



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

## **Bio-Safety Policy Policy 7.29.B**

### **About This Policy:**

Effective Date: 02-24-2017

**Approval Dates:** Previously recorded as Policy C-4

### **Scope**

This policy applies to all members of the university community on each campus of Indiana University.

### **Policy Statement**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS)\* Biosafety principles and practices for Health Care Workers (HCW).

### **Procedure**

Health care workers (HCW) have both a professional and legal obligation to render treatment utilizing the highest standards of infection control available. Strict adherence to the principles and practices of infection control will ensure the standard of care and practice expected by both practitioner and patient.

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions and are in compliance with the current recommendations of the United States Public Health Service and Occupational Safety and Health Administration. Standard Precautions refers to an approach to infection control that assumes all human blood and other potentially infectious materials (OPIM's) of all patients are potentially infectious with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent healthcare workers from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens while carrying out the tasks associated with their occupation.

## ***SECTION I: Objectives for the Delivery of Care***

Infectious Diseases: The IUSB- CHS has the obligation to maintain standards of healthcare and professionalism that are consistent with the public's expectations of the health professions. The following principles should be reflected in the education, research, and patient care divisions for all healthcare workers, students, faculty and staff:

1. All healthcare workers are ethically obligated to provide competent patient care with compassion and respect for human dignity.
2. No healthcare workers may ethically refuse to treat a patient whose condition is within their realm of competence solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), hepatitis B infection, or other similar diseases. These patients must not be subjected to discrimination.
3. All healthcare workers are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

Healthcare workers who pose a risk of transmitting an infectious agent should consult with appropriate healthcare professionals to determine whether continuing to provide professional services represents any material risk to the patient, and if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.

## ***SECTION II: Guidelines for the Admission and Progression of Students Who are HIV or HBV Positive***

Policy: Qualified individuals will not be denied admission into courses in the College of Health Sciences on the basis of HIV or HBV status.

### Guidelines:

1. Upon voluntary report of HIV or HBV infection by a student to any faculty member, administrator, or dean, efforts will be made to:
  - Maintain confidentiality of the infection information.
  - Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
  - Reinforce the consistent use of Standard Precautions in clinical practice.
  - Assign responsibilities to the infected student that do not require the performance of exposure- prone invasive procedures (as outlined by the affiliated agency or office).

2. Any modifications in clinical activity will be determined by a Bloodborne Pathogen (BBP) Expert Review Panel who will take into account the nature of the clinical activity, the technical expertise of the infected student, the risks imposed by HIV or HBV carriage, functional disabilities, and the transmissibility of simultaneously carried infectious agents.
3. Refusal for admission to a clinical course will occur only after attempts to make reasonable accommodations result in undue hardship to the College of Health Sciences.

### ***SECTION III: Guidelines for the Bloodborne Pathogen-Infected Healthcare Worker***

Currently available data provide no basis for recommendations to restrict the practice of healthcare workers infected with HIV or HBV who perform invasive procedures not identified as exposure-prone, provided that Standard Precautions are adhered to in practice.

In order to reduce, to the greatest extent currently possible, the potential for transmission of bloodborne pathogens from the BBP-infected HCW to a patient, and to support the HCW's efforts to practice safely, the College of Health Sciences has adopted the following guidelines.

1. All activities related to patient care by students of Indiana University South Bend will be carried out in accordance with the College's **Bio-safety Policies**. The policies and procedures in this document are based upon Standard Precautions currently practiced by the faculty, staff and students in the IUSB-CHS and are consistent with United States Public Health Service, Indiana State Department of Health and the Indiana Occupational Health and Safety regulations.
2. All HCWs who provide direct patient care (including faculty, staff and students) are encouraged to undergo voluntary HIV testing and to know their hepatitis B virus (HBV) immune status. HIV testing is not mandatory.
3. Any HCW involved in clinical practice that believes that he/she may be at risk of HIV or HBV infection should be voluntarily tested for confirmation.

4. Upon voluntary report of HIV or HBV infection by students, faculty or staff to their unit director or Dean of the College of Health Sciences, efforts will be made to:
  - a. Maintain infection information confidential.
  - b. Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
  - c. Reinforce the consistent use of Standard Precautions in clinical practice.
  - d. Assign responsibilities to the infected student that do not require the performance of exposure-prone invasive procedures.
5. When a HCW who provides direct patient care is infected with a BBP and informs the administration, the Dean of the College of Health Sciences may refer the case to the BBP Expert Review Panel for review and recommendation.

The BBP Expert Panel has the responsibility to:

- Review each case of a BBP-infected HCW and determine if he/she may represent an increased risk for transmission of BBP infection to a patient.
- Make a recommendation to the Dean regarding the suitability of any BBP-infected HWC to continue to fulfill his/her clinical responsibilities or requirements in a complete modified fashion or to have his/her clinical privileges suspended.
- Develop guidelines for use in determining the needs for both temporary and permanent administrative acts including guidelines on patient notification.

The review panel should include experts who represent a balanced perspective. Such experts might include all of the following: a) the HCW's personal physician(s), b) an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission, c) a health professional with expertise in the procedures performed by the HCW, and d) state or local public health officials(s). If the HCW's practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist.

6. The Dean of the College of Health Sciences will, within a reasonable period of time, consider the above-mentioned recommendation and take appropriate action. This may include continuation of clinical responsibilities at the current level, modification of those responsibilities or suspension of clinical privileges.

7. Prior to receiving the Panel's individual recommendations, the Dean may temporarily suspend or modify privileges based on guidelines developed by the Panel.
8. This protocol is subject to annual review and modification as new knowledge and recommendations from appropriate agencies become available.

#### ***SECTION IV: HBV Vaccination Policy***

##### Policy:

Prior to registration in any clinical course and at the student's expense, every full-time or part-time, graduate or undergraduate student of the IUSB-CHS must undergo HBV vaccination and vaccine response evaluation unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed.

##### Procedures:

Evidence of receipt of the HBV vaccination and vaccine response, immunity to HBV, or declination will be filed with the student's program director/dean prior to registration in a clinical course. When the vaccine is contraindicated for medical reasons, a declination form must be signed.

Evidence of the receipt of the HBV vaccination series including vaccine response should be in the form of the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider.

Students who have completed the HBV series prior to entry into any clinical course are governed by the CDC guideline on vaccine response evaluation.

#### **CDC Guidelines for Nonresponders**

HCW should be tested for antibody to HBsAg (anti-HB's) 1 to 2 months after completion of the 3-dose vaccination series (CDC Immunization 1997).

Persons who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. People who prove to be HBsAg-positive should be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Nonresponders to vaccination who are HBsAg negative should be considered susceptible to HBV infection

and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probably parenteral exposure to HBsAg positive blood.

Declination Form should be stated as follows (source: FR Doc. 91-28886, December 6, 1991):

***I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.***

#### ***SECTION V: Post-exposure Evaluation and Follow-up***

Policy: Any student occupationally exposed to blood or other potentially infectious material while performing in the healthcare program, will be counseled by a HCP as soon as possible after exposure and provided preventive treatment and counseling, as appropriate, at the student's expense.

#### Procedures:

1. Immediate Procedures
  - a. Cleanse the wound with soap and water, and apply protective covering.
  - b. Flush mucous membranes with water.
  - c. Report incident to supervisor.
2. When there is an occupational exposure to blood or other potentially infectious material while performing as a healthcare program student, the student should be counseled to be evaluated by a HCP as soon as possible after exposure and no later than within the first 24 hours after exposure.

***HCP should be provided an incident report, past information on student's hepatitis B vaccination and any past exposure incidents.***

3. The HCP will determine whether treatment is indicated and develop plans for post-exposure follow-up, if indicated.

- a. Evaluation and treatment information will be discussed by the HCP with the exposed student.
- b. A record of this evaluation and treatment information will be retained by the HCP and is confidential unless written permission is granted by the exposed student for release of the information.
- c. Expenses for post-exposure evaluation and follow-up for the exposed student will be the responsibility of the student.

## ***SECTION VI: Latex Allergies Policy***

### Policy:

Students with latex allergies must have documentation from a primary care provider in order to be provided accommodations. Those who experience symptoms that may indicate a latex allergy should complete an accident/exposure report form of the affiliated agency/program.

### Procedures:

- Students with latex sensitivity will have documentation of the sensitivity placed on file with the student's program director/dean prior to registration in a clinical course. Documentation of the sensitivity should be in the form of a signed statement from the student's healthcare professional (HCP).
- Students should notify each clinical faculty for accommodations. Students will be asked to follow the specific guidelines/procedures of the clinical agency where they are assigned.

**Information:** Latex allergies involve any physical reaction from the exposure to latex products (including rubber products). The symptoms may range from localized skin reactions to non-localized reactions. Symptoms may include any of the follow:

- Contact dermatitis (skin reactions) including dry, crusting, thickening, or peeling skin, scabbing sores, swelling and raised areas of skin that may be pink or blanched (white).
- Non-localized reactions such as the development of hives over parts of the body that did not come into contact with the latex, tearing, itchy eyes, swelling of the eyelids, lips or face, runny nose, cough, or wheezing.
- Increased symptoms of a non-localized reaction may include nausea, abdominal cramps, difficulty breathing, rapid heart rate, sudden decrease in blood pressure, and shock.

Anyone has the potential to be latex sensitive. However, the following seem to have an increased risk of being latex sensitive:

- Anyone who is frequently exposed to latex products, such as healthcare workers or persons with a history of several surgical or urological procedures.
- Persons with chronic conditions requiring continuous or intermittent catheterization.
- Persons with Myelomeningocele or Meningocele.
- Persons with a history of allergies, asthma or allergies to avocados, bananas, chestnuts, kiwi, and other tropical fruits are at particularly high risk for a latex allergy.
- Persons with a history of reactions to latex products (balloons, condoms, gloves).
- Those who are female gender--75% with allergy are female.

Many people believe that they are allergic to powder because they have experienced problems (coughing, wheezing, skin reactions) when they are around powdered latex gloves. It is actually the latex proteins carried by the powder through the air that cause reactions in most people. Once a person has developed a latex sensitivity of any form, it is impossible to predict if the allergy will continue to produce only localized symptoms or if a more serious reaction may occur at a later date. Students who hold a prescription for an Epi-Pen will be permitted to carry it with them. It must also be documented on the Health Documentation Form.

\*This policy applies to Health Science majors at the point of internship or community course specific.