# Infectious and Environmental Hazards Exposure

## Policy Statement

### Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within the COM or a healthcare facility. Faculty, staff and students can protect themselves and patients by adhering to basic infection prevention and control principles.

Standard precaution procedures should be used routinely when engaging in patient care, regardless of their diagnosis.

### Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE are located in areas where such exposures are likely to occur.

Faculty, staff and students can ask questions or request additional information from appropriate faculty member or their Hospital preceptor/supervisor.

### Needle Stick Policy/Exposure to Blood and Body Fluids
**Policy/Procedure:**

If a Noorda-COM Faculty, staff or students are exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) either on campus or while on clerkship, it is to be handled as an EMERGENCY SITUATION.

### Counseling

Students exposed to a blood borne pathogen will receive counseling and instructions for follow-up from the Department of Clinical Education. Please contact them within 24 hours. xxxxx@NoordaCOM.org

## Policy Procedures

**Standard Precautions**
Standard Precautions is the name of the isolation system used within the College and Hospital(s), and is used for every potential opportunity for exposure to include patient care, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e. gloves, gowns, masks, and goggles) is used for potential contact with body fluids.

Standard Precautions include these principles:
- Hand Hygiene: Wash hands with soap and water or sanitize with an alcohol-based hand rub before and after each patient contact, and after removing gloves. See Hand Hygiene Policy.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Wear if splashing or splattering of clothing is likely.
- Masks and goggles: Wear if aerosolization or splattering is likely.
- Needles: Activate sharps safety devices if applicable, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as biohazardous.
- Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

**Droplet Precautions**
Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza, SARS - COVID), Neisseria meningitides (meningitis or sepsis), Invasive Haemophilus Influenza type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:
- Mask and Gloves: Worn by all hospital personnel upon entering the room.
- Gown: To be worn if there is a possibility of contact with bodily fluids.
- Hand Hygiene: Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.
- Private Room (patient care): One patient per room, or patients with similar diagnosis. The patient is confined to the room until directed by Infection Prevention and Control.

**Contact Isolation**
Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, Clostridium

difficile, E. Coli 0157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia.), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs)

Contact Precautions include:
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand Hygiene: Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.
- Private room (patient care): Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- NOTE: For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

**Airborne Precautions**
Airborne precautions are used when the infection is spread through the air. Examples of diseases requiring airborne precautions are:
- TB (tuberculosis)
- Measles
- Chickenpox
- SARS - COVID

Precautions include:
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room.
- Use proper hand hygiene. Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.
- In hospital, patient are placed in a private negative pressure room. Keep door closed except to enter and exit.
-

In the event of an exposure students are to follow site procedures.

*Clean*
>Immediately wash region with soap and water for 5 minutes. If exposure occurred in the eyes, nose, or mouth, use copious amounts of water to irrigate mucus membranes. Know where stations to irrigate eyes are located.

*Communicate*
>Let the preceptor, DME/DIO, Core Site Coordinator and the Department of Clinical Education know about the exposure ASAP. Student should ask for the following information:
>- Patient information (name, DOB, medical record number, address, phone #) and any prior testing for HIV, Hep B, Hep C, RPR, or risk factors thereof

- If patient is known to be HIV **+**, obtain info on CD4 count, history/current opportunistic infections, prior/current regimen/resistance
- Baseline labs for student and patient (HIV, Hepatitis B, Hepatitis C)
  - If he/she is not able to do lab work, present to the closest ER

### *Chemoprophylaxis*

If the patient is HIV **+**, or their HIV status is unknown, begin post exposure prophylaxis with a multidrug regimen within a few hours of the exposure – do not delay in seeking care. If unable to obtain an Rx for meds from the preceptor, go to the nearest ER for a prescription.

Visit http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/ for more information and the current guidelines.

### Post Exposure Protocol
- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- It is critical that you are treated within the first two hours after injury.
- Notify supervisor and follow clerkship site exposure protocols.
- If facility is not equipped to handle exposure, contact an Occupational Health Clinic, appropriate site location, or go to the nearest emergency department with your current health insurance information.
- Notify the Department of Clinical Education of any care received.

# Definitions

# Responsibilities

Associate Dean for Clinical Affairs
Assistant Dean for Clinical Affairs
Chair of Biomedical Sciences
Anatomy Department
Clinical Preceptors
Students

# Policy Violations

Failure to comply can result in disciplinary action up to including dismissal

## Interpreting Authority

Dean's Council

## Statutory or Regulatory References

N/A

## Relevant Links

https://www.cdc.gov/nceh/

## Policy Adoption Review and Approval