



# EXPOSURE PRONE PROCEDURES (EPP) DECLARATION FORM

STUDENT NAME:

STUDENT DOB:

STUDENT ID NUMBER:

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Exposure Prone Procedures (EPPs) are procedures where there is a risk of injury to the student resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the workers hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

As a HSM student you will be called upon to undertake Blood Borne Virus screening ANNUALLY as it is an essential compliance requirement that must be monitored in order to ensure progression in your program. You must therefore understand your responsibilities to protect yourselves as individuals and your responsibilities to protect patients from the hazards of blood borne and other infectious diseases. In an effort to protect patients students must read, understand and sign the below Declaration:

## STUDENT DECLARATION

By signing this declaration I am acknowledging that:

1. I agree to undergo serological testing for HIV and HCV annually, with more frequent testing to be performed if I have been exposed to an increased risk of infection, whether occupational or non- occupational;
2. As directed by the Faculty of Health Sciences & Medicine each year for the duration of my program I agree to provide the HSM Compliance officer with the completed *form* that has been signed by a registered medical practitioner/ registered nurse and proves that annual BBV serology testing has been conducted.
3. If my BBV status has changed I agree to contact the HSM Compliance officer or Manager, Clinical Placements to arrange a confidential meeting to discuss my exclusion from EPP's and the possibility of alternative clinical assessments;
4. I agree to seek professional medical advice if infected or if I become infected with a BBV;
5. I understand that by failing to be aware of my current infection status I am committing professional misconduct and I will not be able to participate in EPP's;
6. I will NOT undertake EPP's if infected or if I become infected with a BBV;
7. All information I have provided is true and correct.

I give consent for the doctor / registered nurse identified below to complete this form in relation to my Health information. I understand the cost associated with any required blood tests and vaccines need to be met by myself (the student).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*\*IMPORTANT:** The below section must be completed by a registered General Practitioner or registered Nurse. *The doctor/nurse must NOT be a relative or someone with whom you have a close personal relationship.*

## HUMAN IMMUNODEFICIENCY VIRUS & HEPATITIS C (HIV & HCV)

Students must be aware of their status, however they are not mandated to provide evidence of their status to the

This student is aware of their infectious status with regards to the HIV & HCV, and any subsequent implications on their ability to perform EPPs.

Date of HIV testing:	MM / YYYY	Date of HCV testing	MM / YYYY
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NAME QUALIFICATION /REGISTRATION No.

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Signature

Date

Practice Stamp

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