

<b>Policy Name:</b>	Student Exposure to Infectious and Environmental Hazards
<b>Original Approval Date:</b>	6/11/21
<b>Approving Officer/Committee:</b>	Medical Curriculum Committee
<b>Revision Dates and Notes:</b>	
<b>Related LCME Element(s) (if any):</b>	12.8

**A. Policy –**

1. **Education about Methods of Prevention.** Students must receive education and training regarding the methods of prevention of exposure to infectious and environmental hazards. Instruction will include the use of adequate barrier protection (gloves, safety glasses, mask, gown, etc.), sharps precautions, and hand washing/hygiene, as well as other relevant health care worker standards put forth by the Occupational Safety and Health Administration (OSHA).
  
2. **Procedures for Care and Treatment.** Any medical student who sustains a needle stick or exposure to blood or body fluids should seek medical care immediately and report the incident to the supervising resident or attending physician. Specific procedures for care and treatment after exposure are described in the Student Handbook and LSUHSC-S Catalog.
  
3. **Financial Responsibility.** Students are not financially responsible for any lab tests ordered for proper treatment of the incident. If exposure occurs outside of the LSUHSC-S or Ochsner LSU Health facility, the student may be billed for cost incurred. LSUHSC-S will cover the cost of post-exposure chemoprophylaxis for LSUHSC-S medical students exposed to HIV blood (needlesticks, etc.). This is a four-week course of post-exposure therapy involving Truvada and Isentress (expanded regimen). Such treatment will be coordinated, including follow-up, through the Occupational/Student Health Clinic.

For visiting students rotating at LSUHSC-S, the student will be responsible for the costs of any care, testing, and counseling. Charges/expenses associated with the testing and treatment may be covered by the student's personal health insurance plan.

4. **Effects on Medical Student Learning Activities.** LSUHSC-S School of Medicine is committed to providing a healthy and safe environment for its patients and students. The Office of Student Affairs will work with the student to modify the educational activities of immunocompromised students for whom patients may pose unwarranted risks or infected students who may pose unwarranted risks to patients. Every effort is made to maintain the integrity and equivalency of the student's modified educational experience.

**B. Purpose** – LSUHSC-S School of Medicine seeks to prevent and mitigate medical student and visiting medical student exposure to infectious and environmental hazards through education and use of appropriate procedures.

**C. Scope** – This policy applies to all School of Medicine students and visiting students.

**D. Procedure/Process –**  
**Methods of Prevention**

The School of Medicine (SOM) carries out the following measures of prevention:

- **Immunizations:** In order to reduce the risk of exposure to infectious diseases, medical students are required to have immunizations based on the Centers for Disease Control and Prevention and the American College Health Association Immunization Guidelines. Flu shots are mandated during flu season for all medical school students and visiting medical students.
- **Training:** Medical students are required to complete training in infection prevention, bloodborne pathogens, tuberculosis awareness, emergency preparedness, hazard communication and safety, and fire safety.
- **Introduction to Clinical Medicine (MS3 Orientation):** All students receive a lecture about infection control issues, which educates medical students about universal precautions and the bloodborne pathogen control plan.
- **Publication of Procedures:** Exposure Protocol is published in the LSUHSC-S Catalog and Student Handbook and a link is provided in each course/clerkship syllabus. At the start of each academic year or rotation, School of Medicine students and visiting students are provided badge buddy cards that outline the protocol to follow for exposure to infectious and environmental hazards.
- **Visiting Students:** Visiting medical students are provided with an overview of LSUHSC-S needlestick protocol, which includes needlestick and injury policy for visiting students. The document is provided as a requirement listed with the elective information on Visiting Student Learning Opportunities (VSLO), which must be completed by all visiting medical students.

**Procedure for Care and Treatment after Exposure**

**Definition of Exposure:** Punctured with a used needle or contaminated sharp, splashed with blood or body fluids to mucous membranes, contact with blood or body fluids to non-intact skin.

**Procedure:** Drug prophylaxis following a high-risk exposure is time sensitive; therefore, immediate medical assistance should be sought from the appropriate hospital department or health center:

**On-Campus Exposure**

Monday-Friday 7:00am-4:00pm

Report to LSUHS Occupational/Student Health

After Hours, Weekends, and Holidays

Report to Ochsner LSU Health Emergency Room

1. Treat the exposure site:
  - Percutaneous Stick:
    - Bleed the Wound; use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure. Puncture wounds can be cleaned with an alcohol-based cleanser, chloroxylenol, or chlorhexidine.
  - Mucous Membrane Exposure with blood:
    - Immediately flush the area with water (for eye splashes flush with water or saline solution for a minimum of fifteen minutes)
2. Student should notify his/her supervisor/clinical preceptor of the exposure
3. Supervisor/Clinical Preceptor will immediately complete an LSUHS ON-THE-JOB INJURY REPORT, as appropriate to the situation. On-the-Job Injury Reporting (Administrative Directive 7.2)
4. Supervisor/Clinical Preceptor will ensure that the following steps are taken:
  - a. A blood sample from the patient who is the source should be obtained. Two red top tubes are needed from the source (neither a doctor's order nor the patient's permission is needed).
  - b. The blood sample test tubes should be labeled with the patient (source) information. The tubes and the LSUHSC-S ON-THE-JOB INJURY REPORT signed by a supervisor should be brought to Occupational/Student Health
5. Student reports to Occupational/Student Health (3rd Floor A Bldg.) or Ochsner LSU Health ER for initial lab work and medical treatment. Medical treatment may include, but is not limited to post-exposure prophylaxis, stitches for a laceration or irrigation of eyes after a splash depending on the exposure type, injury and source patient information.
6. The exposed student should return to the Occupational/Student Health when notified by email, usually by the next business day for follow up (the initial test results should be available at that time).

#### Exposure at an Outside Facility

1. Follow procedures consistent with the institution and report to nearest emergency room if applicable.
2. Student or supervisor/clinical preceptor calls Occupational/Student Health (318-626-0663) regarding incident (student name, date, and time) within 24 hours. Fill out an LSUHS ON-THE-JOB INJURY REPORT, as appropriate to the situation
3. An Occupational/Student Health representative will work with outside agency to plan follow-up care.

#### **Effects of Infectious and Environment Hazard Exposure on Medical Student Learning Activities**

Students with an infectious or environmental disease requiring medical attention are excused from training duties to seek medical care. Students infected with, and in some cases exposed to, certain infectious diseases of high importance in health care settings are expected to adhere to work restrictions suggested in the Centers for Disease Control and Prevention Personnel Health Guidelines, 1998 (see Table 1 below). Students with conditions requiring testing or treatment, as

outlined in Table 1, should consult with Occupational/Student Health or their preferred medical provider prior to returning to duty.

**Table 1: Work restrictions for medical students with infections of high importance in health care settings (modified from the CDC Personnel Health Guidelines, 1998)**

Disease/problem	Work restriction	Duration
Conjunctivitis	Restricted from patient contact and contact with the patient's environment	Until discharge ceases
Cytomegalovirus infections	No restriction	N/A
Diarrheal diseases		
· Acute stage (diarrhea with other symptoms)	Restricted from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
· Convalescent stage, Salmonella spp.	Restricted from care of high-risk patients	Until symptoms resolve; negative stool cultures may be required to return to duty
Diphtheria	Excluded from duty	Until antimicrobial therapy completed and 2 cultures obtained $\geq$ 24 hours apart are negative
Enteroviral infections	Restricted from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restricted from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B	Standard precautions should always be observed; LA law does not require disclosure, but students with Hepatitis B are highly advised to seek educational and career counseling through the Student Health Center	N/A
Hepatitis C	Standard precautions should always be observed; LA law does not require disclosure, but students with Hepatitis C are highly advised to seek educational and career counseling through the Student Health Center	N/A
Herpes simplex		
· Genital	No restriction	N/A
· Hands (herpetic whitlow)	Restricted from patient contact and contact with the patient's environment	Until lesions heal
· Orofacial	Restricted from care of high-risk patients	Until lesions heal

Human immunodeficiency virus	Standard precautions should always be observed; LA law does not require disclosure, but students with HIV are highly advised to seek educational and career counseling through the Student Health Center	N/A
Measles		
· Active	Excluded from duty	Until 7 days after the rash appears
· Postexposure (susceptible personnel)	Excluded from duty	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears
Meningococcal infections	Excluded from duty	Until 24 hours after start of effective therapy
Mumps		
· Active	Excluded from duty	Until 9 days after onset of parotitis
· Postexposure (susceptible personnel)	Excluded from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis
Pediculosis	Restricted from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis		
· Active	Excluded from duty	From beginning of catarrhal stage through 3 <sup>rd</sup> wk after onset of paroxysms or until 5 days

		after start of effective antimicrobial therapy
· Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	N/A
· Postexposure (symptomatic personnel)	Excluded from duty	Until 5 days after start of effective antimicrobial therapy
Rubella		
· Active	Excluded from duty	Until 5 days after rash appears
· Postexposure (asymptomatic personnel)	Excluded from duty	From 7th day after 1st exposure through 21st day after last exposure
Scabies	Restricted from patient contact	Until cleared by medical evaluation
Staphylococcus aureus infection		
· Active, draining skin lesions	Restricted from contact with patients and patient's environment or food handling	Until lesions have resolved
· Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	N/A
Streptococcal infection, group A	Restricted from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
Tuberculosis		
· Active disease	Excluded from duty	Until proved noninfectious
· PPD converter	No restriction	N/A
Varicella		
· Active	Excluded from duty	Until all lesions dry and crust
· Postexposure (susceptible personnel)	Excluded from duty	From 10th day after 1st exposure through 21 <sup>st</sup> day (28 day if

		VZIG given) after last exposure
Zoster		
· Localized, in healthy in healthy person	Cover lesions; restricted from care of high-risk patients	Until all lesions dry and crust
· Generalized or localized in immunosuppressed person	Restricted from patient contact	Until all lesions dry and crust
· Postexposure (Susceptible personnel)	Restricted from patient contact	From 10th day after 1st exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust
Viral respiratory infections, acute febrile	Excluded from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve

## E. Related Forms

Badge Buddy