

**Policy Name:** Infection Control - SCHS  
**Policy Number:** ADM 9.11  
**Title of Policy Owner:** Dean of Administration  
**Policy Type:** ☒RHEI/Shared Services ☐BSMCON ☒SCHS ☐SOMI  
**Approved by:** RHEI Leadership Team  
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**Version:** 1.2  
**Policy Status:** Approved

## **I. Policy**

Southside College of Health Sciences (SCHS) is committed to preventing or minimizing the effects of infectious and environmental diseases within its community. All SCHS students, associates and visitors are responsible for the prevention or spread of microorganisms in any setting where healthcare or healthcare training is delivered and will follow required precautions at all times.

## **II. Purpose**

To provide guidance to prevent exposure to infection and/or bodily fluids and to minimize impact if exposed.

## **III. Scope**

This policy applies to all SCHS students, associates, and visitors.

## **IV. Definitions**

**Standard precautions** are the minimum safety and infection prevention practices that apply to all patient care and laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others.

### **Standard Precautions include:**

- **Hand hygiene.** Good hand hygiene is critical to reduce the risk of spreading infection. Current CDC guidelines recommend use of alcohol-based hand rub for hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea, in which cases soap and water should be used. Key situations where hand hygiene should be performed include:

- Before and after practicing in the simulation lab.
- Before touching a patient, even if gloves will be worn.
- Before exiting the patient's care area after touching the patient or the patient's immediate environment.
- After contact with blood, body fluids or excretions, or wound dressings.
- Prior to performing an aseptic task (e.g. placing an IV, preparing an injection).
- If hands will be moving from a contaminated-body site to a clean-body site during patient care.
- After glove removal.
- **Use of personal protective equipment (PPE):**
  - *Exam gloves* will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment.
  - *Facial masks, protective eyewear and/or gowns (as well as gloves)* will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.
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- **Safe injection practices:**
  - No recapping of needles unless required by the specific procedure being performed.
  - Use of self-sheathing needles and/or needleless systems when available.
  - All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after their use.
- **Safe handling of potentially contaminated surfaces or equipment:**
  - Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the activity.
  - Medical equipment safety. Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer's instructions. If the manufacturer does not provide guidelines for this process, the device may not be suitable for multi-patient use.
- **Respiratory hygiene/cough etiquette:**
  - Cover mouth/nose when coughing or sneezing.
  - Use and dispose of tissues.

- Perform hand hygiene after hands have been in contact with respiratory secretions.
- Consider using a mask to prevent aerosol spread.
- Sit as far away from others as possible when ill with respiratory symptoms.

**Transmission Based Precautions** are used when the clinical presentation and/or the laboratory diagnosis indicate the presence of a communicable infectious agent. While Standard Precautions apply to all patients, Transmission-Based Precautions are used for patients known or suspected to be infected or colonized with highly transmissible pathogens for which additional precautions are needed to interrupt transmission. There are four types of Transmission-Based Precautions:

- a) Airborne Precautions,
- b) Droplet Precautions,
- c) Contact Precautions and
- d) Enteric Contact Precautions.

They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions. Health system specific transmission-based precaution policies and procedures are to be followed where indicated in the clinical practicum setting.

- Engineering and Work Practice Controls: The use of appropriate practices are outlined and followed as specified in the individual practicum settings utilized to eliminate or minimize exposure. Where occupational exposure remains after institution of these controls, personal protective equipment is also used.

## V. Policy Details

The safety of all SCHS students, faculty, staff and visitors is of primary concern. Students must notify their clinical preceptor and their SCHS faculty as soon as possible of any exposure to bodily fluids or potentially serious infectious diseases. All faculty, staff, students, and visitors will utilize **Standard Precautions** during all activities that present a risk of exposure to blood/body fluids or chemical hazards. When utilizing the Clinical Simulation & Learning Center, all Standard Precautions are required to be practiced where there is exposure, potential exposure, or simulated exposure to blood or bodily fluids. Refer to related CSLC policies (ADM 8.01, ADM 8.02, and ADM 8.04) for further safety guidelines.

Compliance with all safety practices is not just good practice - it is a mark of professionalism. Persistent failure to observe and practice Standard Precautions

may result in adverse/disciplinary action, including dismissal/termination. All SCHS associates will adhere to infection control and other related BSMH policies.

**Student Illness/Communicable Disease**

Students who are ill should stay home. Students exhibiting one or more of the following signs or symptoms of illness while attending the program must inform their faculty/Program Chair and be seen by their primary care provider. Faculty/Program Chair will inform the student that they must refrain from attending classes or clinical practicum until cleared by the primary care provider treating the infectious disease.

- Jaundice
- Rash
- Infectious skin lesions
- Open draining wounds or skin lesion sand weeping dermatitis
- Prolonged upper respiratory infection (more than three [3] weeks duration)
- Conjunctivitis
- Nausea and vomiting (more than one [1] episode)
- Acute diarrhea (more than one [1] episode)
- Fever of unknown etiology
- Flu like symptoms as defined by the CDC

In order to return to the college (class or clinical practicum) from an infectious disease, the primary care provider treating the infectious disease must provide a release that the student is able to return to the College.

**Latex Allergies**

Students with latex allergies must inform their faculty.

**Safety Training**

Students complete the Joint Commission/OSHA Compliance Course Modules on bloodborne pathogens and exposure control upon enrollment and annually. Students are also required to complete any clinical site-specific safety or security training that is provided in preparation for supervised clinical practice rotations.

**Post-Exposure Protocols**

Should an exposure to blood and/or other body fluid or a needle stick injury occur, the procedure for obtaining appropriate medical care is as follows:

- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. If a body fluid splashes into the eyes, they should be rinsed at an eye station for 5-10 minutes.
- The student should **notify his/her preceptor and faculty immediately**. The preceptor/faculty and student should follow the notification of exposure policies and procedures in place at the clinical site.

For BSMH facilities: The student should refer to the latest guidance found on the Bon Secours Mercy Health Intranet Page under Associate Health & Safety Non-associate/first responder Bloodborne Pathogen (BBP) exposure process. The student should report the exposure through the “SafeCare” reporting system. This can be found on any BSMH computer – on the intranet homepage (called BSMH Central). For non-BSMH facilities: The student should follow the exposure to blood and body fluids policy of that facility.

**Program Participation:** Continued participation in the activities of the SCHS programs will not be affected by any injury or illness that occurs while enrolled, **provided** the student continues to meet all Technical Standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact. **Note:** This only applies to serious, potentially life-threatening infections.

## **VI. Attachments**

None

## **VII. Related Policies**

ADM 8.01 Clinical Simulation Center Use and Guidelines

ADM 8.04 Safety in Simulation

ADM 8.02 Clinical Simulation & Learning Center Equipment Use & Storage

## **VIII. Disclaimers**

Nothing in this policy creates a contractual relationship between Southside College of Health Sciences (SCHS), a department owned and operated by the Southside Medical Center, and any party. SCHS, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

**IX. Version Control**

Version	Date	Description	Prepared by
1.0	6/24/2020	Revise and new template	Dean of Administration
1.1	05/05/2023	Triennial Review	Dean of Administration
1.2	10/17/2025	Revisions	Dean of Administration