



Educational Exposure to Blood Borne Pathogens and Tuberculosis

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Responsible University Officer:
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Policy Statement

Required student immunizations and vaccinations are to comply with Minnesota State law and Occupational Safety and Health Administration regulations. Students may be expected to have other requirements by individual schools.

Upon admission to the AHC academic programs, students are required to submit proof of the following immunizations and vaccinations:

Prior vaccinations required by law or by University policy:

1. **Hepatitis B.** Document three doses of the vaccine or antibody titre results documenting immunity.
2. **Varicella (Chicken Pox).** Document two doses of the vaccine or a self-reported history of the disease or antibody titre results documenting immunity.
3. **Measles (Rubeola).** Document two doses after age 12 months or antibody titre results documenting immunity.
4. **Mumps.** Document one to two doses after age 12 months or antibody titre results documenting immunity.
5. **Rubella (German Measles).** Document one to two doses after age 12 months or antibody titre results documenting immunity.
6. **Tetanus/Diphtheria.** Document most current dose within the last ten years.
7. **Two-step Mantoux (PPD) test.** Documentation of the two-step Mantoux test.
 - a. The AHC requires a **second PPD test to be performed two weeks after the first test.** This two-step Mantoux test needs to be done once.
 - b. **Annual Mantoux test.** Documentation of an annual Mantoux.
8. **Chest x-ray if positive Mantoux.** Documentation must include the results of a follow-up chest x-ray. Once this documentation is submitted, yearly Mantoux testing is not required.

Vaccinations or other testing strongly urged by the University of Minnesota Medical School:

- Completed polio series (three doses)
- Influenza – annual

Prevention of Tuberculosis During Educational Rotations

- In accordance with OSHA regulations for health care workers, AHC students will be required to complete mask fit testing if they are to have contact with patients with tuberculosis. Students will carry documentation of testing and the mask requirements during rotations.

Reason for Policy

The purpose of this document is to (1) list the required and recommended immunizations for University of Minnesota Academic Health Center (AHC) students; (2) prevent/manage blood borne and respiratory infections; (3) delineate the management if exposure to blood-borne pathogens should occur to AHC students while they are in the educational setting; and (4) describe the procedure for fit tested mask requirements for AHC students who rotate through areas at high-risk for exposure to tuberculosis.

Procedures

1. Perform basic first aid immediately as instructed in the student orientations prior to rotations.
 - Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or "milk" blood from the wound.
 - If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.
2. All students on an educational rotation in the State of Minnesota will contact the Boynton Health Service information line (BHS) 24-Hour Triage Nurse immediately at calling **(612) 625-7900** and notify his/her preceptor at the site. **The student will identify him/herself as having a blood-borne pathogen exposure.**
 - The BHS Triage Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment.
 - Students will be expected to contact BHS immediately because of the need for rapid assessment about prophylactic medications, rapid prescribing of medications, if indicated, and the limited capacity of a student to assess his/her own injury.
 - With assistance of the BHS 24-Hour Triage Nurse and the student's preceptor or other designated person, the student will attempt to secure pertinent information about the source patient information for discussion during the risk assessment.
3. Standard employee procedures of institution where exposure occurs will be used for initial assessment of the source patient. (Permission form, what blood assays to draw, etc.) The standard procedures typically include the following information:
 - When: Approximate time of exposure

- Where: Location of exposure (e.g., hospital, office, clinic, etc.)
 - What: Source of the exposure (e.g., blood, contaminated instrument, etc.)
 - How and How Long: Skin, mucous membrane, percutaneous; and how long (e.g., seconds/minutes/hours), exposure time
 - Type of device
 - Status of the patient: negative, positive, unknown HIV/Hepatitis B/Hepatitis C status
 - Whether or not patient is at risk for HIV, Hepatitis B or Hepatitis C infection
 - Multiple blood transfusions (1978-1985)
 - IV Drug User
 - Multiple sexual partners, homosexual activity
 - Known HIV positive/and/or have symptoms of AIDS
 - Significant blood or body fluid exposure
4. If the student is assessed at high risk for HIV infection following rapid assessment, the student should seek prophylactic medication treatment immediately. HIV post-exposure prophylactic medication should ideally be instituted, (i.e., first dose swallowed), with two hours. During the evaluation, the BHS Triage Nurse will assist students in selecting the most appropriate location for initial treatment.
 5. All students (high risk and low risk) with an exposure should complete a follow-up assessment at Boynton Health Services within 72 hours of exposure. This appointment can be scheduled during the initial assessment with the BHS Triage Nurse (612) 625-7900. The costs of prophylactic medications and follow-up treatment will be covered at Boynton Health Services by student fees. Off-campus treatment will be the student's personal responsibility or covered by the student's insurance coverage.
 6. All students will complete a Boynton Health Service Reportable Educational Exposure Form and Occupational Exposure Forum and mail or carry these completed forms to the BHS for their scheduled follow-up appointment. These forms will be available from the BHS Triage Nurse. **Students must know that blood-borne pathogen exposure and the possible subsequent treatment are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.**
 7. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling and follow-up on the exposure.
 8. AHC students are required to document an annual Mantoux test. An annual influenza immunization is strongly recommended.
 9. If contraindicated for medical reasons, some of these vaccine requirements will be waived. Students will be required to file a waiver documenting medical contraindication.
 10. If a student declines an immunization for conscientiously held beliefs (e.g., religious or cultural), he/she must submit a vaccine declination form.
 11. Students who have a positive Mantoux test will be required to complete a chest x-ray. For students not followed by Boynton Health Service, a documented treatment plan will need to be submitted to Boynton Health Service to assure that there is not a risk of transmission to students, faculty or patients.
 12. Boynton Health Services is designated as the central data repository for AHC student immunization data and annual Mantoux testing. Students who are noncompliant will not be able to register for an academic year without the appropriate immunizations. Students must carry documentation of immunizations to each practice/shadowing experience, service-learning and clinical rotation sites.

13. A student's failure to have all required immunizations and vaccinations may influence the University's ability to place the student in clinical rotations.

General Information Regarding Prevention and Exposure to Blood Borne Pathogens During Educational Experiences

All AHC students in contact with patients or potentially infectious bodily fluids will receive information annually about standards precautions, blood borne pathogens, appropriate basic first aid, and the response procedure portion of this policy. This information will be appropriate to the student's educational level and the area of professional education. The educational office of the colleges and programs, or a designee will provide the required training. **All health care professionals should include meticulous hand washing before and after seeing each and every patient to avoid serving as a vector of disease.** Close adherence to Universal Blood and Body Substance Technique (UBBST) is necessary at all times.

Effective management of educational exposure to blood-borne pathogens requires coordination among multiple units of the University, Academic Health Center, and rotation sites. It requires training in prevention of injury and in the management of injuries when they occur. While students are not covered by OSHA regulations, the AHC policy is that OSHA regulations will serve to guide decisions regarding students during clinical and community rotations. Therefore, directives will be the same as those provided to employees with occupational injuries and will be developed by the AHC Student Educational Exposure to Blood-Borne Pathogens Task Force.

Experiential educational coordinators of each college and program will assure with the rotation site that students have access to care and first-response prophylactic medication by becoming familiar with facilities and pharmacies in the area of experiential rotations. Students and the BHS will be informed of the access to treatment and prophylactic medications. Preceptors should be familiar with this information and the AHC policies.

Upon arrival at a rotation site, AHC students will seek the information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the AHC protocols for managing education exposure to blood borne pathogens.

AHC students should following the current protocol for response to educational exposure to blood borne pathogens, attached to this document

Definitions

AHC students

For the purpose of this policy, AHC students are defined as those current and visiting students who are required in their academic program to have responsibilities in clinical settings and/or community environments with significant exposure to human patients/clients.

educational exposure to blood-borne pathogens

An educational exposure to blood-borne pathogens is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other potentially infectious body fluids, which occurs in the educational setting.

significant exposure to patients with blood borne pathogens

The dean of the school or designee, in consultation with Boynton Health Service, will determine whether the school's students are at risk of significant educational exposure to blood-borne

pathogens or tuberculosis. Significant exposure to patients with blood borne pathogens is defined as actual contact with blood or other potentially infectious body fluids. Significant exposure to patients with tuberculosis is defined as five-minute face-to-face contact with patients who could have active pulmonary tuberculosis disease.

Related Information

- Needlestick Injury Protocol
http://www.meded.umn.edu/policies/needlestick_injury_protocol.php
- All AHC students are expected to carry health insurance coverage to cover emergency medical situations. It is recommended that the AHC students carry the student insurance policy because of its scope of coverage or other personal, spousal or parental policy that is equivalent to the current student insurance. Each AHC student should carry insurance information at all times on clinical and community educational rotations to have available in emergency situations.