Carlow University
Department of Physician Assistant Studies
Program Policies

Policy Title: Student Immunization, Health Screening Requirement, and Exposure Policy

Effective Date: 6/16/20

Review Date(s): 8/28/20, 4/27/21, 12/6/21, 7/14/23, 8/14/25,

5/6/26

Revision Date(s): 4/27/21, 10/25/21, 7/14/23, 5/6/26

Approved By: Alison Wix, PA-C, Program Chair and Director, and Full Faculty

ARC-PA 5th Edition Standard(s): A3.01, A3.02, A3.07a, A3.08

I. Purpose

To ensure the health and safety of the Carlow University community as well as clinical site placements and the public, all College of Health and Wellness students, including PA students, must meet the specific health and immunization requirements (including all appropriate documentation) required by Carlow University and the PA program.

Program policy applies to all students regardless of location.

II. Policy Statement

Introduction

1. Prior to matriculation, all students must meet the following health requirements and provide documentation.

    a. **History and Physical Examination** Completed by a licensed healthcare provider.

    b. **Tuberculosis screening** Documentation of negative QuantiFERON blood test results. For those with a history of documented positive result, a chest x-ray with documentation of no active disease is required.

    c. **Hepatitis B:** Evidence of immunity (titer) is required. If the Hepatitis B titer is negative or equivocal, the student is required to receive the recommended vaccinations at the direction of their healthcare provider.

    d. **Flu (influenza):** Individuals must receive one dose of influenza vaccine annually and provide written documentation.

    e. **MMR (Measles, Mumps, and Rubella):** Evidence of immunity to Measles, Mumps, and Rubella (titers) are required. If the MMR titers are negative or equivocal, the student is required to receive the recommended vaccinations at the direction of their healthcare provider

    f. **Varicella (Chickenpox):** Evidence of immunity (titer) is required. If the Varicella titer is negative or equivocal, the student is required to receive the recommended vaccinations at the direction of their healthcare provider.

    g. **Tdap (Tetanus, Diptheria, Pertussis):** Evidence of vaccination with Tdap within the last 10 years is required.

h. **COVID-19 vaccination:** Evidence of completion of vaccination series per the recommendation of the healthcare provider.

i. **Meningococcal B vaccination:** Evidence of vaccination with 2 doses of Meningococcal B vaccination is required.

2. Students may be required to receive additional vaccines as required by clinical agencies. Students will be responsible for all costs incurred.

3. Documentation of Results

   a. All students' health and immunization records are archived in the EXXAT database. Students are responsible for downloading all required documentation in a timely manner.

   b. **It is the student's responsibility to ensure that all health requirements are met and that they remain in compliance at all times.** The program will receive a compliance form indicating that the student has completed all required health and immunization requirements and they are current. The program does not have access to actual health records on the EXXAT system.

   c. Failure to provide adequate documentation may result in delayed start of clinical rotations, restricted patient contact, withholding course registration, delayed graduation, or program dismissal. Students with chronic infectious conditions may be limited or restricted from patient contact and require additional testing.

Declination of Vaccination

1. If a student declines any of the vaccinations, they are required to sign a vaccination declination form. This declination will be maintained in the EXXAT database and notification will be provided to clinical placement sites requiring documentation of immunization status. This may create challenges to student placement that may result in a delay in progression through the program and graduation. The clinical sites / agencies have the right to refuse unvaccinated students or may require additional safeguards such as wearing a face mask, wearing additional personal protective equipment, self-quarantine, and social distancing within the site which may create challenges to student progression and graduation.

Carlow University
Department of Physician Assistant Studies
Program Policies

Student Health

1. Infection Control

    a. Standard Precautions: According to the Centers for Disease Control and Prevention (CDC), Standard Precautions are defined as "the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect the health care provider and prevent the health care provider from spreading infections among patients."

        i. Standard Precautions include:

            - Hand hygiene
            - Use of personal protective equipment (e.g., gloves, masks, eyewear)
            - Respiratory hygiene / cough etiquette
            - Sharps safety
            - Safe injection practices (i.e., aseptic technique for parenteral medications)
            - Sterile instruments and devices
            - Clean and disinfected environmental surfaces

        ii. Students will receive instruction in CDC Standard Precautions upon entering the PA Program (prior to being placed in situations of potential exposure and risk) and ongoing assessment of skills associated with Standard Precautions as a part of any skills competency examination for the duration of the program. Instruction will include Standard Precautions to prevent the spread of coronavirus in all settings.

    b. Occupational Safety and Health Administration (OSHA) assures the safety and health of America's workers through establishment of standards, training, outreach and education. Students will receive instruction in the following areas:

        i. Culture of safety

        ii. Infectious diseases including instruction regarding blood-borne pathogens and needle stick injuries

        iii. Safe patient handling

        iv. Workplace violence

        v. Other hazards including chemical exposures, hazardous drugs, allergens, radiation and physical agents

        - Students will receive instruction upon entering the PA program (prior to being placed in situations of potential exposure and risk) and receive a second formal instruction prior to entering the clinical phase. Instruction includes, but is not limited to, post-exposure protocol for exposure to blood and/or other body fluid or a needle stick injury.

            - At the time of exposure: wounds and skin that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use

of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents (e.g., bleach) is not recommended.

- The student should notify his/her supervisor immediately. The students should seek immediate medical attention for evaluation and treatment.
- Completion of a medical assessment should take place immediately following an exposure as treatment decisions must be made within two hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within two to four hours. It is also extremely important to evaluate the donor's risk status immediately.
- The student should report to the nearest emergency room, whether the incident occurred on-campus or at a clinical rotation.
- Incident reports for the site and Carlow University must be completed as soon as possible, within six hours of incident, and provided to the respective representative. For Carlow University, the incident report shall be sent to the Program Director via email or fax. The Director of Clinical Education shall be notified as soon as possible.
- Students are responsible for all costs incurred as a result of compliance with this policy.

c. Latex Allergy

i. Some students may have a documented allergic response or sensitivity to latex. According to OSHA, 8-12% of healthcare workers are latex sensitive, with reactions ranging from irritant contact dermatitis and allergic contact sensitivity, to

immediate, possibly life-threatening, sensitivity.

ii. It is the practice of the PA Program to purchase latex-free equipment and provide latex-free gloves and other disposables for student and faculty use.

iii. The Program will work with the Office of Disabilities Services to identify and provide alternative materials to reduce exposure, as well as mitigate risk within the environment, should a student have a history of immediate, life-threatening sensitivity.

d. Emergency Contact: All PA students are asked to complete an emergency contact form, which will remain on file for the duration of their enrollment in the PA Program.

e. Accident or Injury

i. In the event of accident or injury, faculty, program director, and medical director may provide care to the student in an emergent situation. (See PA 402 Faculty as the Student Healthcare Provider Policy)

ii. In the event of accident or injury, the student's emergency contact will be notified, should the student request this and be able to provide consent.

iii. Should the student be unable to provide consent due to the nature of an accident or injury, the emergency contact will be notified.

iv. In all cases of accident or injury requiring additional evaluation and treatment,911 and/or campus police will be contacted; the student will be transported to the nearest local facility.

v. The student is responsible for all costs associated with medical transport and medical care.

Orientation to Policy

1. This policy is available on the PA program website for prospective applicants to review prior to applying to the program. Students will receive formal orientation to this policy at their initial program orientation as well as the Clinical Year orientation prior to clinical rotations.

Compliance

1. All students will download evidence of completion of health requirements and vaccinations and/or serologic evidence of immunization into their EXXAT account. Information in the EXXAT account remains confidential. The Program will maintain a copy of a compliance statement only and will not maintain or have access to actual documentation.

2. Students should maintain a copy of all information in their records for potential distribution to assigned clinical sites in year two of the PA Program.

3. This policy will be reviewed annually by the PA program faculty (per Program Assessment Plan) to assure it continues to reflect the current University and program policy.

Carlow University
Department of Physician Assistant Studies
Program Policies

Carlow University Physician Assistant Program
Vaccination Declination Form

Name: ID #	

Please read the following statements carefully and initial in the space provided for each to indicate you have reviewed the information prior to signing this form

STATEMENT	INITIAL
I have been provided with and given the opportunity to read the Vaccine Information Statements (VIS) from the Centers for Disease Control* and Prevention that includes information regarding the vaccines required for completion of clinical rotations the disease the vaccine prevents, the consequences of non-vaccination, and possible side effects of each vaccine. • (VIS information is available at https://www.cdc.gov/vaccines)	
I hereby certify that:	
- I understand the purpose of and the need for recommended vaccine(s).	
- I understand the risks and benefits of recommended vaccines.	
- By declining vaccinations, I continue to be at risk of acquiring potentially serious diseases.	
- I acknowledge that neither the clinical facility nor Carlow University will be liable if I acquire a disease while performing a clinical rotation that is preventable by a vaccination listed below.	
- If I want to be vaccinated with a vaccination listed below in the future, I may do so.	

VACCINATION DECLINATION

Indicate which of the following vaccination(s) being declined and provide a reason for declination.

Vaccine	Date Declined	Reason for Declination
Hepatitis B		
Tetanus, diphtheria, acellular pertussis (Tdap)		
Influenza (Seasonal)		
Measles, Mumps, Rubella (MMR)		
Varicella		
COVID-19		
Meningococcal B		

Carlow University
Department of Physician Assistant Studies
Program Policies

I _____ (print name) understand that due to exposure in the clinical setting to blood or other potentially infectious materials, I may be at an increased risk for acquiring the diseases and certify that I have been informed of the risks of not receiving the vaccination(s) and decline to receive the vaccination(s) indicated above. Attestation of this declination form may not guarantee clinical placement if the agencies require proof of vaccination.			
Signature		Date	