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**PROGRAM OF EDUCATION AND TRAINING OF BLOODBORNE PATHOGENS**

- To assure the best physical health and mental condition of the medical students.
- To strengthen in students the use of adequate hygiene habits and the responsibility to carry them on.
- To provide adequate channeling of students' exposed to related diseases within the hospital environment.
- To control costs, reducing non-favorable conditions and taking preventive and corrective measures to avoid student absenteeism or incapacity.

**I. Introduction**

The objective of the Health Program of the San Juan Bautista School of Medicine is to avoid the transmission of disease between patients and students throughout their clerkship. During the clerkship, students in the hospital environment can be at risk to acquire certain disease, the majority can be prevented.

This program should be an obligation that includes:

- To Watch Over
- To Prevent
- To Control

To assure the effectiveness of this program it is required:

- To identify the of high risk procedures of get or develop infections by acquired pathogens.
- To educate students about good practices in health, infectious control techniques and exposure report of infectious pathogens.

**II. Required Evaluation**

- A. It is recommended an initial physical examination of every student enrolled and then once a year.
- B. The medical record should emphasize on the infect-contagious disease, as well as there should exist as well as evidence of complete immunization.
- C. Laboratory Tests and immunizations required upon admission:



- a) Hepatitis B 3 doses and Hepatitis B Antibody quantitative.
- b) Tuberculin test for all the students who never had a positive reaction. It is recommendable that it is done annually.
- c) Chest X-ray for students with positive reaction to the tuberculin test.
- d) Health certification annually
- e) Influenza Vaccine annually
- f) MCV
- g) 2 doses of Varicella vaccine and varicella titles
- h) 2 doses of MMR and titles mumps, measles and rubella

D. If an infect-contagious process rises in a student; the whole group in close contact must be evaluated.

### III. Disease in Medical Students

Sick students will be referring for a full medical evaluation. Sometimes students in the clerkships are exposed to contagious disease. Therefore students in the following categories should be referred for a medical evaluation:

- Students that get sick acutely during work and are forced to leave the working environment.
  - Students that present skin rashes.
- a) Symptoms of the infectious disease
    - Fever and chills
    - Skin irritation
    - Sever sore throat
    - Suppuration of skin wounds
    - Fatigue and lost of appetite
  - b) In case of non-occupational disease, the students will be referred to the Students Dean to be referred to their personal physicians.

### V. **Specific Methods of Control in Students**

#### A. Tuberculosis

Infectious disease caused by the bacillus mycobacterium tuberculosis. It is transmitted by the respiratory system by less than five (5) drops of mycobacterium.

The following steps must be taken

- Notify the nurse of infectious control in the Mennonite Hospital.
- Report cases to the nurse of regional epidemiology and regional clinic of tuberculosis.



- Identify contacts in order to apply protocol established by the Department of Health.

#### B. Meningococcal Meningitis

Disease pointed by bacteria characterized by: fever, intense headache, nausea, vomits, eruptions of pinkish papule. Transmission occurs by significant exposure or direct contact of a sensitive mucous membrane of the person with respiratory secretions infected.

1. Obtain data and establish the type of exposure.
2. Interview all contacts.
3. Notify the Hospital epidemiologist, so he or she can make a report to the Department of Health.
4. Refer students who had contact to the Employee Clinic for prophylaxis.

Significant contact for prophylactic treatment is defined as *an intense exposure*, such as mouth to mouth resuscitation with the patient.

#### Treatment

As recommended by the medical personnel.

#### C. Students exposed or infected by the Herpes Zoster Virus (Chickenpox or Shingles)

Students who develop a primary infection of Zoster Chickenpox will not report to the Medical School, nor give care to patients, until all of the lesions are dry and crusted. They must spend this time outside of the facility.

All students exposed to the virus need a complete history of previous exposure or infection of Zoster Chickenpox, and varicella vaccination. A serologic evidence of varicella immunity should be done to every student with a negative or doubtful history.



**Infection Control Recommendations for students with either Shingles or Primary Chickenpox Infection**

|   | Shingles   | Primary Chickenpox                    |
|---|--|---------------------------------------|
| If all roommates, healthcare staff, and visitors are immune to chickenpox:            | If localized shingles:<br>Standard precautions   | Private room with contact precautions |
|   | If disseminated shingles:<br><br>Private room with contact precautions   |                                       |
| If any roommates, healthcare staff, and visitors are <b>not</b> immune to chickenpox: | Airborne and contact isolation in a private, negative pressure room. Visitors must wear mask, gown, and gloves |                                       |

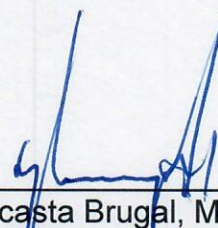
Exposed students without a history of chickenpox or varicella immunization must be excluded from duty from days 10 to 21 following exposure, outside of the facility. If chickenpox develops, the lesions must crust over before the student may return to work.

If a student develops active chickenpox, they must be excluded from patient contact until all of the lesions are dry and crusted. They must spend this time outside of the facility.

If a student develops shingles, they must also be excluded from patient contact (outside of the facility) until all of the lesions are dry and crusted because all residents of a long term care facility are considered to be high-risk.

Varicella Zoster Immunoglobulin is not recommended for exposed, immunocompetent student. If the student is immunocompromised, HIV infected, or pregnant, VZIG may be considered by their personal physician.

Those students that receive Immunoglobulin or are immunocompromised will be removed until the 28<sup>th</sup> day.



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Approved: October 19, 2006  
Revised: May 8, 2017