

Occupational Health Exposure Guidelines

Students who follow the recommendations developed by the Centers for Disease Control (CDC Universal Blood and Body Fluid Precautions) have minimal risk of contracting any infection in the course of their clinical practice activities. Training and education regarding environmental hazards and infectious exposures is provided either by annual training or during the didactic phase of the program. Students must demonstrate competency in the corresponding learning outcomes before they will be able to participate in educational activities that would put them at risk. Students are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures at all times. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel. However, injuries and infectious exposures may occur during patient care activities and it is important that students understand the actions they need to take to protect themselves.

Guidelines for Student Exposure to Infectious and Environmental Hazards

Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)

An "exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's clinical duties. Should a patient's blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site- vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor or faculty member, and follow established protocol for the site. Site-specific exposure protocol information is provided in each clinical site's profile.
 - a. Truman Medical Center, St. Luke's Hospital, Children's Mercy Hospital: Proceed to the Occupational Health Services Department during business hours and to the Emergency Department after business hours.
3. If no established protocol exists or you are uncertain, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
 - a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
 - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you may need to find the nearest Emergency Department.
 - c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV and other infectious agents.
 - d. In the event that additional follow-up medical care is necessary, students will need to refer to site-specific protocol to discover whether this will continue to be provided by the initial site or if the student should arrange follow-up with their own health care provider.

5. Report the event with 24 hours of the event. Depending upon the student’s educational program and site location, this may include the program director, education team coordinator and clinical rotation director. AA and PA students are required to complete Part 1 of the Exposure or Injury Report and Clearance Form to report the event.
6. If expert advice is needed refer to the PEpline, 1-888-448-4911 or PEP Quick Guide for Occupational Exposures <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>

Other Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or who are ill with symptoms of contagious diseases may need to avoid contact with patients. Illnesses may include, but are not limited to:

Exposure to:	Ill with symptoms:
Varicella zoster (chicken pox)	Conjunctivitis
Herpes zoster (shingles)	Diarrheal disease
Measles	Skin infection, rash
Certain bacterial meningitis (N meningitidis, H influenza)	Upper respiratory illness with fever
Tuberculosis	

In such cases, or in the event of an injury, the student should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care duties. Students must notify and work with the site preceptor or clinical rotation director to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own health care provider. AA and PA students must report such instances to the program director within 24 hours of the event and are required to complete and submit Part 1 of the Exposure or Injury Report and Clearance Form.

Medical Follow-up and Clearance to Return to Clinical Activities

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s health care provider (in collaboration with the student) and other appropriate health care professionals. AA and PA students are required to use the Exposure or Injury Report and Clearance Form to report proof of clearance to return to the patient care setting. Medical students must provide a report from the student’s health care provider to the clinical rotation director. The recommendation for clearance to return to patient care activities must be provided via signature of a qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable Occupational Health nurse), who is not related to the student. AA and PA students must obtain this information on Part 2 of the Injury Report and Clearance Form. This form must be submitted to the program director before clinical activities may resume. Medical students should provide a provider report to the clinical rotation director.

Financial Responsibility

Students are not employees of the hospital, clinic or practice where they are rotating, thus they are not covered under workman’s compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such unlikely events and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student. Only a small number of clinical sites cover these costs.

Effects of Exposure/Illness/Injury on Student Learning Activities

Effects of infectious and environmental disease or disability from a clinical exposure may affect a student's learning activities. The student will need to contact the program director or clinical elective director to make arrangements regarding absences, make up of work and future action plan, as necessary. Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of infectious and environmental disease or disability. A student's inability to complete a clinical rotation and/or program of study may delay a student's graduation or qualify the student for separation from the program.

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