

<b>Title:</b>	Student/Faculty Infectious Illness and Clinical Restrictions	
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<b>Affected Departments:</b>	Nursing Infection Control	
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	Employee Health	08/13
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**SUMMARY OF ATTACHMENTS:**

<b>Associated Form(s):</b>	Appendix A: BHS Orientation Record Appendix B: Proof of Influenza Vaccine Appendix C: Student Infectious Illness and Clinical Restriction Reporting for Affiliate Schools Appendix D: Hospital Orientation Core Materials for Students
<b>Other Associated Document(s):</b>	None
<b>Associated Policies/Procedures:</b>	HR-EH-01 Influenza (Flu) Vaccination for Healthcare Workers (Haws) HR-EH-09 Tuberculin Skin Testing for Healthcare Workers, Students, Volunteers HR-EH-11 Infectious Diseases and Work Restrictions for Healthcare Workers HR-EH-15 Blood and Body Fluid Exposure Protocol

**APPROVED BY:**

<b>Approval Body</b> (Position or Committee)	<b>Name</b>	<b>Authentication</b>	<b>Date</b>
Quality Steering Patient Safety Committee		Meeting Minutes & Digital Signatures	10/13

## **I. PURPOSE**

To provide policies governing safe practices for students/faculty exposed to an infectious disease, diagnosed with a communicable disease, recovering from an infectious disease/illness/ injury, or pregnancy.

## **II. DEFINITIONS**

### **A. Student**

For the purpose of this policy, “student” shall mean any high school, undergraduate, or graduate student, excluding those from the Baptist School of Health Professions (SHP), who is enrolled in a school/program that has a current Memorandum of Understanding (MOU) with the Baptist Health System (BHS) and participates in a clinical experience.

Note: Baptist SHP students are monitored using the BHS Employee Health process.

### **B. Faculty**

For the purpose of this policy, a “faculty” member is any person who is hired by an educational school/program having an MOU with BHS and is responsible for providing instruction/supervision to the student.

## **III. POLICY**

BHS is committed to providing a safe, healthy environment for all patients, visitors, and Healthcare Workers (HCW); pregnant and non-pregnant. During the performance of clinical practice, students may expose, or be exposed, to various infectious agents, resulting in potential transmission of an infectious disease to other students, faculty, staff, patients, and visitors.

BHS is responsible for implementing and maintaining measures to identify and prevent transmission of infections, which may require excluding students from participating in a clinical experience and/or having direct patient contact.

## **IV. PROCEDURES**

### **A. Immunizations**

#### **1. Student/Faculty Immunization Requirements**

The student/faculty must have all required vaccinations (DPT, Tdap MMR, Varicella, HBV) as outlined by the Centers for Disease Control (CDC) and the Texas Department of State Health Services prior to the start of the clinical experience.

## 2. Immunization Records

Student/Faculty immunization records shall be established and maintained at the Student's school. Faculty will verify that immunizations are current, and will document verification on the BHS Orientation Record (Appendix A).

### **B. Influenza Vaccinations**

#### 1. Student/Faculty Influenza Vaccination Requirements

Students/Faculty are required to receive the current season's influenza vaccine from his/her health care provider, as recommended by the CDC. The vaccine is typically available in early September.

Students/faculty who decline the influenza vaccine must provide documentation from a health care provider or religious leader validating the reason they are unable to receive the vaccine. Students/faculty who are not fully vaccinated and have a documented exemption will be required to mask when within six feet of a patient according hospital policy. [per email from Melissa Wyatt dated 11/14/12 in which Dr. Lerner wanted to implement 6' rule.

#### 2. Influenza Documentation

Influenza vaccination records will be maintained by the school/program. Faculty bringing students to the BHS for clinical rotations are responsible for documenting the current season's influenza vaccination date for each student/faculty on the Proof of Influenza Vaccination form (Appendix B). Student/faculty Proof of Influenza forms must be submitted to the BHS Student Liaison by the last day of October.

### **C. Health Care Costs**

Students/faculty who become ill, injured, or exposed to infectious illness/disease while in clinical practice are responsible for all health care costs incurred. Initial and follow up care provided to the student will be determined by the student's health care provider.

### **D. Student Infection Control Training**

#### 1. Student Training Requirements

As required by the Occupational Health and Safety Administration (OSHA), students must receive annual training in infection control to include proper hand hygiene, universal precautions and transmission-based precautions. Students/faculty who are scheduled for a clinical rotation at the BHS will be provided with the Hospital Orientation Core Materials for Students booklet (Appendix D), to include training on infection control procedures.

## 2. Documentation of Training

Faculty will provide instruction to the student utilizing the training materials, and will document completion of training on the BHS Orientation Record (Appendix A).

### **E. Student Blood/Body Fluid Exposures**

1. Students who expose another individual to his/her own blood or body fluids will
  - a. Report the exposure as soon as possible to the student's Faculty/Preceptor and the Employee Health Nurse.
  - b. Perform follow-up procedures per BHS Blood and Body Fluid Exposure Protocol (HR-EH-15).
2. Students who are exposed to another individual's blood or body fluids will
  - a. Immediately wash his or her hands/area exposed and flush the site with water if splash exposure to eyes, mouth, skin.
  - b. Report the incident to the Faculty/Preceptor and Employee Health as soon as possible.
  - c. Perform follow-up procedures per BHS Blood and Body Fluid Exposure Protocol (HR-EH-15).

### **F. Pregnant Health Care Workers/Females of Childbearing Age**

Students who are or become pregnant have the option to voluntarily declare or not declare the pregnancy. The hospital assumes no responsibility for any fetal compromise that may occur during a pregnancy. Precautions related to the student's pregnancy should be discussed by the school's faculty prior to the clinical experience.

Pregnant students are at no greater risk of acquiring infectious diseases than are their non-pregnant peers. Exposure to certain diseases, however, can result in serious harm to the fetus (e.g. CMV, hepatitis, herpes simplex, HIV, rubella, varicella) whether the infection is acquired in occupational or non-occupational environments.

Like all students at risk, pregnant women and women of childbearing age are expected to practice standard/ transmission-based precautions for all appropriate tasks and all patients. Therefore, pregnant women or women with intent on becoming pregnant should not be routinely excluded from the care of patients with particular infections that have potential to harm the fetus, unless specified under the Infectious Diseases section of this policy (Section H).

### **G. Reporting Epidemiologically Significant Infections**

The Joint Commission (TJC) and Centers for Disease Control (CDC) recommend hospitals document epidemiologically significant infections and observe for clustering of

infections above expected levels.

In order to comply with this standard:

1. Students are required to notify their Faculty as soon as a diagnosis is made of any of the listed infections below:

Chicken pox (varicella)	Pediculosis
Cholera	Pertussis (whooping cough)
Conjunctivitis	Plague
Cytomegalovirus	Rabies
Diarrheal Illness	Rubella (German or 3-day measles)
Diphtheria	Rash of unknown origin
Enteroviral infections	Salmonellosis
Haemophilus influenza infections (invasive)	Scabies
Hepatitis (viral)	Shigellosis
Herpes Simplex	Shingles (Herpes zoster)
Human Immunodeficiency Virus (HIV)	Smallpox (or recently received vaccine)
Measles (rubeola)	Streptococcal infection, group A
Meningococcal infections (invasive)	Tuberculosis
MRSA/VRE	Viral respiratory infections, acute febrile
Mumps	Wound/lesion that is draining, oozing
Emerging infections, including MERS-CoV and avian influenza	

2. Faculty is to contact the Employee Health Clinic and/or Infection Prevention Department at the facility as soon as possible of any discovery/disclosure listed above.
3. Faculty is to complete the Student Infectious Illness and Clinical Restriction Reporting form (Appendix C) and submit to Employee Health within 24 hours of discovery/disclosure of illness.

For conditions requiring a physician follow up, documentation of the physician's clearance including a written statement of the student's ability to return to clinical must be attached.

## **H. Diseases/Conditions with Restrictions/Duration/Comment**

### **1. Chickenpox (Varicella)**

The primary mode of transmission is direct contact with respiratory secretions or vesicle fluid. Airborne transmission also occurs via inhalation of small aerosols from patients infected with varicella or disseminated herpes zoster. Varicella vaccine is available to provide immunity.

- a. Active infection – the student is excluded from participating in clinical until lesions dry and crust.
- b. Post exposure (susceptible) – the student is excluded from clinical from the 10<sup>th</sup> day after 1<sup>st</sup> exposure through 21<sup>st</sup> day or must wear a mask from the 9<sup>th</sup> –21<sup>st</sup> day post exposure.
- c. If disease symptoms develop – the student cannot participate in clinical until

all symptoms resolve and vesicles have dried and crusted.

- d. A non-immune pregnant student should not care for patients with infectious varicella.

## **2. Herpes Zoster (Shingles)**

Herpes Zoster is caused by the chickenpox virus. People with shingles are contagious to persons who are non-immune to varicella.

- a. If located in an unexposed area - the student is to cover lesions, restrict from care of high-risk patients and/or services (oncology, surgery, intensive cares, etc.).
- b. If located in an exposed area - the student cannot return to clinical until all of the outbreak area is dry and crusted.
- c. Generalized or localized in immunosuppressed - the student is restricted from patient contact until all lesions are dry and crusted.
- d. For post exposure (susceptible student) – the student is restricted from patient contact from the 10<sup>th</sup> day after 1<sup>st</sup> exposure through 21<sup>st</sup> day or must wear a mask from the 9<sup>th</sup> –21<sup>st</sup> day post exposure, after last exposure or, if varicella occurs, until all lesions dry and crusted.
- e. Direct contact to open lesions of a patient with shingles is an exposure for those identified as non-immune.
- f. Non-immune pregnant students should not care for patients with infectious varicella/shingles.

## **3. Conjunctivitis ('Pink-Eye')**

Transmission is usually via direct contact with fingers, towels, handkerchiefs, etc. to fellow eye or to other persons.

- a. Student is restricted from patient contact and contact with the patient's environment until cleared by student's treating physician.

## **4. Cytomegalovirus (CMV)**

CMV is a member of the herpes virus group. Transmission of CMV occurs from person to person. Infection requires close, intimate contact with a person excreting the virus in their blood, saliva, urine, feces, semen, tears, breast milk or other bodily fluids.

- a. All students, including pregnant students, should use strict adherence to Standard Precautions. Practice good and hygiene/hand washing.

## **5. Diarrheal Diseases**

- a. Acute stage (diarrhea with other symptoms) - the student is to restrict contact with the patient and the patient's environment or food until symptoms resolve for 24 hours or more, or cleared by treating physician.
- b. Convalescent stage (*Salmonella* spp.) - the student is restricted from care of high-risk patients until symptoms resolve.

## **6. Diphtheria**

Bacterium transmitted by contact with respiratory droplets or contact with skin lesions of infected patients.

- a. Students are restricted until antimicrobial therapy is completed and 2 cultures obtained greater than 24 hours apart are negative.
- b. Written clearance from the student's treating physician is required.

## **7. Enteroviral Infections**

Spread from person to person by oral-oral or fecal-oral route.

- a. The student is restricted from care of infants, neonates, immunocompromised patients and the patient's environment until symptoms resolve.

## **8. Hepatitis A (HAV)**

Transmitted primarily by the fecal-oral route via contaminated food/water.

- a. The student is restricted from contact with patient, patient's environment or food until 7 days after onset of jaundice or cleared by treating physician.

## **9. Hepatitis B (HBV)**

Occurs when blood or body fluids of an infected person enters the body of someone who is non-immune. The virus is transmitted by sex, needle sharing, sharps/needle stick injuries or from an infected mother to her child.

- a. Post exposure procedure - the student is to seek immediate first aid to site (wash hands/area exposed immediately. Flush site with water if splash exposure to eyes, mouth, skin).
- b. The Student is to notify Faculty as soon as possible and follow school/program

policies regarding follow up care.

- c. Restrictions – For student with acute or chronic hepatitis B virus who do not perform exposure-prone procedures, no restrictions apply.

#### **10. Hepatitis C (HCV)**

Occurs when the blood or body fluids of an infected person enters the blood of a person not infected. Transmitted by sharing needles, sharps/needlestick injuries, sex, or from an infected mother to her child at birth.

If the student is exposed to an infected person's blood/body fluids, the student is to:

- a. Seek immediate first aid to site (wash hands/area exposed immediately. Flush site with water if splash exposure to eyes, mouth, skin).
- b. Notify Faculty/Preceptor as soon as possible and follow school/program policies regarding follow up care.
- c. For students with acute or chronic hepatitis virus that do not perform exposure-prone procedures, no restrictions apply.

#### **11. Herpes Simplex**

- a. Genital herpes - no restrictions apply.
- b. Hands (herpetic whitlow) - the student is restricted from contact with patient or patient's environment until lesions heal.
- c. Orofacial – an evaluation should be made by student's physician for need to restrict from care of high-risk patients.

#### **12. Human Immunodeficiency Virus (HIV)**

The virus is transmitted via needle sharing, sex, sharps/needle stick injuries, breast-feeding, or from an infected mother to her child at birth. The virus can be found in blood, semen, breast milk vaginal secretions, synovial and pleural fluids.

- a. Post exposure procedure:
  - a. The student is to seek first aid to site (wash hands/area exposed) immediately.
  - b. Flush site with water if splash exposure to eyes, mouth, skin).
  - c. Student is to notify Faculty as soon as possible and follow school policies regarding follow up care and reporting.
- b. Students who do not perform exposure-prone invasive procedures - no restrictions unless the individual has exudative lesions or weeping dermatitis of exposed skin areas that require evaluation by a physician and medical clearance.



### **13. Measles (Rubeola)**

Transmitted by large droplets during close contact between infected and susceptible persons and by airborne route.

- a. Active infections - the student is excluded from clinical participation until 7 days after rash appears.
- b. Post exposure (nonimmune) - the student is excluded from clinical participation from the 5th day after 1<sup>st</sup> exposure through the 21<sup>st</sup> day after last exposure and/or 4 days after rash appears.
- c. Non-immune pregnant students should not care for a rubeola-infected patient.

### **14. Meningococcal Infections**

Probably transmitted by large droplets.

- a. The student is to notify Faculty for follow up care and reporting procedures. Post exposure prophylaxis is advised for person who have had intensive, unprotected contact (i.e., without wearing a mask) with infected patients (e.g. mouth-to-mouth resuscitation, endotracheal intubation, endotracheal tube management, or close examination of the oropharynx of patients).
- b. If any symptoms of illness are present – the student is excluded from participating in clinical until 24 hours after start of effective therapy and cleared by student's treating physician.
- c. If the student is asymptomatic – no restrictions.

### **15. Mumps (Parotitis)**

Transmitted by contact with viral-containing respiratory secretions, including saliva to the nose and/or mouth of a nonimmune person.

- a. Active infection – student is excluded from participating in clinical until 9 days after onset of parotiditis.
- b. Post exposure (non-immune) – the student is excluded from participating in clinical from the 12<sup>th</sup> day after 1<sup>st</sup> exposure through 26<sup>th</sup> day after last exposure or until 9 days after onset of parotiditis.
- c. Non-immune pregnant students should not care for mumps-infected patients.

## **16. Pediculosis (Lice)**

The student is restricted from patient contact until treated and observed to be free of adult and immature lice.

## **17. Pertussis (Whooping Cough)**

Transmission is via respiratory droplets.

- a. Active infection – the student is excluded from clinical participation from beginning of catarrhal stage through 3<sup>rd</sup> week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
- b. Post exposure (asymptomatic) – no restriction, prophylaxis is recommended.

## **18. Rubella (German or 3-day measles)**

Highly communicable; transmission is through direct contact by a nonimmune person with the infectious nasopharyngeal secretions.

- a. Active infection – the student is excluded from clinical participation until 5 days after rash appears.
- b. Post exposure (nonimmune) – the student is excluded from clinical participation from 7<sup>th</sup> day after 1<sup>st</sup> exposure through 21<sup>st</sup> day after last exposure.
- c. Non-immune pregnant students should not care for rubella-infected patients.

## **19. Scabies**

Communicable skin disease caused by mites.

- a. The student is restricted from patient contact until cleared by medical evaluation or 24 hours after treatment.

## **20. Staphylococcus Aureus Infection/MRSA (Methicillin-Resistant Staphylococcus Aureus)**

Strain of Staphylococcus aureus bacteria that is multi-drug resistant to various antibiotics. Meticulous hand hygiene must be maintained at all times.

- a. Active, draining skin lesions – the student is restricted from contact with patients, patient's environment and food handling until lesions have resolved.

- b. Carrier state - no restriction, unless the student is epidemiologically linked to transmission of the organism.
- c. Students with a suspected or confirmed diagnosis of MRSA infection must notify their Faculty as soon as possible. The student cannot participate in a clinical rotation at BHS until treated and cleared by a physician to return to clinical.

### **21. Streptococcal Infection, Group A**

The student is restricted from contact with patient, patient's environment or food until 24 hours after adequate treatment started.

### **22. Tuberculosis (Mycobacterium Tuberculosis – M. Tb)**

All students are required to have a Tuberculin Skin Test (TST) within 12 months prior to the start of the clinical experience (unless the student has had a valid history of a positive TST in the past). If the student has not had a previous negative TST completed within the past twelve months they are to have a second skin test within 1-3 weeks after the first TST (called the Two Step Method). Per CDC recommendations, BHS does not accept Tine test results.

- a. Students who test positive - a chest x-ray is required unless documentation can be provided of a negative/normal chest x-ray within the past 12 months.
- b. Students who have a positive Tuberculin Skin Test (TST) but negative chest x-rays (latent TB infection) are considered infected, not infectious/contagious, and may participate in clinical.
- c. Students who have a positive TST and an abnormal chest x-ray result (suggestive of active TB) are not allowed to participate in clinical until they submit written clearance from a physician stating that they have received adequate treatment and that 3 negative sputum cultures have been obtained.
  - 1. Students who test positive and meet the criteria for preventive isoniazid must be given a referral to an infectious disease physician or pulmonologist
- d. Students who decline the TST - a note is required from the student's physician stating the reason why the student is unable to receive the skin test.

Documentation of the student's TST results as well as X-Ray results (if applicable) will be retained at the student's school/program. Faculty is responsible for ensuring the student meets TST/chest X-Ray requirements, and will provide verification on the Orientation Record (Appendix A).

### **23. Viral Respiratory Infection, Acute Febrile**

- a. Students are excluded from the care of high-risk patients or contact with the patient's environment during outbreak of RSV and influenza until acute

symptoms resolve.

- b. Students are excluded from clinical participation until afebrile for 24 hours or cleared by treating physician to return to clinical.

#### **24. Febrile Illness >100.3 °F (Unknown Origin)**

Students are excluded from participation in clinical until afebrile for 24 hours or cleared by treating physician.

#### **25. Rash (Unknown Origin)**

If rash is accompanied with fever, itching, open skin lesions, draining, or oozing, a physician clearance will be required before the student is able to return to clinical.

#### **26. Open Wound/Lesion/Blister (With Drainage, Oozing)**

Documented evaluation and medical clearance by the student's health care provider must be submitted to school/program faculty before returning to clinical.

#### **27. An Illness Lasting 3 or More Days**

If a student exhibits signs and/or symptoms of a communicable illness lasting 3 or more days, documented evaluation and medical clearance by student's health care provider must be submitted to faculty before returning to clinical.

#### **28. HIV, HEPATITIS**

- a. Students infected with HIV or Hepatitis will be evaluated by their physician to determine if they can adequately and safely participate in the clinical experience.
- b. HIV or Hepatitis positive students should not perform exposure-prone invasive procedures.
- c. The student will be counseled by their Faculty regarding appropriate infection control precautions that may be necessary to protect the patient.

## I. REFERENCES

Centers for Disease Control and Prevention (2013). *Immunization Schedules*. Retrieved from <http://www.cdc.gov/vaccines/schedules>

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