



**NOORDA COLLEGE**  
of OSTEOPATHIC MEDICINE

Policy Name:	Environmental Hazards Exposure Policy
Approval Authority:	Dean's Council
Responsible Executive:	Associate Dean for Clinical Affairs
Responsible Office(s):	Department of Clinical Affairs
Effective:	November 2019
Expires:	July 2025
Last Revised:	July 2023
Next Review Date:	N/A

## Environmental Hazards Exposure Policy

### Policy Statement

At Noorda-COM we promote the health, safety, and well-being of medical students. All students will be educated and trained to prevent or reduce exposure to respiratory, bodily fluid, or blood borne pathogens. Procedures have been developed to inform students of potential risk and teach them techniques and procedures designed to decrease or avoid exposure. In addition, follow-up, diagnostic and treatment regimens are available to address exposures after they occur.

### Entities Affected by the Policy

Associate Dean for Clinical Affairs  
Assistant Dean for Clinical Education  
Clinical Education Department  
Clinical Preceptors  
Students

### Policy Procedures

#### Standard Precautions

Standard Precautions is the name of the isolation system used within clinical sites, and is used for every patient, regardless of diagnosis. The aim is to minimize the 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 from any patient.

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)
- Neisseria meningitides (meningitis or sepsis)
- Invasive Hemophilus Influenza Type B (meningitis, sepsis, epiglottises)
- Diphtheria
- Pneumonic Plague
- Mumps
- Parvovirus B19
- Rubella
- SARS-CoV-2

### **Contact Precautions**

Patients may be in contact isolation when they have a disease 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)

### **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

### **Personal Protective Equipment (PPE)**

Students will wear personal protective equipment (PPE) when there is potential for handling or coming in contact with bodily secretions or fluids. Medical students' PPE are included in supply planning for PPE at each clinical site. Provision for PPE for medical students has been incorporated into clinical site agreements. If availability of PPE is *not* adequate to fully meet student PPE needs, students should not be involved in any direct in-person patient care activities for which their roles require PPE, whether in the context of curricular direct patient contact activities or as volunteers to help meet critical health care workforce (HCW) needs. In such a circumstance, students are to contact Clinical Education to coordinate with the clinical site to facilitate PPE on the student's behalf. Noorda-COM requires students to be evaluated and monitored by clinical preceptors regarding proper PPE use.

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

If a Noorda-COM medical student is 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.) while on clerkship, it is to be handled as an EMERGENCY SITUATION.

### Instructions

Time matters! Proceed swiftly with the following:

1. Remove all soiled clothing
2. Wash needles and cuts with soap and water (15 mins)  
Flush splashes to the nose, mouth, or skin with water (15 minutes)  
Irrigate eyes with clean water, saline, or sterile irrigants (15 minutes)
3. Ask and write down the following patient information:
  - a. Name, DOB, MRN, address, phone #, and any prior testing for HIV, Hep B, Hep C, RPR, or risk factors thereof
  - b. If patient is known to be HIV +, obtain info on CD4 count, history/current opportunistic infections, prior/current regimen/resistance
4. Notify preceptor ASAP
  - a. The preceptor should either help take you through the steps of exposure protocol or direct you to “employee” or “occupational health”. If not, then go to an urgent care or emergency department.
6. Notify your Noorda-COM Clinical Coordinator about the exposure
7. Fill out the exposure incident report through Exxat (REQUIRED)
8. Follow the steps as directed by your preceptor or referred care provider (Employee Health, Occupational Health, Emergency Department). Steps may include the following:
  - a. Risk assessment for exposure
  - b. Baseline laboratory work for student and patient (HIV, Hep B, Hep C)
  - c. Employee Health evaluation of “source” patient
  - d. If the patient is HIV +, or their HIV status is unknown, begin post-exposure prophylaxis (PEP) with a multidrug regimen within a few hours of the exposure – do not delay in seeking care.
    - i. If unable to obtain a prescription for PEP from the preceptor, go to the nearest Emergency Department for a prescription. Please visit [PEP Guidelines](#) for information and the current guidelines for post-exposure prophylaxis
  - e. Follow appropriate guidelines for clinical exposure.
7. If you would like additional support or have unanswered questions after an exposure, contact the Clinical Education Department ([clined@noordacom.org](mailto:clined@noordacom.org)) or refer to the [CDC Emergency Needlestick Information](#).

## Definitions

N/A

## Responsibilities

N/A

## Policy Violations

N/A

## Interpreting Authority

N/A

## Statutory or Regulatory References

N/A

## Relevant Links

[PEP Guidelines](#)

[CDC Emergency Needlestick Information](#)

## Policy Adoption Review and Approval