



MARTIN COMMUNITY COLLEGE

ALLIED HEALTH PROGRAMS

INFECTIOUS DISEASE POLICY

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Martin Community College
Allied Health Programs
Infectious Disease Policy

Because of the nature of the health care profession, a student participating in required clinical education experiences will find himself/herself at risk for exposure to infectious diseases. Even though the risk is extremely small, it cannot be completely eliminated. However, it can be minimized by careful and consistent technique and the implementation of universal precautions in the care of all health care consumers. "Universal Precautions" (including gloves, safety glasses, gowns, hand washing, mouth and face masks, where appropriate) will be implemented in the care of all patients. Because of the nature of the student patient relationship, the patient must also be protected from a student caregiver who may transmit infectious diseases.

This three-fold policy deals with the assignment of a student to HIV positive patients, the procedures to follow when a student exposed to blood, body fluid, or secretions, and the procedure followed when a student has an infectious disease.

I. Assignment of HIV Positive Patients to Students

- a. Known HIV positive patients will not knowingly be assigned to a student
- b. However, any student may willingly observe the care and procedures given to an HIV positive patient

II. Procedure to Follow When a Student Has Significant Exposure to Blood, Body Fluid, or Secretions of a Patient

Exposure includes percutaneous injury with a contaminated sharp object (needles, lancet, broken slides, etc.) and exposure of mucous membranes or open skin lesions to blood or body fluid of patient.

- a. It is recommended that a student carry health insurance which will cover health care expenses incurred in treatment following exposure to infectious diseases.
- b. It will be the student's responsibility to advise his/her instructor immediately when an incident has occurred. The instructor will notify the Dean of Academic Affairs and Student Services and follow the policies of the clinical agency and the school.
- c. The procedure for suspected exposure to AIDS is as follows:
THERE ARE NO PROTECTIVE MEASURES AVAILABLE ONCE AN EXPOSURE HAS OCCURRED. Therefore, if a student who has incurred a blood exposure is concerned about having been exposed to AIDS, he/she will be offered counselling about the risks. If the level of concern or risk is very high, the school may, with the approval of the Healthcare Agency, request that the patient submit a blood sample to be tested for HIV status. However, it must be recognized that the school has no authority to require that such a sample may be submitted. The student can seek at his/her own expense, or through his/her local health department, baseline and serial blood tests (6 weeks, 12 weeks, 6 months, 12 months) for HIV Antibody Status until the student is reassured that he/she is not infected.
- d. The procedures for suspected exposure to Hepatitis B areas follows:

After an exposure to blood known to be infected with Hepatitis B or if infectious in unknown but the patient is high risk (presents clinical signs and symptoms, has abnormal liver function tests, or has predisposing risk factors for Hepatitis) the student will be counseled and advised to take the appropriate prophylaxis for Hepatitis B. A vaccine and specific immunoglobulin (HBIG) are available which, if administered early after exposure, provide highly effective prophylaxis against infection. The initial dose of the vaccine should be administered as soon as possible after exposure; preferably within the first 24 hours and definitely within seven days of the exposure. Subsequent booster doses of the vaccine should be taken one and six months after the exposure. The vaccine which is available through the health department and through private physicians is very expensive and the cost must be borne by the student. The student's health insurance should pay the majority of the cost. If an exposure occurs with blood from a patient whose risk for Hepatitis B is unknown, the student may still elect to receive prophylaxis.

- e. The procedure for possible exposure to Syphilis is as follows:
If it is determined by history or other means that the patient is at high risk for syphilis, an attempt will be made to obtain a blood sample from the patient for syphilis serologies. If patient serologies are obtained and the patient is positive for syphilis, then the student will be counseled and encouraged to seek, at his/her own expense or through his/her local health department, treatment and/or blood testing. If patient serologies are not obtained, then the student can seek treatment and/or blood testing at his/her own expense through his/her local health department after having been counseled regarding the risk status of the patient and the risks of treatment. Often patients at risk for one of the above infections (HIV, Hepatitis B, and Syphilis) will also be at risk for the others. Consequently, it may occur that the procedures for all three possible exposures will need to be implemented simultaneously. These measures will not be necessary in the case of exposure of intact skin to blood, in which case there is no discernible risk of infection

III. Procedures to Follow for Student Exposure to an Infectious Disease

a. Precautionary Measures

Prior to admission to clinical or work experiences, a student must provide medical forms and immunization records which indicate that the student is free from and immunized against infectious diseases. These requirements include, but are not limited to rubella, varicella, tetanus, polio, and rubeola. At least once a year each student must present a negative skin test for tuberculosis. It is the student's responsibility to update his/her tuberculin test on or before the anniversary date. If the student has a positive skin test, a negative chest x-ray report must be provided to the school. It is not required that the chest x-ray be repeated unless the student becomes symptomatic.

b. Exposure

If a student who is not immune to varicella has a known exposure, the student will be unable to provide patient care between the 10th and 21st day following exposure. Alternate learning experiences will be provided during the time that the

student is unable to participate in clinical experience. If the student with a negative skin test is exposed to a patient with tuberculosis, a baseline PPD must be done immediately (unless a baseline has been done within the last three months) and again in eight to ten weeks. If the student converts from negative to positive, he/she must be placed in prophylactic INH by his/her private physician or the local health department (unless medically contraindicated) before being allowed to return to clinical practice. A student with prior positive PPD's which is exposed will be counseled regarding symptoms of tuberculosis. If he/she becomes symptomatic, he/she should then have a chest x-ray.

Any student with an infectious disease must report this to a faculty member. The faculty member and Dean of Academic Affairs and Student Services will consult with the infection control personnel in the clinical facility to determine the student's eligibility to participate when it has been determined that a significant risk of transmission exists. In addition, any clinical agency policy must also be followed in accordance with the contractual agreement between the school and the clinical agency.

The reiterate the above stated policies, a student is responsible for being aware of school and clinical agency policies and for having completed instructional objectives necessary to minimize the risk of infectious disease transmission. A student is also responsible for informing his/her clinical instructor if he/she is immunosuppressed or has an infectious disease, as these conditions place the student at high risk and require that he/she not be assigned to selected patients.

IV. Precautions to Prevent Transmission of HIV

A. Universal Precautions

Since medical history and examination cannot reliably identify all patients infected with HIV and other bloodborne pathogens, blood and body fluid precautions should be consistently used for ALL patients. This approach, previously recommended by the Center for Disease Control (CDC), and referred to as "Universal Blood and Body Fluid Precautions" or "Universal Precautions", should be used in the care of ALL patients, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All 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, 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.

2. 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.
3. 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**. 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 processing area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. 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.
6. 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 a 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 the CDC for patients known or suspected to be infected with bloodborne pathogens.