

Operating Policy and Procedure

SHP OP: ST.20

Blood Borne Pathogen Infection Policy for School of Health Professions Students

Purpose: The purpose of this Operating Policy/Procedure is to establish a School of Health Professions (SHP) policy to promote patient safety while providing risk management and practice guidance to blood borne pathogen infected SHP students.

Review: This SHP OP will be reviewed by November 1 of each even numbered year by The Academic Affairs Committee, with recommendations for revisions forwarded to The Executive Committee by November 15th.

Policy/Procedure

1. **General.** This policy complies with the most current evidence contained within the SHEA (Society for Healthcare Epidemiology of America) and Centers for Disease Control (CDC) guidelines and recommendations for management of health care providers and students infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus.
2. **Definitions.**
 - a. Blood borne disease: a disease caused by a microbial agent capable of being transmitted via contact with the blood of an infected individual. Most notably, this includes the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).
 - b. Exposure prone procedures (EPP): Invasive procedures where there is the potential for direct contact between the skin (usually a finger or thumb) of the student and sharp instruments, needle tips, bone marrow aspiration needle or sharp tissues (spicules of bone) in body cavities, sharp debridement for wound care, wounds, or in poorly visualized, confined anatomical sites.
 - c. Non exposure prone procedures (NEPP): Provided routine infection prevention using Standard Precautions are adhered to at all times, procedures where hands and fingers of the student are

- 2) Setting up and maintaining intravenous lines or central lines provided there has been no skin tunneling and the procedure is performed in a non exposure prone manner.
- 3) Routine oral, vaginal or rectal examinations.
- 4) Minor suturing on surface of body.
- 5) Incision of external abscesses or similar lesions.

3. Expectations of Students.

- a. Students are required to comply with ~~TECH~~ **TTUHSC**

- g. Students are required to use Standard Precautions (and additional precautions as appropriate) when engaging in the clinical care of patients.
- h. Students are required to disclose any instance in which they are potentially exposed to a blood borne pathogen in a clinical setting and provide a blood specimen if

- e. Infected SHP students are required to immediately disclose if he/she exposes a patient to their blood borne pathogen

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- 4) Lower gastrointestinal tract endoscopic procedures, such as sigmoidoscopy and colonoscopy.
 - 5) Hands-off supervision during surgical procedures and computer aided remote robotic surgical procedures.
 - 6) Psychiatric evaluations.
- b. Category II: Procedures for which blood borne virus transmission is theoretically possible but unlikely.
- 1) Locally anesthetized ophthalmologic surgery.
 - 2) Locally anesthetized operative and prosthetic procedures.
 - 3) Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia, often under bloodless conditions.
 - 4) Percutaneous cardiac procedures (e.g., angiography and)P
- 3)Percutaneous procedures

- b. Updated U.S. PHS Guidelines for Management of Occupational Exposures to HBV, HCV and HIV Recommendations for Postexposure Prophylaxis MMWR / Vol. 50 (RR 11)
- c. SHEA Guideline for Management of Healthcare Workers Who are Infected with Hepatitis B Virus, Hepatitis C Virus and/or HIV Virus. Infection Control and Hospital Epidemiology. Vol. 31 / No. 3 / 203-232 March 2010
- d. The Center for HIV Law and Policy. March 2008