

**PURDUE UNIVERSITY SCHOOL OF NURSING  
STANDARD PRECAUTIONS POLICY AND  
INSTRUCTION ACKNOWLEDGMENT**

During the clinical experience of students of the Purdue University School of Nursing, students may be exposed to blood and other body fluids of patients/clients. In an effort to avoid transmission of dangerous communicable diseases, the School of Nursing requires that all students receive instruction in the use of universal precautions before the first clinical experience requiring direct patient/client contact. Indiana law requires verification of universal precaution training of all students and faculty members who may be exposed to blood and other body fluids in the clinical setting. 410IAC 1-4-6 (1992).

The Purdue University School of Nursing requires that all students and faculty members strictly follow universal precautions at all times in the clinical setting. A student's failure to adhere to universal precautions may result in inability to satisfy the clinical requirement of various nursing courses. Repeated failures by a student to follow universal precautions will result in more serious consequences, including, but not limited to, failure of the course and dismissal from the School of Nursing. A faculty member's failure to comply with universal precautions will result in disciplinary action. No adverse action will be taken against any student or faculty member who files a complaint, in good faith, with the Indiana State Department of Health regarding the School of Nursing's compliance with state laws and regulations pertaining to universal precautions and bloodborne pathogens.

**Standard Precautions Training Acknowledgment**

I have been informed of the Purdue University School of Nursing policy regarding the use of universal precautions in the clinical setting. On \_\_\_\_\_ (date), I received training in the use of universal precautions. By signing this acknowledgment, I am accepting the responsibility to follow universal precautions in the clinical setting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Identification Number

Verification of Student Instruction

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date