



LOMA LINDA UNIVERSITY

School of Medicine

OPERATING POLICY

COMMUNICABLE DISEASE POLICY

CATEGORY:

COORDINATOR: Dr. Tamara Shankel

Governing Policy:

Related Entity Specific Policy:

Loma Linda University School of Medicine, in harmony with the University's Communicable Disease Transmission Prevention Policy is committed to preventing communicable disease transmission among its faculty, staff, students and the patients they serve through a program that includes education, immunizations, safe environments, and provision for special protective measures where scientific literature identifies a risk of transmission. This policy meets a high ethical standard as well as the legal requirements to (1) protect students, faculty, staff and patients from communicable disease transmission, (2) maintain the confidentiality of infected persons, and (3) protect the right of every individual for compassionate care regardless of disease condition.

The primary purpose of this Communicable Transmission Prevention Policy is to insure a safe place for learning as well as to protect patients served.

I. **Admission and Retention Policies**

A. Compliance with the following requirements for pre-entrance immunization:

1. Measles, Mumps, Rubella: two immunizations or proof of immunity.
2. Tetanus: current within 10 years.
3. One dose of Pertussis vaccination after age 18.
4. Hepatitis B (series of 3 immunizations) plus titer documenting immunity. Non responders shall be revaccinated.
5. Tuberculosis Skin Test (PPD Mantoux): current within 6 months (If student tests positive, a chest x-ray report within five years is required, and annual signs and symptoms form must be completed).

6. Varicella: Must show proof of either: a series of two injections OR a positive Varicella titer.
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- B. Returning students will be required to have an annual or more frequent tuberculosis skin test (PPD Mantoux) and/or a chest x-ray when indicated.
 - C. Mandatory screening for HBV, HCV or HIV is not warranted. Infected students will not be prohibited from providing patient care activities. Nevertheless, it is the personal responsibility of the caregiver to reduce the risk of communicable disease transmission. This includes an ethical responsibility to know one's serological status relating to HBV, HCV and HIV.
 - D. If students know that they are a source of a significant patient exposure through blood or body fluid, they are mandated and ethically obligated to undergo testing for infection or treatment.
 - E. Adherence to the infection control practices within clinical settings will be a significant factor in the continued enrollment of the student. Lack of adherence to safety procedures for themselves and/or their patients which are deemed potential and serious hazards to patients and others will be subject to appropriate disciplinary action, including but not limited to restriction of clinical practice (to be determined on a case-by-case basis), or dismissal.

II. **Infection Control**

- A. Students will learn and are expected to use standard universal precautions to protect themselves and their patients.
 1. The student will learn infection control precautions appropriate for the handling of blood and body fluids including the use and disposal of needles and other sharp instruments.
 2. The student will learn epidemiology, transmission, pathophysiology and management of transmission-based communicable diseases, including airborne, droplet, contact routes of transmission as well as blood borne pathogens in medical school courses as appropriate for the content of the course.
 3. Students will be required annually to document completion of a Universal/Standard Precautions education, as well as meet the requirements of the clinical facility to which they are assigned prior to clinical assignment.
- B. All students are expected to provide care with compassion and respect for human dignity. No student physician may ethically refuse to treat a patient solely because the patient is at risk of contracting or has an infectious disease such as Tuberculosis, HBV, HCV or HIV.

III. Exposure Management

- A. Significant exposure (as defined in Attachment I) to communicable disease will be monitored in compliance with the recommended screening and prophylactic practice of Loma Linda University Medical Center.
- B. If an accidental occupational exposure occurs on campus, the incident should be reported to the attending physician and/or clerkship director. The student must be referred to the Emergency Department immediately for medical evaluation. The student needs to identify the injury and him/herself as a LLU student. Such exposure should also be reported by the student to employee health as soon as possible. Student Health must also be given a copy of the post-exposure evaluation and treatment records. It is the student's responsibility to ensure that this occurs.
- C. If an accidental exposure occurs off campus, the incident should be reported to the responsible attending physician who will work with agency personnel for appropriate emergency care. Most affiliated hospitals provide this care at either the Emergency Room or employee health. A report of the incident and source patient results must be sent to LLU Student Health for appropriate student follow-up on campus. It is the student's responsibility to ensure that this happens.

IV. Evaluation and/or Accommodation

- A. Blood borne Pathogen Exposure
 1. Once exposed each student will be monitored according to University Employee Health Policy, based upon current national recommendations.
 2. Confidential counseling in regards to testing will be available.
 3. Testing and health records will be maintained by Student Health Service of Loma Linda University Medical Center. Testing results will be kept confidential.
 4. If infected, reasonable accommodations will be made with the student's assignments based on the broader context of the institutional health and educational program, including the assessment of the provider to patient risks and the individual's physical and psychological status. See Attachment II.
- B. Other types of pathogen exposure will follow the appropriate guidelines from the Center for Disease Control.

DEFINITIONS OF SIGNIFICANT EXPOSURE

- A. A significant blood borne or body fluid exposure is defined as:
- a. A puncture with a contaminated needle.
 - b. A cut or puncture with contaminated instruments.
 - c. Transmission of blood or body fluids to mucous membranes, such as a splash to the eye or mouth.
 - d. A cutaneous exposure involving large amounts of blood or prolonged contact with blood – especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.
- B. A significant airborne exposure is defined as unprotected exposure to patients known to have transmitted airborne droplet nuclei. Examples include:
- a. Measles
 - b. Varicella
 - c. Tuberculosis
- C. A significant droplet exposure is defined as unprotected exposure to patients known to have transmitted large particle droplets. Examples include:
- a. Invasive Haemophilus influenzae type B disease, including meningitis
 - b. Invasive Neisseria meningitidis disease, including meningitis and pneumonia
 - c. Other serious bacterial respiratory infections spread by droplet transmission such as diphtheria (pharyngeal), mycoplasma pneumonia, pertussis, pneumonic plague, streptococcal pharyngitis, streptococcal pneumonia or scarlet fever;
- D. A significant contact exposure is defined as unprotected exposure to patients known to have an infection transmitted by direct contact or by contact with items in the patient's environment. Examples include:
- a. Gastrointestinal, respiratory, skin or wound infections or colonization with multidrug-resistant bacteria;
 - b. Enteric infections such as Clostridium difficile, and entero-hemorrhagic Escherichia coli O157:H7, Shigella and Hepatitis A, for diapered or incontinent clients;
 - c. Respiratory syncytial virus, parainfluenza virus or enteroviral infections in infants and young children;
 - d. Skin infections that are highly contagious or occur on dry skin such as herpes simplex virus (neonatal or mucocutaneous), impetigo, major (noncontained) abscesses or decubiti, pediculosis, scabies, staphylococcal furunculosis in infants and young children, herpes zoster (disseminated or in the immunocompromised host), viral or hemorrhagic conjunctivitis, or viral hemorrhagic infections (Ebola, Lassa or Marburg).

Attachment II

PROCEDURE FOR ACCOMMODATING AN INDIVIDUAL STUDENT'S

CLINICAL ASSIGNMENTS

1. A student when given reasonable accommodations must be able to perform the routine duties expected of each clinical assignment. The student must be able to meet the minimum requirements of each course/clerkship.
2. A student must be compliant with established guidelines and procedures, such as following Universal and disease specific precautions for patients.
3. The clerkship director in conjunction with the Office of Medical Student Education may make an accommodation for a student's clinical experience on a case-by-case basis. Decisions about exemptions will be made in consultation with the student's physician.
 - a. Students with a confirmed pregnancy or diagnosed immunologic deficiency may request to be excluded from caring for patients infected with known communicable disease or bloodborne pathogens. In addition, students may request to be exempt from exposure to environmental agents that may be hazardous to the student and/or fetus.
 - b. Any student with a communicable infectious process may, in consultation with the clerkship director, request a change in assignment.