZARD." These waste barrels are be picked up regularly by an outside company licensed to handle infectious wastes.

5. Spills/Disinfectants: a solution of sodium hypo chlorite (household bleach) diluted 1:9 with water must be used to disinfect, following initial cleanup of a spill with a chemical germicide approved as a hospital disinfectant. Spills must be cleaned up immediately.

7. After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.

8. Other biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) and then disposed of in the regular trash.

9. Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.

10. Reusable glassware must be decontaminated in sodium hyper chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. Then the glassware must be sterilized in an autoclave.

## *Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission*

TASK	GLOVES	APRON	MASK	EYEWEAR
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Child Birth	X	X	X	X
Blood Drawing	X			
Handling & Cleaning Instruments	X			
Cleaning Bio Spills	X			
Taking Temperature				
Giving Injection	X			
Measuring Blood Pressure				

The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendation for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).



# *Blood-Borne Pathogen Control*

## *Universal Precautions and General Safety Rules*

### **For Posting**

**Exposure Determination:** [Company], Inc., and its Divisions and Subsidiaries will not perform invasive medical treatment or provide intravenous medication. Therefore, the exposure to Blood-Borne Pathogens, as defined in item # 3 below, is determined to be from routine and emergency first aid treatment of common workplace injuries. The following Universal Precautions and General Safety Rules have been established to prevent the spread of viral and bacterial organisms (namely HIV/HAV/HBV). In all cases, the Universal Precautions and General Safety Rules should be followed.

1. Before and immediately after providing patient care, wash exposed areas (hands, arms, etc.) with antibacterial soap.
2. Don and use the required personal protective equipment for the medical care given as outlined in the Personal Protective Equipment for Worker Protection Poster.
3. Treat all human body fluids and items soiled with human body fluids (blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV/HAV/HBV, and saliva (in dental settings) as if contaminated with HIV/HAV/HBV. (**Note:** Feces, urine, nasal secretions, sputum, sweat, tears, or vomitus need not be treated as contaminated unless they contain visible blood)
4. No smoking, eating, drinking or storage of food products are permitted in patient treatment areas. Non-medical items, such as clothing and personal effects, should not be stored in the treatment facility.
5. Patient treatment areas will be maintained in a near sanitary condition at all times. Daily and at least once per shift, the Occupational Health Facility will be disinfected with antibacterial/viral solution (at least 10% Chlorine Bleach or equivalent). All medical and personal protective equipment contaminated with human body fluids will be disinfected before being returned for use again.
6. To avoid special handling, all clothing contaminated with human body fluid will be presoaked (sprayed on the affected areas) with the antibacterial/viral solution before being sent to the laundry. (**Note:** Gloves and eye protection should be worn when handling contaminated clothing until presoaked for 10 minutes)
7. Any spills of body fluid will be presoaked (sprayed on the affected area) with antibacterial/viral solution for 10 minutes before being removed. (**Note:** Gloves and eye protection should be worn when handling spills of body fluids)



8. Medical Wastes (those soiled with covered human body fluids) will be treated following the Medical Wastes Treatment and Disposal Procedures before being discarded as ordinary wastes.

9. Any suspected exposure to HIV/HAV/HBV by human body fluid contact (via broken skin, human bites, needle sticks, etc.) should be reported to your Supervisor immediately.

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## ***Control of Blood-Borne Pathogens Program***

### ***Medical Waste Treatment and Disposal Procedures***

#### **For Posting**

1. All Medical Wastes (those soiled with covered human body fluids) will be placed in a red leak-proof container marked either *Biohazard* or *Medical Waste*. All other wastes will be discarded following customary procedures. (**Note:** Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not considered a biohazard or medical waste. Pretreatment is not necessary; however, Employees should wear personal protective equipment and wash hands with antibacterial soap afterwards)
2. Don and use the required personal protective equipment when handling medical wastes as outlined in the *Personal Protective Equipment for Worker Protection* Poster.
3. At the end of each shift, all accumulated medical wastes will be treated to remove biohazards using the following procedure:
  - Prepare a solution of 10 percent chlorine bleach to water (approximately 2 cups chlorine bleach to 1 gallon of water)
  - Pour solution over the medical wastes and thoroughly saturate
  - Let stand for 10 minutes and then drain into sink
  - Discard as ordinary wastes

**Caution:** Sharp objects (broken glass, hypodermic needles, etc.) should not be handled by hand to prevent accidental punctures and lacerations

4. Rinse medical wastes container and return for use again.
5. Wash hands and exposed areas with antibacterial soap.



## *SHARPS INJURY LOG*

**Incident Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of Sharp Object / Instrument:**

**Department / Area where exposure occurred.**

**Brief Explanation of How Incident occurred.**

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**Incident Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of Sharp Object / Instrument:**

**Department / Area where exposure occurred.**

**Brief Explanation of How Incident occurred.**

# FORM 4-A: EXPOSURE INVESTIGATION REPORT

**Instructions for use:**

(1) Use this report to document each employee exposure, regardless of PPE or exposure incident status. (2) ALL bonafide Exposure Incidents (a specific eye, mouth, other mucous membrane, intact skin or parenteral (piercing of skin) contact with blood or OPIM shall be documented on FORM 4-B.

## EXPOSURE INVESTIGATION REPORT

1) Date: \_\_\_\_\_

2) Employee Name: \_\_\_\_\_

3) Description of Exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) List Personal Protective Equipment Employed: \_\_\_\_\_

\_\_\_\_\_

5) Did blood (or OPIM) take a route of entry into employee?

No  Yes

(NOTE: An Exposure Incident Report must be filed. If "Yes" box is checked, see FORM 4-B).

**FORM 4-B: Exposure Investigation Report**

**Instructions for use:** (1) Complete this report for all Exposure Investigations which resulted in a specific eye, mouth, other mucous membrane, intact skin or parenteral contact with blood or OPIM.  
(2) Action is required, at a minimum, employee must be offered a medical examination.

**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS  
OSHA 1910.1030**

**EXPOSURE INCIDENT REPORT**

- A. Date of Exposure Incident Report: \_\_\_\_\_
- B. Affected Employee's Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_
- C. Employee's Social Security Number: \_\_\_\_\_
- D1. Description of Employee's Duties: \_\_\_\_\_
- D2. Description of the Routes of Exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Name of the Source Individual: \_\_\_\_\_  
Employee or Student or Other (list: \_\_\_\_\_)
- F. Has the Source Individual Consented to Blood Testing or has Testing Been Completed in the Past: \_\_\_\_\_  
Status of Blood Test: \_\_\_\_\_

# EXPOSURE INCIDENT REPORT

## Page 2

Employee Name: \_\_\_\_\_

Date of Report: \_\_\_\_\_

F2: Has Source Individual Refused Blood Testing: \_\_\_\_\_

G. Has Affected Employee Already Received the HBV Vaccination: \_\_\_\_\_

If so, dates received each of 3 series: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. If Affected Employee Consents to Baseline Blood Collection for HBV & HIV serological status, Date of Test: \_\_\_\_\_

Results of Test When Completed: \_\_\_\_\_

I. Date Post-Exposure Prophylaxis (preventative treatment) Treatment Administered: \_\_\_\_\_

J. Has a Medical Records File been Established for the Affected Employee: \_\_\_\_\_  
NOTE: Such a record must be established, to include this report, as well as results of previous vaccinations, blood tests and follow-up procedures administered.

K. Checklist of Information Provided to Healthcare Professional:

\_\_\_\_\_ a copy of the Standard (29 CFR 1910.1030)

\_\_\_\_\_ description of the exposed employee's duties as they relate to the exposure incident

\_\_\_\_\_ documentation of route (s) of exposure and circumstances under which exposure occurred (this form)

\_\_\_\_\_ results of the source individual's blood testing, if available

\_\_\_\_\_ all medical records relevant to the appropriate treatment of the employee, including vaccination status which are the employer's responsibility to maintain (see item J. above)

**THIS POLICY IS OPTIONAL – DELETE THIS IF NOT BEING IMPLEMENTED**

**DISTRICT HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) POLICY**

**HIV POLICY (STUDENT AND EMPLOYEE)**

The Red Lake School District shall strive to protect the safety and health of children and youth in our care, as well as their families, our employees, and the general public. Staff members shall work collaboratively with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting the human immunodeficiency virus (HIV) is extremely low in school settings when current guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school and/or school athletic settings.

**SCHOOL ATTENDANCE**

A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

**EMPLOYMENT**

The Red Lake School District does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the American with Disabilities Act of 1990, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

**PRIVACY**

Pupils or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with the HIV infection (or the parent or guardian of a legal minor). The written consent must specify the name of the recipient of the information and the purpose for disclosure. (*See Attachment A*)

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

## **HIV AND ATHLETICS**

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect these guidelines. First aid kits must be on hand at every athletic event.

All physical education teachers and athletic program staff will complete an approved first aid and injury prevention course that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

## **HIV PREVENTION EDUCATION**

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV. The educational program will:

- Be taught throughout kindergarten through grade twelve; as determined by the District
- Be taught by individual's who are comfortable with and knowledgeable of the material;
- Use methods demonstrated by sound research to be effective;
- Be consistent with community standards;
- Follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- Be appropriate to student's development levels, behaviors, and cultural backgrounds;
- Build knowledge and skills from year to year
- Stress the benefits of abstinence for sexual activity, drug use and other high risk activities;



- Include accurate information on reducing risk of HIV infection;
- Address students' concerns;
- Include means for evaluation / review;
- Be an integral part of a coordinated school health program;
- Be taught by well-prepared instructors with adequate support; and
- Involve parents and families as partners in education

Parents and guardians will have opportunities to preview all HIV prevention curricula and materials. School staff members shall assist parents or guardians who ask for help in discussing HIV infection with their children. If a parent or guardian submits a written request to the District that a child not receive instruction in specific HIV prevention topics at school, and assures that the topics will be discussed at home or elsewhere, the child shall be excused without penalty.

The education system will cooperate with HIV prevention efforts in the community that address out-of-school youth and youth in situations that put them at high risk of acquiring HIV.

### **RELATED SERVICES**

Students will have access to voluntary, confidential, age and developmentally appropriate counseling about matters related to HIV infection. School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate HIV counseling and testing programs, and to other HIV-related services as needed. Public information about resources in the community will be kept available for voluntary student use.

### **STAFF DEVELOPMENT**

Under District leadership, school staff members will participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law and state, district, and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Certain employees, e.g., school nurse, coach, etc., will also receive additional specialized training as appropriate to their positions and responsibilities.

### **GENERAL PROVISIONS**

On an annual basis, school administrators will notify students, their family members, and school personnel about current policies concerning HIV infection, and provide convenient opportunities to discuss them. Information will be provided in major primary languages of student's families.

### **EMPLOYER'S AUDIT**

This policy is effective immediately upon adoption. In accordance with the established policy review process, or at least every three years, a district designated person or committee shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

**LEGAL REFERENCES:**

**20 U.S.C. 1401 et seq., Individuals with Disabilities Act**

**41 U.S.C. 12101 et seq., American with Disabilities Act**

**ARS 36-664. Confidentiality; exceptions**

**ARS 15-716. Instruction on Acquired Immune Deficiency Syndrome**

**R7-2-303. Sex Education**

**29 CFR 1910.1030, Bloodborne Pathogen Standard**

**101.005, Department of Commerce**

**ATTACHMENT A  
CONFIDENTIAL**

## Written Consent Form for Each Release of Confidential HIV Related Information

Confidential HIV-Related Information is any information that a person had an HIV-related test, has HIV infection, HIV/AIDS-related illness, or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and for the reasons listed below.

Name and address of person whose HIV-related information can be released: 1. 2. 3.	
Name and address of person signing form (if other than above)	
Relationship to person whose HIV-related information may be released:	
Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information) 1. 2. 3.	
(Additional names and addresses can be attached or listed on back.)	
Information to be provided: (check as many as apply.) <input type="checkbox"/> Diagnosis <input type="checkbox"/> Medications <input type="checkbox"/> Special Precautions <input type="checkbox"/> Behavior Health or Development Assessments <input type="checkbox"/> Other: <i>Specify in the space provided:</i>	
Specific purpose(s) for release of HIV-related information: <i>(specify)</i>	
Time during which release of information is authorized: (A specific time must be noted for each single incident of release of HIV-related information. A new form must be used for each incident.) From: _____ To: _____	

Any disclosure of information not meeting the conditions listed above is expressly prohibited. Disclosure to any other persons than those listed above requires my informed, written consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_