

/

_____ with full description of the

_____ incident and source of exposure. Check "Email me a copy of this report" and send a copy to the student.

- E. Complete _____. (Available in packets indicated above) Obtained from department/campus/regional center offices or faculty.
- F. Print Student Accident Inse.1 (t)-25.687 -1.1 (dent)-8 (r)-6ent .1 20.002 Tc3-1.1 (y) [y]

A. Follow protocol outlined in step 1, listed above.

B.

If the source individual is a student, complete the _____ and sign. Both the source individual and exposed person should take a copy of this to their healthcare provider (along with the _____).

If the source individual is not a student, the individual will be asked to go to Bellin Health Emergency Room for serological testing and follow-up. NWTC will pay for the baseline testing. Provide the patient with the memo authorizing payment (memo available in Health Sciences & Education Department Office), along with a copy of the _____, and the _____. (Costs associated with the source testing will be paid by the department where the exposure occurred.)

C.

Print Student Accident Insurance ID Card, take with you to your healthcare provider. Instructions available at the link below:

All students will be automatically enrolled in the "Wisconsin Technical Colleges Mandatory Accident Only Insurance Plan". The coverage is provided to students when they are injured in class, clinical (including internships or service learning, etc. if a required part of their classes) or on the way to or from class or clinical.

Additionally, please

see Student Accident Page: _____
_____ for eligibility and exceptions.

D.

Serological testing and follow

EXPOSED PERSON

Name: _____
Student/Employee #: _____
DOB/Age: _____
Phone #: _____
Address: _____
City/State: _____
Work Area: _____
Occupation: _____
Employee Extension: _____
Description of incident resulting in exposure: Date: _____ Time: _____

EXPOSURE SOURCE

Name: _____
Clinic/File #: _____
DOB/Age: _____
Phone #: _____
Address: _____
City/State: _____

Injury/Exposure From: _____
Puncture from needlestick
Puncture from instrument

* * * * *

Source Individual: _____ DOB: _____

Address _____
(Street)

(City) (State) (Zip)

Telephone Number(s) _____

Date of Exposure Incident _____

Date of Source Individual Contact _____

Consent to test? Yes ___ No ___

Name, address and phone number of Personal Healthcare Provide

Consent Signature: _____

Additional Notes:

I, _____, am a student in the _____ program.

My instructor has provided training and information to me on the risk of disease transmission and exposure control in my classroom activity.

On _____, 20____, I was involved in an exposure incident.

Describe briefly:

Bellin Occupational Health/Instructor provided information on follow-up medical evaluation for me in order to assure that I have full knowledge of 2.6 (l)rof6 (l)2.n ____4p io.533 (he)11aide-6 (ol)26 (i)2.6 (s)

On _____ (date) you experienced a significant exposure to blood or potentially infectious body fluids.

Wisconsin State law contains the following major provisions:

A. Consent Provisions

The general rule is that no testing for HIV (antibody) may be performed by a health care provider, blood bank, etc. without the subject's informed consent. The record of the subject's informed consent is a form which must contain the subject's name and a list of persons to whom the results may be disclosed. The form must also contain the signature of the subject, the date and time period for which the consent is effective, and the name of any person authorized by the subject to receive the test results. The health care provider, blood bank, etc. which conducts the test is required to maintain a record of the test results.

- a. Refuse to treat the individual if the condition is within the scope of licensure of the provider of care.
- b. Provide care at a standard lower than that provided to others.
- c. Isolate the individual unless medically necessary.
- d. Subject the individual to indignity, including degrading treatment.

A provider giving treatment must develop and follow procedures to ensure continuity of care in the event the condition exceeds the provider's scope of license.