



<b>UT Health Science Center:</b>	
<b>COM117 Infection Control and Prevention of Exposure to Environmental Hazards - COM Medical Education</b>	
<b>Version 1</b>	<b>Publication Date: 05/26/2022</b>

<b>No./Title:</b> COM117/Infection Control and Prevention of Exposure to Environmental Hazards	<b>Resp. Office:</b> Medical Education <b>Approval Body:</b> CUME	<b>Effective Date:</b> 05/17/21
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<b>Related Policy:</b> COM118 Reporting Infections and Other Hazard Exposures RS002 Exposure Control Plan COM-COVID-101 Return to Clinical Rotations	<b>Program:</b> Medicine (M.D.)	

## POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) that procedures be in place to minimize the risk of medical student exposure to hazards, including infectious agents, in the course of their medical education. This includes adherence to the principle of “standard precautions” and the implementation of appropriate workplace controls.

## RATIONALE AND PROCEDURE

1. Since patient care involves a risk of exposure to infectious agents, and since it is impossible to identify all potentially infectious patients in advance, it is essential that appropriate protective barrier precautions be used consistently in all patient encounters.
  - a) Based on the principle known as “standard precautions” this applies to all contacts with 1) blood, 2) all other body fluids, secretions and excretions except sweat, 3) non-intact skin, and 4) mucous membranes.
  - b) Risks of exposure to infectious aerosols are now widely recognized in the context of the ongoing coronavirus pandemic, placing particular emphasis on respiratory and eye protection.
2. Students working in settings with occupational exposure risk must adhere to the procedures and practices outlined in the UTHSC Exposure Control Plan, including but not limited to:
  - a) Attending all bloodborne pathogens and other required safety training sessions.
  - b) Being aware of tasks that have the potential for occupational exposure to bloodborne pathogens.
  - c) Conducting operations in accordance with established work practice controls, including use of standard precautions.
  - d) Developing and maintaining good personal hygiene habits.
  - e) Reporting all occupational exposure incidents.
3. All accredited affiliated health care organizations at which students have clinical experiences also follow OSHA guidelines, and will have comparable policies and procedures in place that students will be required to follow.
4. Appropriate protective barrier precautions will be used routinely to prevent skin and mucous

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membrane exposure when contact with blood, body secretions or expired aerosols is anticipated.

- a) Gloves are required when there will be the possibility of contact with blood or other body fluids, mucous membranes or non-intact skin, for vascular access procedures or when touching potentially contaminated articles. Gloves will be provided in all patient contact areas.
  - b) Gowns or plastic aprons should be used in settings involving potential clothing contamination of with blood or other body fluids.
  - c) Protective eyewear and facemasks are required for all patient contacts and should be available on each unit. Some facilities require N95 masks for all patient contact.
  - d) Hand washing should occur before and after each patient contact, after contact with contaminated surfaces, and after glove use. Plain soap is adequate for general care. Antimicrobial soaps should be used when caring for patients at high risk of infection. Alcohol hand-rubs are appropriate for rapid hand decontamination between patient contacts but are not a substitute for hand washing if hands are soiled.
5. Needles and other sharp instruments must be handled with care, and the primary user is responsible for their safe disposal.
- a) Sharp devices used for procedures on a living human (e.g., phlebotomy, vaccine administration) should be engineered to provide injury protection when possible. Examples include self-sheathing needles, hypodermic syringes with retractable technology, self-blunting phlebotomy needles, retracting lancets, and disposable scalpels with shields and other safety features.
  - b) Rigid “sharps” disposal containers should be provided in all patient, examination and procedure rooms to facilitate their safe disposal immediately following use.
6. All medical students are trained in infection control and prevention of exposure to environmental hazards, including both didactic and applied elements, through which they are made aware of the provisions of the UTHSC Exposure Control Plan.
- a) Principles of exposure control, including safe handling of sharps, are introduced early in the course of medical training in the setting of the gross anatomy laboratory, where students acquire initial practical experience in recognizing and minimizing potential exposures to potential chemical and biological hazards, and in the use of personal protective equipment (PPE). Orientation to the course also includes information regarding incident reporting procedures.
  - b) Online PPE training is currently housed on Blackboard in the context of mandatory COVID19 Return to Campus Training. This includes a module directed to students that specifically addresses “PPE and Hand Hygiene” as detailed in [COM-COVID-101](#).
  - c) In first and second year rotations students learn the principles of epidemiology, and become familiar with the symptoms and modes of transmission of HIV, HBV, HCV and other bloodborne diseases.
  - d) During Prep for Clerkship Week, just prior to the onset of the clinical years, students receive further education including OSHA’s Bloodborne Pathogens Standards. This also includes a review of emergency actions for incidents involving blood or other potentially infectious materials, incident reporting, and the process of post-exposure evaluation and

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follow-up including medical consultation. (See also COM 118 - Reporting Infections and Other Hazard Exposures.) Exposure control is addressed again in the orientations for those clerkships that involve procedures typically associated with increased exposure risk.

- e) Students are fitted for N-95 masks and trained in their use prior to the start of the third year.
  - f) When accepted to perform visiting rotations in our clinical sites, visiting students will be instructed to view the Medical Educator Resource Link (MERL) where they will find information pertaining to Exposure Control, Prevention and Reporting and to acknowledge doing so.
7. Records of medical student training are maintained as required under the UTHSC Exposure Control Plan.

#### **APPROVAL HISTORY**

Effective: 05/17/21

Revised: N/A