PROFESSIONAL UNIVERSITY
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PUDCJBR

MANUAL OF

CLINICAL PRACTICE AND LABORATORIES

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Content

PURPOSE:

The following manual will regulate the conduct to be demonstrated by the students and professors while performing in Clinical Practice and Laboratories.

CRITERIA OF SELECTION FOR THE PRACTICE HOSPITALS:

The hospitals must meet the following requirements:

- To have the license of the Government of Puerto Rico to operate as a hospital.
- Comply with all the state and federal permits required by law to operate as a hospital.
- Own an Anesthesia Department.
- Allow students to complete their practice during the week and weekends.
- Have critical care equipment in good condition that is safe for students to practice.

CLINICAL PERFORMANCE EVALUATIONS:

A. The student is expected to develop professionally and to achieve objective clinical behavior.

B. Clinical performance will be documented and assessed. The student will be given the opportunity to discuss the evaluation with the instructor who performed it.

C. In addition, the student has the obligation to successfully fulfill a minimum of ten (10) compulsory case studies on critically ill patients. It is the students' responsibility to ensure that all case studies are evaluated and signed by the clinical practice professor.

D. Additional requirements may be determined by the results of the clinical practice evaluation. The professor may require a case from a student, regardless of whether the

student has completed the 10 compulsory case studies. All case studies or clinical evaluations completed by a student must be submitted to the Program Director.

E. Case studies accumulated during the month should be submitted to the program Director's office within the first week of the following month. They will be assessed, tabulated and given to students in a timely manner. The student is responsible for maintaining a record of monthly case studies that will be submitted to the Program Director's office in the first week of each month during clinical practice. Not carrying out this may action, the students will be such a file or not completing case studies as required may result in the student being considered for probation. If the student does not rectify such conduct, he/she may be expelled from the program.

F. If an instructor feels that a student is not prepared for the assignment of the day or if the conditions are not appropriate, he or she may be excused. If this happens, it will be reported to the Program Director so that the absence is not counted for disciplinary actions. The absence will be replaced as coordinated between the instructor and the student.

G. Clinical performance will be assessed by the faculty of Program in the middle of the semester and at the end. There will be a meeting with each student where they will be informed about their strengths and clinical weaknesses. It is the professor's responsibility to schedule such meetings.

H. The student who receives an unsatisfactory or F as a grade on the rotational assessments will receive a written reprimand. Even the case study that is rated as unsatisfactory will receive a written warning or a probative status if that failure involves a critical element to patient safety. If the student does not submit a case study, they will automatically receive a written warning. If a situation like this reoccur, the student will be placed on probation.

I. During the clinical phase, if a student receives an unsatisfactory evaluation of their rotations, they may be placed on probation. If necessary, the student's performance will be reviewed by the PUDCJBR Discipline Committee. This review will be used to determine if probation or some other action is necessary.

J. If the student satisfactorily completes his remaining stay in clinical practice, no further action will be taken against him. If the student continues with a poor performance and receives a grade of C, D or F, the student will be expelled from the master's program.

K. A student in clinical probation will be assessed in the next rotation. If the student does not performs satisfactorily, the student will be expelled of the Master program. However, if the student's performance becomes satisfactory, he/she will be encouraged to have his or her probationary status removed. If the student falls back into probationary status, the student will be expelled from the program of expertise.

L. Everything related to the academic guides and expulsions are detailed in the students' regulations of PUDCJBR.

M. If the student decides to appeal the decision, he/she must follow the Student Complaint/Grievance Policy.

N. In addition to evaluations by clinical instructors, the qualification obtained in clinical practice will include the out-of-class work as assigned by the instructor. The student must demonstrate superior performance in clinical evaluations.

O. Students who enter clinical practice with a probation status must obtain a minimum grade in their first semester of 80%, so that they may remain in the program. In order for the probation status to be removed and to remain in the PUDCJBR, the student shall maintain a minimum rating of 80% in the academic exams in the following semesters.

ATTENDANCE POLICY

It is an expectation that students attend all clinical days as per the published teaching schedule. There may be times however, when this is not possible due to unexpected or exceptional circumstances for compassionate or medical reasons.

Medical circumstances include:

a. an unexpected illness

b. a re-occurrence of a chronic illness

c. an accident

Supporting documentation for medical circumstances must take the form of an original certificate or letter on letterhead from a medical practitioner, registered health practitioner or approved specialist, depending on the nature of the condition.

Compassionate circumstances include hardship or trauma such as:

a. a death or serious illness of a close family member

b. a severe disruption to domestic arrangements

c. being a victim of crime

d. an accident

The following total days of absence (medical or compassionate) will therefore be allowed without disciplinary consequences:

Clinical Practice (8 credits): 2 days absent

Clinical Practice (10 credits): 3 days absent

If a student presents a justification that does not meet the above criteria, the professor will evaluate the case and present his/her decision (if it will be allowed or not). The decision may result in: a probation; suspension; expulsion; in a coordination to make up time; or assignment of additional out-of-class work.

Absent days are not to be taken in sequence, unless the student is unwell and if that is the case, evidence is required. If a student presents a situation that he/she needs to be absent for more than the allowed days, he/she needs to follow the following steps:

1. Before completing the allowed days, send an email to the professor with copy to the Program Director with the reasons for the absence and supporting evidence.
2. If the absence is not allowed, and the student does not agrees, then she/he may present a complaint following the Student Complaint/Grievance Policy.
   If the absence is allowed, the student should report in the established date and present the plan to make up the days.

Absent days are not able to be carried forward to the next clinical course.

1. Assistance to clinical practice is mandatory. Anyone who is absent for any reason must notify their professor of the absence through email, no later than two hours before the start time of the practice. If the student fails to notify the absence, will be placed on probation.

2. Absences need to be made up, it is responsibility of the student to develop the plan to make up the days.

Any unusual clinical incidence should be reported to the Program Director and Instructor through email within the next 24 hours.

PROFESSIONAL STANDARDS

The faculty may recommend expulsion if a student demonstrates inappropriate or anti-professional behavior. Examples of such behaviors may be, but are not limited to: abuse of controlled substances, fraudulent record, and physical assault with another member of the institution or hospital, and any violation of the Standards of Care. This recommendation will be presented to the Program Director, who will evaluate the case and submit his/her recommendation to the Disciplinary Committee for a final decision.

PROFESSIONAL CONDUCT

Students are expected to maintain the good name of the institution. The conduct has to be consistent with professional standards. Any function the student performs with time taken from clinical practice will be considered institutional time and as such a professional and ethical conduct is expected.

While on rotations on hospitals, each student will be considered as one member of the hospital team and, therefore, is subject to the rules regarding attendance, behavior and personal hygiene that apply to staff. Each student is subject to the rules and regulations of affiliated hospitals and their departments when assigned to them.

CONDUCT STANDARDS FOR THE STUDENTS

STUDENT ID

The student must always carry a student identification with photo while which he / she is in the institution and in the practice hospitals, including periods of enrollment and will also be required to enter the class. The entry may be denied to students who do not bring their identification to the institution or practice hospitals.

Property of the program

Students will be financially responsible for damages and destruction of institutional or practice hospitals property for any negligent or intentional use of the property.

Controlled substances

The PUDCJBR recognizes that addiction to controlled substances is a treatable disease and students are encouraged to seek help or any other type of appropriate treatment for the abuse of alcohol and controlled substances. Any student charged with a violation of any federal or state law involving the use of controlled substances will not be granted a master degree until he or she

is acquitted of such charges. A student found guilty of criminal charges involving drugs or controlled substances will be immediately expelled from the PUDCJBR.

LABORATORIES

Introduction

PUDCJBR features a laboratory skills and clinical practice which gives the student all the opportunities to develop all the skills that a nurse should have. The master's program defines two types of labs.

1- Skills Lab located in the property known as the # 30 house of the Institution where the student also finds the San Agustín library. This property is within the facilities of the Auxilio Mutuo Hospital.

2- Clinical Practice Labs (Anesthesia Department (OR) of the Auxilio Mutuo Hospital)

Technical staff in charge of the skills lab

The skill lab technician is available from 4:00 p.m. to 8:00 p.m. Monday through Friday.

Supervision of students in laboratories

At all times, the students that are making use of the labs will be under the supervision of the professor in charge.

Number of students in the labs

A total of ten (10) students will only be allowed in both laboratories. When the professor in charge needs to gather more than ten students to practice a skill, the Skills Lab team (House # 30) will be moved to the classroom attached to the cafeteria for practice. By no means there will be more than ten students in the intensive units of the Auxilio Mutuo Hospital or skills lab.

Goal

The master degree program has as its goal that its laboratories provide students with the opportunity to carry out a cutting-edge practice with modern equipment and materials and, above all, learn from the knowledge of clinical professors, doctors and nurses

Description

The laboratories of the PUDCJBR have the equipment to develop the necessary skills for a vanguardism nurse. We also have the support of the Auxilio Mutuo Hospital.

Affiliates who lend us their intensive units. The doctors and nurses will support the laboratories (Intensive Units) of the hospital. The support of these professionals is essential since they will direct the knowledge of the practice to the students instructing them with the use of the necessary technology to offer a care of excellence.

Skills Lab Schedule (Building 702)

The skill lab schedule is 4:00pm - 8:00pm, Monday to Friday.

Clinical Practice Laboratory Schedule (Intensive units)

The clinical practice schedule will be from 7:00 am to 3:00 pm or from 3:00 pm to 11:00 pm, according to what is established by the clinical professor or the program director. They will also select the days that students are going to do their clinical practice. Weekends may be assigned if necessary.

Responsibility of the skills lab technician

The laboratory technician is responsible for the maintenance and order of the whole equipment, to make requisitions, to guide professors and students of the available team, to attend in workshops and to coordinate use of the equipment.

Responsibility of the Professor in Laboratories

The professor has the responsibility to ensure the safety of patients and students. The professor is also responsible for maintaining and caring for all medical equipment that is used for student practice.

Responsibility of the students in the lab

Students must always ensure the safety of the patient. They are also responsible for the correct use of the physical facilities of the skill Lab and the hospital and the medical equipment they are provided for their professional development.

Procedure on the use of physical installations, equipment and materials.

Physical facilities:

Students will be presented to Anesthesia Department only when authorized by the professor in charge. All equipment and materials used in the practice area will remain there, except the ones that are property of the students. Students must bring the following equipment:

Stethoscope

Pens

PDR

Notebook

General rules of conduct and safety

The laboratory should be a safe place to work where oversights or jokes should not be allowed. For this, the possible dangers associated with the work will always be present. There is never an excuse for accidents in a well-equipped laboratory in which well-informed staff work. The responsibility for the consequences of not complying with these standards within the laboratory is entirely the student's. Here are a series of rules that must be known and followed in the laboratory:

1. Punctuality in each activity is essential and will be part of your evaluation.

2. During the stay in the intensive units, the student must be provided with a robe and / or scrub.

3. The protocols of universal precautions should be followed to perfection, as is the correct washing of hands.

4. Remove all personal accessories that may comprise risks of mechanical accidents and / or contaminate the area such as rings, bracelets, necklaces, etc.

5. Work in an orderly manner following the protocols and pre-established instructions for the activity.

6. Keep quiet and / or use a low tone of voice.

7. Cell phones and / or beepers must be turned off and / or in silent mode.

8. It is forbidden to smoke, drink or eat in the intensive units.

9. Long hair will always be picked up.

10. Keep only the material and / or medical equipment required for clinical practice, on the work area. Other personal or unnecessary objects should be stored or placed away from the work area in the pre-established place for them.

11. When working with patients and / or anatomical models, the use of gloves is required at all times and it is not allowed to have pencils and / or pens in their hands.

12. Each student and / or work team is responsible for the material that is assigned, in addition to the special equipment, in case of loss or damage, the student must answer for it, and fill out the corresponding incident report sheet.

13. At the end of each practice session, the material, equipment and work area should be left perfectly clean and in order.

Simulation/Lab Attire/Hygiene:

The attire and hygiene while in the Simulation/Learning Lab is to reflect professionalism and safety. Students are to wear blue scrubs for lab sessions and may choose to wear an appropriate T-shirt with **no writing** on it under the scrubs to prevent cleavage from showing. This may be either sleeveless, ¾ sleeve or long sleeve shirt, but should look professional. This will require planning on the student's part, just as getting ready for clinical experiences does. Closed toe shoes must be worn (i.e. no flip-flops, sandals, etc.). Hair should be secured so it does not fall in one's face during patient care. Body art/tattoos must be covered with appropriate size Band-Aids if not covered by clothing. Course faculty reserve the right to dismiss students for inappropriate attire or hygiene. Students will have to make up the time and be responsible for achieving the objectives for the missed class day. **No gum chewing** is permitted during simulation lab practice or testing since it interferes with communication and is unprofessional.

Lab Use Policy

Students may choose to come to the Lab for additional skills practice, in addition to specifically assigned times. The Lab may be used during regular PUDCJBR business hours and may be available during evenings (Mon-Thurs) or Sundays if specific advance arrangements are made in writing. Prior to using the Lab outside of times that are specifically assigned for courses, **ALL** students to be present in the lab must come to the Program Director office and sign-in. Students will be given a key to unlock the lab, or arrangements will be made to unlock the lab for them. Please be aware that ***everyone*** must sign-in, not just the student getting the key. All students must sign-in before going into the lab, and all students must sign-out before leaving. Students are expected to leave the lab in the same condition in which it was found. If items or tables are moved, they must be moved back to their former position upon leaving the lab. The last student in the lab is responsible to ensure that the door is locked behind them.

Substance Use

The program adheres to the PUDCJBR policy on substance abuse that is contained in the PUDCJBR *Academic Catalog*. PUDCJBR is a substance-free educational institution. No

smoking, drinking, or substance use is allowed on campus. Students enrolled at PUDCJBR give their consent for random drug testing. Students are responsible for reading the complete PUDCJBR Alcohol/Tobacco/Drug Policy in the PUDCJBR *Student Handbook*. All students under the influence of any substances will be reported to Institution Administration, the Vice President for Student Services, and will result in disciplinary action. Any illegal substances, drug paraphernalia, alcoholic beverages, or cigarettes will be confiscated and disposed.

It is the policy of the master degree to confront and defeat any problems that students might have with substance (alcohol or mood-altering drug) abuse before or during clinical assignments. Alcohol or substance abuse by students while assigned to clinical areas, or reporting for assignment under the influence, constitutes a direct threat to the safety of all students, employees, patients, and visitors. It is the objective of the master degree to contribute to a safe and efficient clinical environment by adopting a comprehensive alcohol and substance abuse policy that consists of three interrelated programs: (1) An Alcohol and Substance Abuse Testing Program; (2) Mandatory Disciplinary Action; (3) Referrals for Counseling.

UNIVERSAL PRECAUTIONS TO REDUCE THE RISK OF TRANSMISSION OF INFECTIOUS-CONTAGIOUS DISSEASES RELATED TO THE WORK OF THE HEALTH TEAM

Introduction

Nursing is a profession full of risks, not only for the patient, but for the professional. There are times in which a professional was infected with hepatitis B or HIV. The risk we run when handling a patient and all their secretions and excretions is such that we must adopt protection measures against all these eventualities. The traditional task of the health team in intensive is to take care of the integrity of the patient. Today, to the above-mentioned concern has been added to protect the health of the interdisciplinary team. The issue of biosecurity has ceased to be a question only of the patient, becoming a problem for the whole health team that plays its role in intensive. This terrible reality has been aggravated by the AIDS pandemic and the spread of serum hepatitis (B-C-D-NANB). Both flagella have a similar mode of transmission (sexual, parenteral, and mother to child), and although in the occupational setting the possibility of transmission is greater for HBV, the general practices that prevent the transmission of serum hepatitis also work to avoid the transmission of HIV.

Universal Precautions- These are measures to reduce the risk of transmission of contagious diseases related to the work of the health team. These precautions should be added to appropriate barrier techniques to reduce the likelihood of exposure to blood, other body fluids, or tissues that may contain blood-borne pathogenic microorganisms.

Universality - Measures should involve all patients of all services, whether or not they know their serology. All personnel should routinely follow standard precautions to prevent exposure of the skin and mucous membranes in all situations that may cause accidents, or if the contact with blood or any other fluid is not foreseen. Patient's body. These precautions must be applied to all persons, irrespective of whether or not to present pathologies.

Use of barriers- It comprises the concept of avoiding direct exposure to blood and other potentially polluting organic fluids by using appropriate materials that are interposed in contact with them. The use of barriers (e.g. gloves) does not prevent accidents of exposure to these fluids, but decreases the consequences of this accident.

Means of disposing of contaminated material- Comprises the set of appropriate devices and procedures through which the materials used in patient care are deposited and eliminated without risk.

Use of the elements of personal protection

The elements of personal protection are an essential complement of the risk control methods to protect the nurse by placing barriers in the door entrance to prevent the transmission of infections. However, it should be recalled that many of the elements of personal protection in health institutions were not designed for that purpose but to avoid contamination of surgical fields and transmission of microorganisms from patient to patient through health workers, so they have that double function.

According to the procedure to be performed, it is determined the use of specific protection elements such as:

1. Use of mask and eye protectors in procedures that generate drops of blood or body fluids. This measure prevents the exposure of mucous membranes of the mouth, nose and eyes, preventing the receiving of infected inoculums.

2. Use of nasal Bucco mask: It protects from possible contaminations with saliva, blood or vomit that could leave the patient and fall in the oral and nasal cavity of the worker. At the same time, the mask prevents saliva droplets or nasal secretions from health personnel from contaminating the patient, should be used in patients in whom a drip isolation plan is defined.

3. Use of Braceros: to avoid contact of the forearm and arm with blood or bodily fluids in invasive procedures such as normal births, caesarean section, cytology and Dentistry, among others.

4. Glove use: Reduce the risk of fluid contamination in the hands, but do not prevent cuts or punctures. It is important to note that the use of gloves is intended to protect and not replace appropriate infection control practices, particularly proper hand washing. The gloves must be latex-tight to facilitate the procedures. If they are broken they must be removed, then proceed to the washing of the hands and to immediate change them. If the procedure to be performed is invasive of high exposure, double glove should be used. The glove is designed to prevent the transmission of microorganisms by health personnel through the hands; For this reason, when wearing gloves, the asepsis and antisepsis standards must be retained. For various personnel, including the waste handling manager, the gloves should be more resistant, industrial type.

5. Rubber apron: It is a protector for the body; avoids the possibility of contamination by the explosive or pressure output of blood or body fluids; for example, in abscess drainages, wound care, deliveries, cavity punctures and surgeries, among others.

6. Leggings: Used for health workers who are exposed to risks of spills from liquids or body fluids.

7. Cap: It is used in order to avoid contact with the health worker by splashing contaminated material and also prevents contamination of the patient with the hair of the health worker.

Invasive procedures.

For the purposes of our profession, we will consider all patients contaminated and therefore we will have to take care of ourselves through the use of these measures. Invasive means all procedures that break the webumentary or mucosal barrier of the patient. The precautions in invasive procedures are:

- Use of gloves and mouth cover.
- Eye protection (in procedures that can cause splashes of blood, fluids or bone fragments).
- Over-tunics are used for protection during invasive procedures with risk of splashing.

- When a glove is broken, both gloves should be removed, hands washed with water and detergent by dragging and new ones placed.
- All sharps material used during the invasive procedure should be disposed of in suitable disposable containers.
- Materials must be transported in suitable containers to the processing sites.
- Contaminated clothing will be deposited in plastic bags and transported for processing.

Biosecurity regulations for intensive units.

1. Permanently use personal protective equipment concerning hat and face mask; In invasive procedures, also use gloves, braces and plastic apron.

2. Use the suction device for aspiration of secretions from the mouth and pharynx. Avoid direct manipulation.

3. Change the patient's drainage or aspiration containers, blood, urine, and fecal matter in a timely manner.

4. Classify the medical and surgical clothing used in the different procedures, bearing in mind that it can be contaminated or dirty. Dispose contaminated clothing, that is, one that contains blood, secretions and other fluids, from patients, in a red bag; dirty clothes in green bag.

5. Send laboratory samples in the appropriate containers, taking into account the specific standards for clinical laboratory.

6. Send pathology samples of tissues or organs, in appropriate containers containing formaldehyde at the indicated concentrations, properly labeled and capped.

7. Place the anatomopathological material, the placentas and that resulting from amputations in a plastic bag, labeling it as "Biological Risk - Anatomopathological Material", seal it and deliver it to the responsible staff for final disposal.

8. Material contaminated with body fluids (gloves, gauze, compresses, etc.) must be deposited in a red bag separated from the anatomopathological material.

9. Perform disinfection and cleaning in surgical areas using the correct techniques and adequate dilutions of disinfectants, according to the Basic Cleaning and Disinfection Procedures.

10. Manage the equipment and instruments following aseptic techniques: disinfection, germination and sterilization specific to each element.

Eviction Plan

General Instructions in Case of Eviction

The immediate purpose of this process will be to move patients and staff to the safest areas outside of buildings.

The area of fire explosion or flood will be the first to be dislodged. In the event of a fire, patients will be moved from the affected smoke compartment to the next one and if the situation is uncontrollable, the entire building must be evacuated. During the eviction, the staff will remain at their positions to help evict patients and prevent panic. The total or partial eviction will be made only with the authorization of the administrator or his authorized representative.

Eviction order

1. Patients and visitors closest to the danger.
2. Ambulatory patients who are at risk, can be sheltered with friezes or sheets, if necessary.
3. Patients in wheelchairs.
4. Invalid patients who will have to be moved in their own beds and taken to a safe place.
5. Family members must accompany the patient at the time of eviction.

Partial Eviction

Plan

1. The nature of the emergency and the measures that have been taken to consideration will determine the eviction plan that will be carried out.

If the emergency only affects one part of the building, it may not be necessary to leave the entire building. This decision must be made by the supervisor or authorized person as required by the case. Patients at risk should be transferred to a part out of danger.

Total Eviction Plan

When the nature of the emergency so requires, it will be necessary to completely abandon the building, evicting the patients to a safe place. The means to dislodge bedridden patients will be using sheets and mattresses. This method is a simple one where the patient is wrapped in his own sheet, knots are made at the ends of the same and the patient is placed on the floor. Once on the floor, the patient is taken to the nearest exit. The mattresses are placed on the stairs creating a kind of slide where patients are easily slid. It is very important that the medical gas valves are closed after making sure that no one is connected to them. When going down the stairs, they should be kept on the right side of the stairs to leave the way clear to the fire or rescue personnel.

Waste Disposal

Any material that contains blood or body fluids will be deposited in the red bags labeled "Biohazard". The needles will be deposited in the red containers for needles (sharp container). Laryngoscope blades and reusable equipment must be washed and sterilized in (Codes).

Hand Washing

Hand washing should be done before and after the intervention of each patient.

Contingency plans

Fire

Standard: The multidisciplinary team is responsible for carrying out safety measures to prevent fires and the response of a fire in the operating room.

Purpose: It is to maintain a safe and risk-free care environment for patients and Students.

Security measures:

Smoking is prohibited

Monthly inspection of Fire extinguishers

A. Student education program / student directed to the use of the equipment and evaluate the competences.

B. The equipment is connected and disconnected by the connector and never by the cable.

C. Room electrical tests for the equipment are performed every six (6) months by the biomedicine.

D. The tests of the "Line Insolation Monitor" are carried out once a week by the practical staff of the room.

E. The defective equipment is removed from the area and a work order is sent to the biomedicine for evaluation.

F. The laser committee reviews and maintains the vigilance in its use.

G. Specific rules for the use of electrocautery.

H. Monthly inspections of extinguishers / sleeves.

Steps to Follow in Case of Fire:

1- The person who identifies the fire informs the hospital telephone box and indicates where the fire is located and the magnitude of the fire.

2- Immediately, the person in charge notifies the manager or immediate supervisor and pulls the nearest alarm. The clerk or person in charge in turn notifies the nurse-in-charge and staff of the adjacent areas to activate the plan.

3- The professional nurse closes oxygen valves and gases located in the corridors of the rooms, after notifying the nursing staff.

4- The person who identified the fire after notifying goes to the nearest fire extinguisher and makes it reach the fire place.

5- The professional nurse disconnects the electrical equipment and moves it away from the field, in support of the technical personnel.

6- If evacuation is necessary

a. The ambulatory and family patients in the waiting area are evacuated first.

b. The professional nurses transfer the patients who are in bed to the area designated by the command in the hospital.

c. The patients who are being operated on will be transferred by the professional nurse, monitoring the bleeding, covering the wounds and maintaining the oxygenation and will be located in the place designated by the hospital command.

Protocol for the management of exposure to blood pathogens:

Purpose

This process is established in order to prevent and protect against the risk of infection by bloodborne pathogens such as, but not restricted to, HIV, HBV and HCV students who, in the performance of their duties, have contact with blood and body fluids through of percutaneous or mucosal exposure. The acceptance of the treatment is voluntary.

Definitions:

HIV (Human Immunodeficiency Virus) It is a virus that slowly destroys the body's immune system (ability to fight infections). When a person becomes infected with HIV, he or she has the disease. According to the immune system is destroyed by HIV, the person can progress slowly or quickly from having no signs to advanced disease and AIDS. AIDS is the acronym in Spanish for the human immunodeficiency syndrome.

Person infected with HIV It is said that you have AIDS when you get sick with one or more of an extensive list of diseases caused by a common bacteria or virus, which would not cause a person not infected with HIV to get sick. These diseases are known as' opportunistic infections' or 'OI' s' by its acronym in English. It is also considered that a person has AIDS if they have a count of

less than 200 / cu mm of CD4 cells (white blood cells that help the immune system fight infections).

HBV

Virus that causes Hepatitis B. The disease begins with flu-like symptoms: tiredness, weakness, dizziness, anorexia, nausea, abdominal discomfort, fever and headache. Then jaundice may appear. Occupationally constitutes a serious threat of infection to hospital staff that comes in contact with blood and body fluids.

HCV

Virus that causes Hepatitis C. The symptoms of the disease are similar to Hepatitis B. It represents a high risk for hospital staff, since antibodies that neutralize the virus are not known at the moment.

Procedure

In any situation where the Students in the exercise of its functions have contact with blood or other bodily fluids of the patient through punctures with a sharp object contaminated or splashing in mucous membranes of eyes, nose or mouth, the following guidelines will be followed:

1. Wash the infected area immediately. Mucous membranes must be irrigated with abundant water. Enable the handling of the situation as established by the Protocol.

2. The supervisor in charge must:

a. Document the event in the unexpected events sheet (related to Student). Describe the circumstances of the event including the serological status of the patient source, if known, about HIV, HBV and HCV.

b. If the serological status of the source patient is unknown, authorization will be requested to obtain samples for HIV, HBV and HCV.

c. If the source person refuses to consent for the studies, it will be documented in the incident sheet.

d. The event shall be notified to the patient's bedside physician, so that evidence the justification for obtaining the samples in the medical record.

e. will be sent to the Student With the event sheet not expected to the emergency room for clinical and serological evaluation immediately or as soon as possible.

f. Ensure that the unexpected event sheet is taken to the student’s Education and Health Program Office (PESE).

3. The Emergency room doctor:

a. Estimate the exposure risk based on incident info. Including the patients HIV status source, if known.

b. Provide guidance to the student on HIV infection and hepatitis b/c conditions.

c. explains the benefits and risks associated with double prophylactic therapy: Kaletra and Truvada, and the non-a viability of other treatment alternatives.

d. blood samples will be ordered for the presence of HIV, Anti-HBS, and HCV. Student-signed consent will be obtained. Samples for liver function (SGOT, SGPT), blood cell count (CBC), and creatinine will also be obtained.

e. If justified by risk, double therapy will be prescribed consisting of:

Kaletra: 2 capsules 2 times a day

Truvada: 1 tablet per day

*Both taken with food:

4. The student will decide freely and voluntarily to accept the treatment. Accepting the consent will be filled. If he/she rejects the treatment, the denial sheer will be filled in (see annexes). Treatment will begin as soon as possible (within 72 Hours) of the exposure.

a. The student will attend the hospital's education and health program, attached to the Human resources office.

b. The student will attend his or her primary care physician as soon as possible (no more than 2 days after the incident), where they will be given the treatment and follow-up indicated.

Note: Medications will be provided for a period of 2-4 days depending on the day the exposure occurs to ensure that the students receive his/her treatment without interruption until being assessed in the next business day.

5. The staff will include in the exhibition record:

a. Exposure date and hour.

b. Details of the procedure that the student was performing when the exhibition occurred including: where and how the exposure occurred, whether related to a sharp object, the type and mark of the device and how and when in the course of handling the device occurred the exhibition.

c. Details of the exposure including: the type and amount of fluid or material and the severity of the exposure (ex. for percutaneous exposure, depth of damage and fluid injected, for a skin or membrane exposure, the estimated volume of the material and the condition of the skin (as, for example: lacerated, abraded or intact).

d. Details of the exposed Student regarding: vaccination against Hepatitis B and status of response to vaccination.

e. Details of the counseling offered and the follow-up that must include:

i. Refrain from donating blood, plasma, organs, tissue or semen until the treatment is finished and at follow-up it is determined that there was no infection.

ii. Follow the recommendations of infection control practices to prevent the risk of transmission to other people.

iii. Post-exposure management and follow-up.

6. The staff will share the information of puncture events with the personnel of the Infection Control Program in order to:

a. Identify preventable risks.

b. Take actions necessary to control the identified risks.

c. Ensure compliance with the established protocol.

7. The charge of prophylaxis therapy against HIV will be done through pharmacy to the PUDCJBR.

8. The charge of prophylaxis therapy against HIV will be done through pharmacy to the PUDCJBR.

9. Damage related to treatment: If during the application of the Protocol the Student suffers any damage directly related to the treatment, the Auxilio Mutuo Hospital will provide him with the immediate medical care that is necessary.

10. Situations in which it is recommended to consult an expert (Infectologist or through 'National Clinicians' Post-Exposure Prophylaxis Hotline (PEPline), telephone (888) 448-4911:

a. Delay in reporting exposure (ex. later than 24-36 hrs.)

b. Unknown source

c. Pregnancy (known or suspected) in exposed person

d. Breastfeeding in exposed person

e. Source virus resistance to antiretroviral agents

f. Toxicity to initial PEP regimen

GUIDANCE TO STUDENTS / PATIENTS AND VISITORS EXPOSED TO BLOOD PATHOGENS THROUGH PUNCTURES OR MUCOSA OF EYES, NOSE AND MOUTH

The management of a situation of exposure to blood pathogens includes the application of drugs with some side effects, so it will be necessary to obtain basic laboratory samples, which will be compared in the follow-up if it is necessary to adjust the dose or changes in the type of medication prescribed.

Taking blood samples can cause discomfort, bleeding, bruising, irritation or, in rare cases, fading or infection in the area where venipuncture is performed.

Side effects of medications: The Following are common side effects of Truvada and Kaletra medications.

To. Possible side effects common to the two drugs:

To. Anemia (under Red cell count that can cause; fatigue, weakness, light head feeling, and shortness of breath).

B. Low white cell count (may increase the risk of infections)

C. Liver enzyme elevation.

D. Headache, dizziness.

E. Nausea, vomiting, and diarrhea.

F. Insomnia.

G. Muscle pain.

H. Redistribution of fats – changes in body fat or redistribution of the same (lipodystrophy) have been observed in patients taking HIV medications. These may include higher amounts of fat on the top of the back and neck ("Buffalo Hump"), chest, and around the main part of the body (trunk). Fat loss may also occur in the legs, arms, and face.

B. Possible drug-specific side effects:

Kaletra

- Pancreatitis – by elevation of triglycerides. Clinical symptoms should be considered as:
- Gastrointestinal problems:

To. Nausea

B. Vomiting

C. Diarrhea

D. Abdominal pain

E. Laboratory abnormality (increased amylase or lipase values)

- Drowsiness
- Rashes
- Muscle fatigue and pain
- Headache
- Increased blood lipids
- Insomnia
- Fever
- Chills
- Diabetes mellitus/Hyperglycemia – New onset of diabetes, exacerbation of pre-existing diabetes mellitus, and Hyperglycemia have also been reported in patients receiving protease inhibitor therapy.

Precautions:

- Liver damage and toxicity – as metabolized in the liver, caution should be exercised, especially when administered in patients with liver damage (AST and ALT values should be monitored).

Resistance – cross-resistance:

- Several degrees of cross-resistance have been observed among protease inhibitors.

Hemophilia:

Increases in bleeding have been reported including: Hematomas in Skin and hemarthrosis (blood extrabasion within a joint or synovial cavity) in patients with hemophilia type A and B who are treated with protease inhibitors.

Lipid elevation:

Treatment with Kaletra causes an increase in the concentration of total cholesterol and triglycerides.
Immune reconstitution syndrome: During the initial phase of the combination of antiretrovirals, an inflammatory response to opportunistic, residual or indolent infections may develop, such as: Mycobacterium avium infection, Cytomegalovirus, Pneumocystis carinii pneumonia, and Tuberculosis.

Truvada

- lactic acidosis (accumulation of lactic acid in the blood)

- Serious liver problems called hepatotoxicity, with enlargement of the liver (hepatomegaly) and accumulation of fat in the liver (steatosis).

- Flares ups of Hepatitis B virus (HBV) infection. If you have HIV and HBV, your liver disease may suddenly get worse if you stop taking Truvada.

- Kidney problems (should be monitored if the patient has had kidney problems or is taking other medications that may cause these problems)

- Change in bone mineral density (bone decrease) It is not known whether long-term use of Truvada can cause this damage.

Note: The described side effects may not be perceived in the short therapy of 4-6 weeks. There is also a risk that these side effects will increase with the combination of these drugs. There may be other unknown risks when taking these drugs in combination, so the student will be assessed regularly to monitor adverse events.

Benefits

Participation in this protocol may decrease the risk of HIV infection, but absolute guarantees cannot be offered. Alternatives of participation in this protocol is voluntary, so sign the consent form. However, if you decide not to participate, the doctor will offer you information about the consequences of that decision and the risk of HIV infection. You will sign the denial of treatment sheet offered. The Student must always go to the office of the Education and Health Program. Cost of participation Students will not be charged for the protocol medications, exams, or laboratory procedures associated with the protocol. The PUDCJBR will assume these costs. The PUDCJBR has insurance for medical expenses for its students in these cases. Security measures The Student will be observed carefully during the follow-up period. If you present any serious reaction related to the medications in this protocol, your dose will be reduced or withdrawn from the medication at the discretion of the attending physician or an Infectologist consulted. You will be informed of any new findings that may cause a change of opinion regarding participation in this protocol.

We recommend:

- Use infection control measures to prevent transmission to others in your professional tasks and sexual activity.

- Do not participate in donations of blood, tissues, or organs while you are in the diagnosis and treatment of prophylaxis or your status of infection is determined.

Circumstances under which the student may be discharged from the protocol without his or her consent

The student may be removed from the protocol without his consent for any of the following reasons:

- The doctor decides that continuing with the regimen would be detrimental to the student.
- The student needs a drug contraindicated with the Protocol's medications.
- The student has a serious adverse reaction to the medication.

Confidentiality

Personal information (including test results) will not be disclosed to any person without the Student's written consent. However, the law allows the Food and Drug Administration, and the department responsible for maintaining records, to inspect students' medical records. The privacy of the Student will be respected by these people. It will not be identified in any publication or presentation related to this protocol.

Certification:

I certify that I have been oriented on conditions that represent a risk from exposure to bloodborne pathogens. I had the opportunity to ask questions and clarify my doubts about the conditions, treatment and follow-up.

_____ Date _____

Student signature

_____

Signature Coordinator

CONSENT TO RECEIVE PROPHYLAXIS POST OCCUPATIONAL EXPOSURE WITH HIV POSITIVE PATIENTS

I, _____, Adult, _____,

(Name and two surnames) (single/married)

_____and neighbor of _____, Puerto Rico. (Profession-Position) (village)

I CERTIFY: That I have read and understood all the above information, including the possible adverse reactions of the treatment. I have had the opportunity to ask questions and I have understood the risks and benefits of the treatment and the unavailability of other alternatives. In view of this, I hereby expressly consent to the Dr. _____and/or Nurse _____, Designated For this purpose by the Hospital Mutual aid, administer to me the medicines included in the Protocol of use of Antiretroviral prophylaxis therapy.

_____

Name of student

_____ _____

Signature of the student receiving the vaccine Date of signature

_____

Signature witness

_____ _____

Signature witness Date of signature

REFUSAL TO RECEIVE PROPHYLATIC TREATMENT POST OCCUPATIONAL EXPOSURE WITH HIV POSITIVE PATIENTS

I, _____, adult, _____,

(Name and last name) (married/single)

_____and neighbor _____, Puerto Rico. (Job-title) (Village)

I CERTIFY: That I have read and understood the information on Prophylactic Treatment and understand that because I had occupational exposure to blood from an HIV positive or unknown patient, I may be at risk of acquiring the virus infection of this disease. They have explained to me the benefits, risks and alternatives of the treatment; I have been given the opportunity to receive prophylactic treatment at no charge to myself, however I REJECT accepting such treatment

.

_____

Name of student

_____ _____

Signature of the student receiving the vaccine Date of signature

_____

Signature Witness

_____ _____

Witness signature Date of signature

Steps to follow for puncture and/or cutting protocol

Fill out unanticipated event sheet (Incident report)

Fill in internal incident and/or occupational disease investigation sheet.

Fill "Down time" sheet with patient information:

Phone number

Record number

Residential Address

Send to lab with patient blood sample

The patient can pick up results in the medical record department.

You don't need a medical order.

No cost to the patient

2 (two) blood samples will be taken in red tube for:

HIV

Hepatitis Profile

If you have any questions, please contact the Student Clinic, ext. 2018 (if available). To emerge event on weekend or holiday, student refer to emergency room with documents.

It is not required that this process be done by a manager or Supervisor. To be born on weekends, holiday or shift 11:00-7:00am, must be completed by the graduate nurse in charge of the shift.

Please take copy of the research sheet to keep original in folder.

Internal incident investigation and/or Occupational diseases

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Name: _____

Department: _____Job: _____

Date of employment: _____age: _____

Phone: _____

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Instructions:

1. This report must be completed by the manager and/or Supervisor in all its parts. If it does not apply, please write N/A.

2. This document should not be photocopied.

3. Once the incident is documented, it should be delivered to the hand in the education and health Program of the Student. To be sent with the Student, must be in a sealed envelope.

4. The information this document contains must be clear, concise and accurate, without omitting any data.

Research development

Incident date: _____Hour: _____( ) a.m. ( ) p.m.

Hour that started working: _____( ) a.m. ( ) p.m.

1. ¿Where did the incident or illness occurred?

_____

_____

_____

_____

2. ¿What was the student doing before the incident or illness?

3. ¿what did the student do after the incident or illness?

_____

_____

_____

References:

Infection Control office of Auxilio Mutuo Hospital