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This document will address the following in order:

- Occupational Health Exposure Guidelines
- Guidelines for Student Exposure to Infectious and Environmental Hazards
    - Blood and body fluid
    - Illness/injury
    - Medical follow up and clearance to return
    - Financial responsibility
    - Impact on learning activities
- Immunization and health screening requirements

Infectious/Communicable Disease Policy and Procedures

Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities, students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious diseases because of patient contact. The program's screening and immunization requirements protect both the well-being of the students and that of their patients and peers. The program's immunization and health screening requirements are minimally based on current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), state-specific mandates, and UMKC-affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood-borne transmitted diseases (e.g., Hepatitis B [HBV], Hepatitis C [HCV], Human immunodeficiency virus [HIV]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant Staphylococcus aureus). This contact may expose the student to infectious agents and may result in the student transmitting an infectious disease to other students, faculty, patients, and/or family members.

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
- Training and education regarding environmental hazards and infectious exposures, and
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.
- Incoming students must provide documentation of screening for Tuberculosis (TB) via 2 step TB skin test or TB titer (T-Spot or QuantiFERON TB Gold) less than ninety (90) calendar days before starting at the School of Medicine. If after the initial TB screening a student has an exposure to a person with TB or has been to a TB high-risk country for 30 or more days, the student must do the following:
    - Notify the Associate Dean of Student Affairs
    - Get rescreened for TB via 2 step TB skin test or TB titer (T-Spot or QuantiFERON TB Gold)
    - If the TB screen is positive, the Associate Dean of Student Affairs must be notified for further guidance.

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 syllabus/orientation.
    a. University Health, St. Luke's Hospital, Children's Mercy Hospital, Mosaic: 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 many 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 discuss with the site's occupational health 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 within 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.
6. Medical students should notify the Associate Dean of Student Affairs.
7. AA and PA students are required to utilize this form: UMKC School of Medicine Student Occupational and Environmental Exposure Report Form (students must log in to Microsoft Forms with UM System email).
8. 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) Herpes zoster (shingles) Measles Certain bacterial meningitis (N meningitidis, H influenza) Tuberculosis	Conjunctivitis Diarrheal disease Skin infection, rash Upper respiratory illness with fever

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 the form noted above: UMKC School of Medicine Student Occupational and Environmental Exposure Report Form (students must log in to Microsoft Forms with UM System email).

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Medical Follow-up and Clearance to Return to Clinical Activities

1. 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.
2. 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: UMKC School of Medicine Student Occupational and Environmental Exposure Report Form (students must log in to Microsoft Forms with UM System email).
3. 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.
4. 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. UMKC School of Medicine Student Occupational and Environmental Exposure Report Form (students must log in to Microsoft Forms with UM System email).

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. In the event of environmental or infectious exposure, all costs associated with initial post-exposure assessment and any subsequent care or treatment — including but not limited to follow-up evaluation, laboratory testing, prophylactic treatment, and counseling — are the financial responsibility of the student and/or their personal health insurance carrier. All subsequent care will be coordinated through either the clinical affiliate's occupational health department or the student's primary care physician. Students are strongly encouraged to maintain adequate personal health insurance coverage throughout their clinical training. Students will be informed of these financial responsibilities at the time of their initial assessment

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.

Immunization and Health Screening Requirements

Procedures

- Specified immunizations and health screenings are required for all students unless medically contraindicated, supported by health care provider documentation and based on CDC contraindication guidelines.
- By submitting immunization records, the student authorizes UMKC to release them to affiliated hospitals or clinics where a student is rotating.
- Additional immunization and/or health screening requirements beyond those mandated by the program may be required by a clinical affiliate. If so, students will be made aware of additional requirements and will need to ensure compliance at their own cost as necessary.
- Immunization and health screening requirements will be reviewed annually by the program to ensure they meet the most recent CDC guidelines and affiliate policies. Students will be notified of changes to the immunization policy and given direction on how to complete any additional requirements, as necessary.
- Students must provide proof of required immunizations and health screenings prior to matriculation and clinical placement. Guidance will be provided to the student, from the school of medicine. Compliance will be monitored through the EXXAT compliance company. The student is expected to be responsive to all communication from EXXAT.
- If a student cannot meet the requirements, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics.

Immunization requirements

Influenza: Annual influenza vaccine is required during the current season.

Hepatitis B:

- 3 dose series OR 2 Heplisav-B vaccinations required **AND** regardless of vaccine series chosen, a Positive Surface Antibody titer lab report.
- Both vaccination and titer results are mandatory.
- Antigen test will not be accepted.
- If titer is negative/low/equivocal, a Booster dose followed by a repeat titer **OR** complete 3 doses or 2 Heplisav B vaccine series followed by a repeat titer as recommended by your HCP is required.
- Repeat titer should be done 4-8 weeks after the Booster dose **OR** last vaccine dose if you are completing the series.
- After the booster dose, if a repeat titer is negative, you must complete the series (3 doses or 2 Heplisav B vaccine) followed by a repeat titer.
- After completion of series, if your repeat titer is negative please submit a non-convertor letter from your HCP.

MMR

- 2 dose series **OR** Positive Antibody titer for all 3 components required. (lab report required or ANY document indicating titer results is required).
- If the titer is negative/low/equivocal must repeat the 2-dose series **OR** Booster dose as recommended by HCP.
- Repeat titer **NOT** required.

Tdap

- Tdap within 10 years **OR** A previous Tdap dose and a current Td booster within 10 years.
- Expiration date will be auto-filled as per school guidelines to 10 years from the vaccine administration date
- Titer is **NOT** accepted.

TB

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    - Notify the Associate Dean of Student Affairs
    - Get rescreened for TB via 2 step TB skin test or TB titer (T-Spot or QuantiFERON TB Gold)
    - If the TB screen is positive, the Associate Dean of Student Affairs must be notified for further guidance.
- Quantiferon Gold **OR** Tspot is preferred given that some healthcare facilities will require it, however, you may also get the 2 step PPD skin test with the interval between the two steps being 1-3 weeks.
- Please know that if you did the 2 step test you still may be required to get the Quantiferon Gold test.
- Depending on the program you are in, yearly TB testing may be required.

Varicella

- 2 dose series **OR** Positive Antibody titer lab report required (lab reports required or ANY document indicating titer results is required).
- If the titer is negative/low/equivocal must repeat the 2-dose series **OR** booster dose as recommended by HCP.
- Repeat titer **NOT** required.
- History of disease is **NOT** accepted.