

Student Illness Policy:

Communicable diseases vary in their virulence, duration, mode of infection and effects. In order to protect students, patients, and staff:

- Students with known communicable disease that are transferred by air or contact and are of short duration may not attend clinical courses. A written note from a physician is required if a student must be absent 3 or more days from clinical. Students are required to inform the Clinical Coordinator and Clinical Educator as per the Attendance Policy.
- Students with communicable diseases or illnesses of long duration must present a written diagnosis. The student may be able to continue in clinical with direction regarding patient care from the student's physician or the student may be asked or elect to drop the clinical course until the illness is resolved. All information is confidential and not released unless mandated by law.

Disease Precautions and Prevention:

Medical histories and examination often cannot and do not identify all patients infected with a HIV, Hepatitis B or other blood pathogens. Disease can be transmitted through exposure to body fluids, secretions and excretions. The potential risk that health care workers may be exposed to blood and body fluids emphasizes the need to consider all patients as potentially infected with transmittable pathogens. All health care workers must adhere to infection control precautions in order to minimize the risk of exposure.

To minimize the risk of transmission of blood-borne pathogens, Universal Precautions should be used in the care of all patients.

CDC Blood Borne Information can be viewed online at <https://www.cdc.gov/niosh/topics/bbp/>

They include but are not limited to the following:

- Health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
- Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

- Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Implementation of universal blood and body-fluid precautions for ALL patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB") should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Invasive Procedures:

An invasive procedure is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries:

- in an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices
- cardiac catheterization and angiographic procedures
- a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur
- the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The universal blood and body-fluid precautions listed above, combined with the precautions listed below, should be the minimum precautions for ALL such invasive procedures.

Health-care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids. All health-care workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post-delivery care of the umbilical cord.

If a needle stick or any occupational exposure is encountered by the (student) healthcare worker please follow the following emergency procedures as noted by the CDC

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor
- Immediately seek medical treatment

Student Requirements for Blood-Borne Pathogens:

- The student is required to follow the clinical affiliates written exposure control plan.
- Prior to attending, SLCC requires all students to show proof of vaccination series or titer.
- The student is required to use all forms of personal protective equipment to include eye protection, gloves, gown, mask, lab coats, face shields, mouthpieces, resuscitation bags, pocket masks or other devices when exposure is suspected.
- If a student is exposed during a clinical rotation, they should report the exposure immediately to the clinical educator. The clinical affiliate will treat the student with post exposure procedures and follow-up. Information for individuals receiving occupational exposure will be confidential and records will be kept by the facility for 30 years.