

LIMITED HEALTH CARE

Regional West Medical Center School of Radiologic Technology provides limited health care for students while attending clinical or didactic classes.

Responsibility: Program Director, Medical Advisor, Student
Standard: Human Resources

The limited health care provided includes:

Health Screening

The service is provided to the student in preparation for entering the Program. See Student Health Screening Policy 722.8.23.05.

Counseling Services

This service will be limited to two sessions per student per event. These services will be provided by professional staff of Connections EAP. See Student Assistance Program Policy 722.8.23.20.

Vaccinations for Hepatitis B and Influenza

These vaccinations will be provided to the student in the Radiography Program at no additional charge to the student.

The student should consult with the sponsoring organization's Occupational Health Department to facilitate scheduling of these services.

Emergency physician services for routine illnesses and minor accidents.

Regional West Medical Center School of Radiologic Technology has a mechanism for providing limited health care to students who become ill or injured.

Occurrence of Illness or Injury

A student who becomes ill or injured while attending clinical or didactic classes is to be referred to the Program Director or a supervisor. The Program Director or supervisor shall determine the student's fitness for attendance. At the discretion of the Program Director, or supervisor the student will be referred to the Emergency Room or other specialists.

A student, on his or her own, or with assistance with a Program official may subscribe to the limited health care provided by Regional West. This can occur when the student is injured or becomes ill outside the assigned clinical hours.

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Regional West Medical Center will make its student health facility available to Program students from 6:00 AM to midnight seven days a week in the Emergency Department.

In the Emergency Room the student is triaged to determine:

- (1) the extent of the illness or injury
- (2) the need for treatment and
- (3) if the student is well enough to return to clinical or didactic class.

This service is limited to an initial visit and one follow-up visit for the same ailment.

Emergency health care, non-illness health care (i.e., health checkups, pap smears, etc.) and accidents not typically treated in a physician's office, diagnostic tests and/or medications are all excluded from this service.

If the illness or injury is of a minor nature and the needed treatment is in accordance with that described in the Limited Health Care Services, the necessary treatment will be provided at a discounted charge to the student (excluding supplies and diagnostic procedures). If anything of a more serious nature occurs, the student will be referred to his/her personal physician for care.

The student shall be admitted for health care using the normal hospital policy. The student upon receiving the bill from the hospital for care shall present a copy to the Program Director who will forward it to the financial department to discount the portion of the bill that is covered under this policy after submission through the student's insurance company.

Injury

This includes incidents and/or accidents of a serious nature requiring suturing, immediate medications, or determination of a communicable disease condition.

A personnel injury report is to be initiated by the student or the Program Director for all injuries occurring while attending clinical or didactic classes.

Illness/Communicable Disease

When a student is found to have an infectious/communicable disease or physical condition precluding the safe performance of assigned duties and responsibilities, he or she will be immediately removed from class or clinical assignment. Students who come to assigned clinical areas and are ill may be sent home at the determination of the Program Director or a supervisor.

Exposure of an individual to communicable disease increases the risk of acquiring the disease and may require evaluation by Licensed Independent

Practitioner [LIP]. Examples of symptoms indicating possible communicable diseases include but are not limited to: (a) fever, chills (b) acute skin eruptions (c) purulent drainage (d) jaundice (e) sore throat (f) productive cough (g) “flu” symptoms (h) diarrhea.

For illnesses presumed to be communicable, and in the absence of a Program Official, the Department Supervisor/designee or the House Supervisor, with the assistance of Occupational Safety/Employee Health nurse will determine return to work status with the student using the “Student Illness Report”. When the Occupational Safety/Employee Health nurse is not available, the Infection Control Nurse will assist in determining work status.

Any student experiencing symptoms of illness prior to the start or during his/her clinical shift or class is required to notify the Program Director, instructor, or clinical preceptor. When a supervisor has received notification from the student stating that he/she is ill, the supervisor will use the “Student Illness Report” (see attached example) to document the student’s symptoms and determine if there is a possible communicable illness. If the determination is that the student has a possible communicable illness, the student will not be allowed to come to class or clinical assignment or, if at class or clinical, will be sent home. The completed “Student Illness Report” will be faxed, for trending and analysis, to the Occupational Safety/Employee Health office, 630- 1180. The original “Student Illness Report” will be maintained in the Program’s student records.

Students are to maintain contact with the Program Director or his/her designee on a daily basis as long as symptoms remain. If seen by a LIP who has determined the student must be out of class for a determined length of time, a statement from that LIP taking the student out of class must be provided to the supervisor or designee.

Students absent from classes exceeding three (3) consecutive scheduled days due to illness or injury shall be required to obtain a LIP’s permit to return to classes. The student must present a written permit to return form to the Program Director before attending any clinical or didactic classes.

(An exception to this rule is when the hospital has identified an influenza outbreak. The student with influenza symptoms may return to school without a LIP’s note once the student has met the criteria specified by hospital policy.)

HEPATITIS B VACCINATION

Students in clinical education have an occupational exposure risk to blood or body fluids as defined in Body Substance Isolation and are at risk for Hepatitis B. Students are encouraged to participate in the HBV Program. The Hepatitis B vaccine will be offered at no cost to students in the Radiography Program.

The vaccine shall be made available to the student within ten days after starting the Program as part of student health. The Hepatitis Series consists of three injections at specified times:

- 1st Dose - Elected Date
- 2nd Dose - One month from 1st date
- 3rd Dose - Six months from 1st Dose

Information on the Hepatitis B vaccine, including its efficacy, dosing schedule, safety, method of administration, and the benefits of being vaccinated will be made available to the student.

A titer is recommended by Regional West Medical Center after completing the series. Re- vaccination is not routine but will be evaluated as needed per exposure. Please refer to the Regional West Infection Control Manual, Section 3, for definitions, exposure risks and follow-up algorithm

Refusal to receive the Hepatitis B vaccination will necessitate the signing of an OSHA declination form by the student. Declinations will be reviewed with the student on an annual basis. There will be no repercussions for signing a declination form.

INFLUENZA VACCINATION

Regional West Health Services (RWHS) has a student influenza vaccination program coordinated by Occupational Health (Occupational Health) and Infection Prevention & Epidemiology. Each year, Occupational Health and Infection Prevention & Epidemiology update the influenza vaccination Program and communicate the student influenza vaccination plan for the upcoming influenza season. The vaccination program and plan, including vaccine type(s) and the vaccination compliance period, may vary depending on recommendations from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO); vaccine availability; and the current local influenza season.

The vaccination plan identifies the compliance period. It is within this compliance period when students must receive the designated influenza vaccination or receive an approved exemption. The compliance period may be adjusted by the RWMC Operations Council, in consultation with Occupational Health and Infection Prevention and Epidemiology, to accommodate changing circumstances, such as vaccine shortage or influenza pandemic in the community.

RWHS reserves the right to require students in the Program, at RWHS facilities to provide proof of immunization or documentation supporting an exemption in a manner consistent with this vaccination procedure.

A. Procedure

1. The student influenza vaccination plan will identify the vaccine type(s) and the vaccination compliance period for the upcoming influenza season. The vaccination plan will be communicated to students in advance of the influenza season. If the vaccination plan is revised during the influenza season to address changing circumstances, such as a vaccine shortage or a pandemic outbreak, student notifications will be provided.
2. RWHS will provide available influenza vaccine to Program students at no additional cost.
Individuals who receive vaccine from another source must provide proof of vaccination from the medical provider's office or a receipt from the vaccinating service that administered the vaccine. Students will not be reimbursed for vaccinations received outside of RWHS.
3. The Program students must receive their vaccination or receive an approved exemption during the designated vaccination compliance period. Early vaccinations – vaccinations received before the compliance period – will be accepted if proof of vaccination is provided to Occupational Health. Vaccinations received prior to September 1st of the current influenza season will not be accepted.
4. If a student fails to be vaccinated or receive an approved exemption by the last day of the compliance period, the student will be subject to Corrective Action up to and including termination of enrollment. Students who receive a Corrective Action notice will be required to be vaccinated or provide exemption documentation within 15 days of the Corrective Action notice.

B. Exemption Procedure

1. An exemption may be granted based on documented medical contraindications. The student requesting the exemption must submit the exemption request and supporting documentation to Occupational Health for evaluation.
2. Medical contraindications may include:
 - a. An anaphylactic (life threatening) reaction to any component of the specific vaccine
 - b. Guillian-Barre Syndrome (a severe paralytic illness).
3. Any student requesting an exemption based on medical reasons must provide proof of the medical contraindication(s), such as a letter from her/his LIP. If a medical exemption is granted for a temporary condition

(e.g. chemotherapy, radiation therapy, immunosuppression), the student must resubmit a request for an exemption each year. If exemption is granted for a permanent condition (e.g. allergy or history of Guillain- Barre syndrome after a previous influenza vaccine). The exemption Medical documentation does not need to be provided each year unless changes in vaccine technology eliminate the issues regarding allergies.

4. Upon receiving an exemption request and supporting documentation, Occupational Health will notify the student in writing as to whether the request has been approved or denied.

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

Reference: Hospital Policy 206.0.01

Reviewed: 5/15/95, 7/31/01, 3/26/03, 3/29/07, 3/29/12, 4/25/13, 2/6/15, 3/4/16, 1/27/17, 1/31/19, 4/27/20, 9/30/21

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REGIONAL WEST MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY 722.8.23.10
10/15/90

STUDENT ILLNESS REPORT

Initial Symptoms	Check if symptom present	May return to work using good hygiene and standard precautions
1. Systemic Symptoms		
Fever > 100° F/Chills		After fever ceases and able to physically perform job
Body Aches		Dependent on diagnosis, severity/combination of symptoms
Headache		Dependent on diagnosis, severity/combination of symptoms
Swollen Glands		Dependent on diagnosis, severity/combination of symptoms
Lethargy		Dependent on diagnosis, severity/combination of symptoms
2. Gastrointestinal Symptoms		
Diarrhea loose and watery stools three or more times a day with or without discomfort		After diarrhea ceases and able to physically perform job
Vomiting		After vomiting ceases and able to physically perform job
Abdominal Pain/Cramping		After abdominal pain/cramping ceases and able to physically perform job
3. Respiratory Symptoms		
Sore Throat		Dependent on diagnosis, severity/combination of symptoms
Sneezing		Dependent on diagnosis, severity/combination of symptoms
Cough/Congestion		Dependent on diagnosis, severity/combination of symptoms
Difficulty Breathing		Dependent on diagnosis, severity/combination of symptoms
4. Skin rashes/Lesions		
Rash area of irritated or swollen skin		Dependent on diagnosis, severity/combination of symptoms
Itching		
Progressing		
Blisters/Drainage		
Mouth/Lip sores		
Area of body involved		
<u>Employee Description of Rash</u>		
5. Other Symptom		
Confirmed Influenza (must be confirmed by laboratory testing)		Stay home 24 hours after no fever without fever reducing medications (for example Ibuprofen,
Influenza-like Illness Symptoms (Fever >100 & cough or sore throat)		Stay home 24 hours after no fever without fever-reducing medications (for example Ibuprofen, Tylenol, etc.) Refer to RWHS Paid Time Off – Extended Illness Bank Policy (204.0.02)
Scalp Severe itching, nits attached to hair		24 hours after effective treatment is initiated
Eyes irritated, swollen red, drainage		24 hours after effective treatment is initiated

Comments

Based on the symptoms described by the employee, the employee was instructed to

- For confirmed influenza: Stay home 24 hours after no fever without fever reducing medications
- For Influenza-like Illness: Employee told to stay home 24 hours after no fever without use of fever reducing medications
- Remain at home; keep in contact with department as specified by department policy
- Leave work

Call Taken By (print) _____ Date _____

Print Employee Name _____ Dept. _____ Date _____

Number of days out _____ **FAX THIS FORM ASAP TO EMPLOYEE HEALTH AT 630-1180. KEEP ORIGINAL IN DEPARTMENT**

HEPATITIS B IMMUNIZATION FORM

THE DISEASE

Hepatitis B is a viral infection of the liver which is the most serious of the possible hepatitis diseases. There is no specific treatment for this disease. Most people with Hepatitis B recover completely, but approximately 5-10% become a chronic carrier of the virus. Of these people, most have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. Hepatitis B also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

THE VACCINE

Recombivax HB

Recombivax HB is a non-infectious viral vaccine derived from Hepatitis B surface antigen (HbsAG) produced in yeast cells. The vaccine prepared from recombinant yeast cultures, is free of associations with human blood products. A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against Hepatitis B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies.

Full immunization requires three doses of vaccine over a six-month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunizations. The duration of immunity is unknown at present and the need for booster doses is not yet defined.

POSSIBLE VACCINE SIDE EFFECTS

Although future information may reveal additional problems, the incidence of known side effects is very low. Recombivax is generally well tolerated. No serious side effects have been reported with the vaccine. The most common adverse reaction is a local reaction at the injection site and minor systemic complaints that include fatigue/weakness, headache, fever and malaise. Low-grade (less than 101⁰F) fever occurs occasionally; fever over 102 degree F is uncommon. Infrequent complaints may include nausea, vomiting, dizziness, arthralgia, and rash. Neurological disorders such as paresthesia and Guillan-Barre syndrome were not observed in clinical trials with Recombivax HB. These conditions do not appear to happen any more frequently than in the general population.

VACCINATION DURING PREGNANCY

On the basis of limited experience, there is no apparent risk of adverse effects to developing fetuses when Hepatitis B vaccine is administered to pregnant women (CDC, unpublished data). HBV infection affecting a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Therefore, neither pregnancy nor lactation should be considered a contra-indication to vaccination of women. (MMWR 11-20-91). If you are pregnant, discuss vaccination with your attending physician. The foregoing information reflects knowledge generally available, and found in the package insert. This information may change at any time.

I have read the information provided and the VIS dated_____. I have been informed that the area in which I work has been considered at risk for exposure to Hepatitis B.

1. I have read the information provided and my questions have been answered, and I choose to receive the Hepatitis B vaccine.

Signed (Student) _____ Date _____ Witness _____ Date _____

2. I have read the information provided but have already received or am receiving the Hepatitis B vaccine.

Signed (Student) _____ Date _____ Witness _____ Date _____

3. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. 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 occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.*

Signed (Student) _____ Date _____ Social Security Number _____

Witness _____ Date _____

*This consent form will be kept in your Student Health File and updated on a regular basis.