



Policy Title:

Students Exposed to Personal Risk of Serious Infection and Prevention of Transmission

Policy Identifier:

USCSOMC – STA – 1.12

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Category: Student Affairs	

LCME Standards

12.8 Student Exposure Policies/Procedures

Scope

University of South Carolina (USC) School of Medicine Columbia MD students.

Policy Statement

It is the policy of USC School of Medicine Columbia to maintain a safe environment for patients, students, faculty, and staff. In the care of assigned patients with serious contagious diseases, such as human immunodeficiency virus infection, hepatitis B or C infection, or tuberculosis, medical students are expected to participate at their level of competence. A medical student should not be penalized for questioning whether his/her personal safety is being compromised unnecessarily. Medical education and training should include instruction intended to maximize the safety of all members of the health care team in situations in which there are increased risks of exposure to infectious agents, including skill in handling or being exposed to sharp objects in diseases transmitted through blood or secretions and in use of appropriate barriers in airborne and hand-to-mouth infections.

Students caring for patients in University of South Carolina School of Medicine (USCSOM)-affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including hepatitis B, hepatitis C, and human immunodeficiency virus. Consequently, these policies state the required actions expected of all USCSOM students involved in patient care to prevent transmission of such infections to themselves and to prevent or minimize clinical disease in the event they undergo significant exposure.

Reason for Policy

The purpose of this policy is to maintain a safe healthcare environment and provide for the well-being of patients, students, and staff. The policy outlines required actions expected of all students involved in patient care to minimize the risk of transmission of infections to themselves and others and to prevent or minimize clinical disease in the event they experience significant exposure. The LCME expects that a medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards.

Procedures

The Centers for Disease Control and Prevention describes the universal precautions approach to preventing fluid borne infections in health care workers. A thorough discussion of this approach is available online

(<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>), but the approach can be summarized as follows:

USCSOM students must practice "Universal Standard" (Universal Precautions) when dealing with patients. The actions described as "Universal Standard" (Universal Precautions) include, but are not limited to:

1. use of barrier protection methods when exposure to blood, body fluids, or mucous membranes is possible.
2. use of gloves for handling blood and body fluids.
3. wearing gloves by students acting as phlebotomists.
4. changing gloves between patients.
5. use of a facial shield when appropriate (during all surgery and any other procedures where eye exposure to airborne material is possible).
6. use of gown and apron for protection from splashing when appropriate.
7. washing hands between patients and if contaminated.
8. washing hands after removal of gloves.
9. avoidance of unnecessary handling of needles or other sharps.
10. careful processing of sharps.
11. appropriate disposal of sharps in sharps containers.
12. avoidance of direct mouth-to-mouth resuscitation contact.
13. minimization of spills and splatters.
14. decontamination of all surfaces and devices after use.

The following actions are specifically required by the USCSOM to minimize risk of transmission of infection:

- A. Gloves will be worn for all parts of the physical examination in which contact might be expected with the oral, genital, or rectal mucosa of a patient. Gloves are also necessary while examining any skin rash that might be infectious (e.g., syphilis, herpes simplex, etc.).
- B. Gloves will be worn in all procedures that involve risk of exposure to blood or body fluids, including venipuncture, arterial puncture, and lumbar puncture. Gloves will also be worn during any laboratory test on blood, serum, or other blood product, or body fluids.
- C. Prior to performing a venipuncture, obtain a needle (and syringe) disposal box and place it adjacent to the venipuncture site. After venipuncture, insert the needle (and syringe) immediately in the disposal box. DO NOT recap or remove needles by hand. Care must be taken to avoid bringing the needle near the body of other persons in the examining room while transferring it to the container. OSHA requires the use of syringes and other "sharps" designed with safety features that permit safe recapping/closure using one handed techniques and reduce the overall risk needlesticks. These safety devices should be in use at the locations where students rotate. Students should use these safer devices while on clinical rotations and should obtain training from nurses or physicians experienced with using the particular type of device prior to using it



themselves. If a safety device does not appear to be readily available, students are strongly encouraged to ask the nurse manager about the availability of a safety device.

- D. Protective eyewear (such as goggles or a face shield) should be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluids (via aerosolization or splashes) may occur.

Post Exposure Evaluation and Follow-Up

Following a report of blood/body fluid exposure incident, the USC School of Medicine shall make immediately available to the exposed student a confidential medical evaluation and follow-up that includes the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible in order to determine HBV and HIV infectivity. South Carolina law permits testing of source patients to be performed, even without consent, with proper legal authority.
- Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The Student Health Nurse is responsible for tracking exposures and any follow-up with the student. That information is only shared with the student health nurse's supervisor, and if necessary, workman's compensation.

Academic Support

The effects of infectious and/or environmental disease or disability are excused absences from courses/blocks/clerkships/rotation and the directors of these academic and clinical activities are required to provide appropriate make-up work, materials, evaluations or activities to allow the student to make progress towards their medical degree. When requested, the student will provide written verification from the treating physician or other professional to the course/block/clerkship/rotation director for the excused absence. Written verification from a treating physician or other professional should contain the date/time of the absence including both start and end date/times of the excused absence but should not include the details of the reason for the absence in order to protect the student's privacy.

If the impact of the infectious and/or environmental disease or disability is to the extent that the student's ability to continue their medical education has been significantly impaired, medically inadvisable, or impossible, they will be referred to the Associate Dean of Student Affairs in order to submit a petition for a leave of absence ([STA 1.09](#)).

Contacts

Office of Student Affairs
Student Health Nurse



History

Date of Change	Change
3-4-24	Transferred existing policy to current policy template