



## Blood Borne Pathogen Post-Exposure Evaluation and Medical Management Student Waiver

### Background

This waiver ensures that students who as part of their academic program, are at risk for exposure to human blood, or other potentially infectious materials, understand and acknowledge that the inherent risk of injury and illness is assumed by the student when they decide to enroll in said academic program.

The University of Delaware has a Blood Borne Pathogens Exposure Control program aimed at the minimization or elimination of exposure to Blood Borne Pathogens found in infected human blood. The program is modeled after the Occupational Safety and Health Administration (“OSHA”) Blood Borne Pathogens Standard and applies in total to both employees and students with minor exceptions. Since the OSHA Standard is intended to protect employees in the workplace as opposed to students in an academic setting, the University assumes no liability nor financial responsibility for medical management and treatment following a blood borne pathogen accidental exposure incident of graduate and undergraduate students. Academic programs with undergraduate students at risk for exposure to blood borne pathogens require such students to sign a waiver upon entering the academic program communicating and acknowledging their understanding that the University is not liable or responsible for damages from injuries or illnesses sustained during academic participation.

### Student Responsibility for Post-Exposure Follow-up

In the event of a blood borne pathogen exposure, the University of Delaware Nurse Managed Health Center (“UD NMHC”) will contact the student to schedule recommended follow-up appointments. The first follow-up appointment will be scheduled approximately 72 hours post-exposure. Subsequent appointments are based on the initial assessment and treatment plan. Minimally, there are recommended follow-up appointments at 3 and 6 months post-exposure. In the event that the student has graduated or is no longer actively enrolled at the University of Delaware, the UD NMHC will attempt to contact the student in the following manner:

- First attempt will be via phone numbers on record.
- Second attempt will be contacted by email using email address on record.
- Third attempt will be a certified return receipt requested US postal letter sent to the student's address on record.

It is the student's responsibility to supply updated contact information to the UD NMHC. If attempts to contact the student are unsuccessful, this indicates that the student is accepting responsibility for all subsequent care and treatment related to the blood borne pathogen exposure.

### Student Financial and Liability Waiver

I have read the above information concerning the background and need for post-exposure follow-up. As a student of the University of Delaware, I voluntarily assume all risks associated with my participation in my academic program. I agree to hold harmless, indemnify, and irrevocably and unconditionally release the University of Delaware and its trustees, officers, employees, and agents from any and all liability and medical expenses, and any and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to blood borne pathogen exposure.

I understand that I may be asked to perform tasks that might pose a risk of exposure to blood borne pathogens causing such diseases as HIV and Hepatitis, which can lead to serious illness or death. Accidental exposure to human blood or other potentially infectious materials (“OPIM”) must be reported immediately. I understand that if I am accidentally exposed to a BBP, I will be directed to obtain a risk evaluation, which may include laboratory analysis, that will be conducted by a clinician familiar with post-exposure evaluation and treatment recommended by Centers for Disease Control and Prevention (“CDC”), and if deemed necessary, initiation of post-exposure prophylaxis (“PEP”). The CDC specifically recommends that PEP be initiated within two hours of HIV exposure to prevent disease transmission. I understand that I am personally responsible for all of the costs associated with the post-exposure medical management and treatment, and the University of Delaware is in no way responsible for these expenses.

**Student (or Guardian)  
Name Print:**

**Student (or Guardian)  
Name Signature:**

**Date**

**Witness Name Print:**

**Witness Signature:**

**Date**

To sign this waiver, students must be 18 years old, and if under 18, the waiver must be signed by a parent.