

Student and Outside Learner Health Handbook

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Target Audience:

Cleveland Clinic United States locations

- Internal/External Health Sciences Education Students
- Medical Student Rotators (does not include all populations)
- Research Students, Visitors and Rotators
- Visiting Residents
- Ohio University Heritage College of Osteopathic Medicine Students
- Visiting Clinical Preceptors, Instructors, Coordinators and On-site Faculty

Issuing Office: Education Institute: Student/Learner Health

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Prepared by:

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Director of Student/Learner Health

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Note: This handbook can be revised at any time. Printed copies are for reference only. Please refer to the electronic copy for the latest version.

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Position Statement

The Cleveland Clinic Health System (CCHS) is committed to providing the highest quality education and to promoting professionalism, wellness and a culture of safety across the enterprise. Personal responsibility and accountability are cornerstones of professionalism. To this end, our educational policies are intended to ensure that all students/learners entrusted with the health, safety, and welfare of patients are held to a high standard of professional behavior and conduct. Accordingly, all are expected to demonstrate good judgment, ethical behavior and awareness of health risks posed by contagions in the clinical environment. The enterprise has a responsibility to ensure that students/learners are appropriately immunized and exercise infection precautions wherever students are engaging in clinical education and are functioning free from the influence of illicit or illegal substances as they serve within teams, as learners, and providers of clinical care. Unless prescribed by a clinician, the use of controlled and illegal substances, including marijuana, and the use of tobacco products and abuse of alcohol are prohibited. Also, in consideration of contagions such as SARS-CoV-2,

students/learners are charged with conducting themselves in a responsible manner while outside the clinical space to mitigate exposure to and transmission of such illnesses anywhere within the CCHS.

Purpose

This handbook is intended to provide students, learners and program coordinators with clear expectations, guidelines as well as a health and wellness resource while participating in a Cleveland Clinic Health System clinical program or educational experience. The primary objective is to safeguard the health of patients, employees, employees' family members and students/learners by ensuring that all student/learners, clinical instructors and preceptors who enter the Cleveland Clinic Health System (CCHS) can reasonably be expected to perform the essential functions of their clinical or educational experience in a safe and effective manner.

Policy Statement

All students/learners placed or offered positions at the Cleveland Clinic are required to complete a medical assessment. This assessment may include health screening exam, drug screening, tuberculosis testing/screening and required immunizations as well as other assessments as indicated by the student's/learner's clinical program or experience. Participation is contingent upon the student's/learner's completion of the medical assessment. Any student/learner, clinical instructor or visiting preceptor who does not comply with these requirements will not be permitted to participate in a clinical or educational experience within the CCHS.

Exemptions/Accommodations

Accommodations and/or exemptions from any aspect of the pre-placement medical assessment based on a medical contraindication, disability or on the grounds that it conflicts with bona fide religious beliefs will be considered on a case-by-case basis. Pursuant to the Disability Accommodation in Education Policy and related procedures, a student/learner may request an accommodation from their school or Cleveland Clinic program administrator.

Definitions

Cleveland Clinic United States locations:

Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Student/Learner:

A person enrolled in a Cleveland Clinic internal or external educational program, including a clinical rotation pursuant to an affiliation agreement with a School, as well as observers.

Visiting Faculty/On-site Faculty/Preceptor:

A clinical instructor, on-site faculty or preceptor who is not a Cleveland Clinic employed caregiver. The visiting faculty member is engaged in the direct oversight of the student experience and activities at a CCHS facility.

School:

A school, college or university with which Cleveland Clinic has an affiliation agreement that provides for student/learners to participate in clinical rotations in the Cleveland Clinic health system.

Flu Season:

As determined annually by Occupational Health, the period during which flu is most prevalent. Flu season is typically from November through March.

Significant Health Risks to the Clinical Environment:

Contagions identified by Occupational Health as posing a significant health risk to the clinical environment for which screening is necessary, such as COVID-19. Annually or as needed, the Director of Student/Learner Health shall inform Schools of any such significant health risks.

Policy Implementation

General Requirements

Student/Learner Health requires attestation of the following for affiliated students:

- Medical and occupational history
 - COVID-19
 - Guidelines for Clinical Service at the CCHS during the COVID Pandemic (see Appendix)
 - COVID-Pass (see Appendix)
 - COVID 19. Affiliate Student Workflow (see Appendix)
 - COVID19. Occupational Health-Internal HS Student Workflow (see Appendix)
 - Influenza
 - Screening for contagions identified by Occupational Health as posing a significant health risk to the clinical environment for which screening is necessary, such as COVID-19. Annually or as needed, the Director of Student/Learner Health shall inform Schools of any such significant health risks or requirements
- Immunization history
- Blood test for Tuberculosis (TB)

- Chest x-ray, if indicated
- Urine Drug Screen - including testing for Cotinine (Nicotine Metabolite) are required by some programs.
**For Nevada practice sites, testing for Cotinine is excluded pursuant to Nev. Rev.Stat. 613.333.*
- Other assessments or immunizations as indicated based on the nature of the student's/learner's/visiting preceptor's clinical placement.
 - These additional requirements will be communicated to Schools, or directly to students/learners and visiting preceptors, as appropriate.
 - Any individual who does not comply with these additional requirements will not be allowed to participate in a clinical or an educational experience within the CCHS.
- Clearance Requirements:
 - Student/Learners may begin participation on their start date upon successful completion of pre-placement requirements.
 - Non-compliance with any requirement will result in the student, learner, visiting preceptor not being able to participate in a clinical/educational experience within the CCHS.

Immunization History/Immunizations

- Student/Learner Health will screen for, or require attestation for evidence of immunity to Hepatitis B, Rubella (German measles), Rubeola (measles), Mumps, and Varicella according to the recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Individuals who are antibody negative to Rubella, Rubeola, Mumps, and Varicella-Zoster (VZV) are required to be vaccinated except if medically contraindicated.
- Hepatitis B Vaccine: Vaccination, proof of vaccination/immunity, or waiver is required of all individuals.
- Tdap Vaccination: Booster within the last ten years is required of all individuals.
- Influenza Vaccine: Incoming student/learners will be oriented in their pre-placement process as to the influenza vaccine requirement as a condition of participation. If placed during the identified flu season, the individual will need to receive the vaccine, have current documentation of vaccination, or have a medical or religious exemption. (see Addendum: Student Immunization Policy)

Student/Learner Health & Wellness Resources

- Health screening examination

- Antibody titers
- Immunizations
- STI screening

Student/Learner Mental Health Resources

- For concerns regarding:
 - Suicide Prevention or Self-harm
 - Sexual Assault – Partner Violence
 - Substance Abuse
 - Anxiety Counselling
 - Stress Relief Services

Please contact: [Caring for Caregivers](#) (PDF below if link not accessible)



Caring for
Caregivers Ohio Wa

Minors

Occupational Health will, based upon the clinical experience/setting, determine the required pre-placement screenings for minors under the age of 18. The Occupational Health Parent/Guardian Consent for Minors Form must be completed and signed prior to the medical screening. The form can be obtained through Occupational Health.

Oversight and Responsibility

- The Education Institute, in concert with Occupational Health, is responsible to review, revise, update, and operationalize this policy and maintain compliance with regulatory or other requirements.
- Student/Learner Health in collaboration with Occupational Health is responsible for determining need for pre-placement and periodic medical assessments, medical screenings, drug screenings, and required and recommended immunizations and will maintain the confidentiality of all medical records.
- Academic Program Coordinators are responsible for informing students/learners who plan to participate in clinical or educational experiences within the CCHS of the pre-placement medical assessment and immunization requirements.
- If a student/learner fails to successfully complete his/her pre-placement medical assessment/requirements, he/she will not be permitted to participate in a clinical or educational experience within the CCHS.
- It is the responsibility of each clinical program discipline to implement the policy and to draft and operationalize related procedure to the policy if applicable.

- Compliance with this policy will be monitored by the student's/learner's and visiting preceptor's academic institution and/or those responsible for student/learner placement within the CCHS.

Regulatory Requirement/References

- Non-Smoking Policy
- Occupational Exposures to Blood and Body Substances Policy
- Tuberculosis (TB) Surveillance Program Policy
- Student Substance Abuse Policy
- Student Immunization Policy
- Federal Regulations, State and Local Laws, and FDA U.S. Food and Drug Administration
- Centers for Disease Control and Prevention (CDC). Influenza vaccination of health-care personnel: recommendations of the Health-Care Infection Control Practices Advisory Committee
- (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).
- Centers for Medicare & Medicaid Services (CMS), Conditions of Participation for Hospitals, 42
- CFR §482.42 Condition of Participation: Infection Control
- National Quality Forum (NQF) #0431 Influenza Vaccination Coverage among Healthcare
- NVAC - National Vaccine Advisory Committee, a committee of the Department of Health and Human Services
- The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2012, IC.01.04.01, IC.02.04.01, HR.01.04.01, PI.02.01.01, PI.03.01.01
- U.S. Department of Health & Human Services Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination
- Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)

Recommendations and Reports

November 25, 2011 / 60(RR07); 1-45

Ohio Administrative Code: 3701 – 3 Communicable Diseases

29 CFR 1910.1030 - Blood borne Pathogens Standard

Other Background Information

Issuing Office: Education Institute, Occupational Health and Human Resources

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Student Management
Collaborative.msg

Appendix:

Student/Learner Guidelines for Clinical Service at the Cleveland Clinic Health System during the COVID pandemic.

Prior to any CCHS clinical or administrative site:

1. If you are feeling ill in any way, including fever, cough, respiratory symptoms, gastrointestinal symptoms, rashes, change in sense of smell or taste, then do not come to the clinical site or hospital. Reach out to the **COVID-19 Hotline (216-445-8246)** for further assessment/possible testing. If you are experiencing significant symptoms, then call 911 or go to an emergency department. Please contact your team and coordinator to let them know.
2. If it is determined that you cannot have an in-person clinical experience due to illness, your program coordinator may explore virtual experiences based on the specific clerkship.
3. If you have a health condition that you think may preclude your re-entry into Clinical Care, please contact your program coordinator for assessment. They will use the current CDC and CCHS guidelines to make recommendations concerning potential accommodations.

Arriving to the facility/hospital campus or Family Health Center:

1. Upon arrival to the Hospital or Family Health Center, you must enter through one of the approved employee doors. There will be signs directing you to the appropriate entrance. As you move about the hospital campus after initial arriving at the hospital, you can utilize other entrances with your team.
2. You are expected to wear a cloth or surgical mask on entry to a Cleveland Clinic HealthCare Facility. Patient care activities require a surgical mask and face shield (or goggles). Please follow all PPE requirements of the Cleveland Clinic Health System. Updates to the guidelines are always posted on the Cleveland Clinic Intranet site.
3. Please remember to have your badge with you and clearly visible at all times, including upon entry to the hospital or clinic.

While on the facility/hospital campus after arriving:

1. You must wear a mask at all times. The only exception is when eating/drinking, but you need to follow social distancing guidelines at that time. Patient care activities require a surgical mask and face shield (or goggles). All updated PPE guidelines for Cleveland Clinic can be found on the Cleveland Clinic intranet home page. The COVID-19 Resources on the home page are an excellent resource for up-to-date information on many COVID related issues.
2. Caring for patients with known or suspected COVID-19 infections – unless otherwise indicated by your program, you may voluntarily participate in the in-person care of patients with suspected and confirmed COVID-19. Please ensure you follow all necessary precautions per CCF policies. We also want to emphasize that this is strictly voluntary, and you may opt out of seeing such patients without any repercussions. All Cleveland Clinic Rotation Directors have been notified about this policy. We require that you email your Clinical Coordinator when you are voluntarily seeing a known COVID+ patient (within 10 days from onset of symptoms).
3. If you become ill/symptomatic, you are to report this to the COVID-19 Hotline (216-445-8246) and your supervising program coordinator. Subsequent assessment will determine the need for evaluation and testing. If you are feeling sicker and have symptoms such as chest pain or shortness of breath or other significant symptoms, then you should go to the emergency department.

COVID-19 has become a community-acquired infection and the rate of hospital-acquired transmission is low. If you are exposed inadvertently, infection prevention/occupational health may make an attempt to contact you. It is recommended that you document in EPIC (e.g. progress note) on all patients for which you are providing direct care. The recommendation, in case of exposure, will be that you should continue to wear PPE at all times during your clinical duties, follow other disease prevention strategies (e.g. hand washing) and report any symptoms immediately. EPIC also allows you to keep a list of patients you have seen. This can be done if you feel it is necessary to self-monitor test results for patients you have seen.

COVID Pass

Content:

- Please complete the COVID Pass [survey](#) prior to arriving at a CCHS facility
- The survey indicates whether you are eligible to participate in your clinical experience. It is **not** intended to provide clinical advice.
- Are you experiencing any of the following symptoms?
 - Fever greater than 100.4F/38C (in the absence antipyretic use)
 - Severe cough that has started or gotten worse in the last 48 hours
 - Shortness of breath that started in the last 48 hours
 - Muscle aches that started or worsened in last 48 hours
 - In the last 48 hours have you felt significantly more tired than usual
 - New onset loss of taste or smell
 - Onset of, or worsening chills

- If you are experiencing one or more of these symptoms call the **COVID-19 Hotline at 216-445-8246** for assessment and possible testing.
- Inform your clinical program coordinator of any disposition and instructions before returning to your clinical experience

COVID Pass

Please complete this survey before beginning any shift.
This survey will tell you whether you are eligible to work or not. It is not meant to provide clinical advice.

Hello Peter Andrew Haffner.

*Not Peter Andrew? Login to WorkDay and verify your data.

Schedule Start Time (Shift Workers Only)

e.g. 10:30am

Are You Experiencing Any of the Following Symptoms?

- Fever greater than 100.4F / 38C
- Severe cough that started or has gotten worse in the last 48 hours
- Shortness of breath that started in the last 48 hours
- Muscle aches that started or have gotten worse in the last 48 hours
- In the last 48 hours have you felt significantly more tired than usual
- New loss of taste or smell
- Chills that are new or are getting worse

Yes, one or more symptoms

No symptoms

Submit

Health Sciences Coronavirus Screening Questionnaire



Health Sciences
Coronavirus Screening

Overview

- Completed by Health Sciences students during SilkRoad RedCarpet onboarding
- Can be adapted for other student populations in SilkRoad RedCarpet by Protective Services

COVID 19. Health Sciences Affiliate Student Workflow



COVID 19. Affiliate
Student Workflow 11.

COVID 19. Health Sciences Internal Student Workflow



COVID 19.
Occupational Health-

Overview:

- Affiliate-based and Internal Health Sciences student workflows can be adapted for other student populations

Student Immunization Policy

Target Group: Cleveland Clinic health system – Students

Original Date of Issue: Not Set

Version: 3

Approved by: Board of Directors-Main

Date Last Approved/Reviewed: 03/11/2020

Prepared by: Rachel King (Title IX 504 Compliance Coordinator)

Effective Date: 03/11/2020

Avon Hospital:

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Lutheran Hospital:

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Marymount Hospital:

Board approval date: 3/18/2020

Effective Date: 3/18/2020

Medina Hospital:

Board approval date: 3/18/2020

Effective Date: 3/18/2020

South Pointe Hospital:

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Effective Date: 3/18/2020

CCCHR:

MEC approval date: 4/3/2020

Board approval date: 4/3/2020

Effective Date: 4/3/2020

Printed copies are for reference only. Please refer to the Cleveland Clinic Policy and Procedure Manual on the [intranet](#) for the latest version.

Purpose

This document outlines the process for annual immunizations of all students.

Policy Statement

The Cleveland Clinic strives to protect patients, employees, employees' family members, students and the community through the immunization of all students, clinical instructors and preceptors.

Definitions

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Student: A person enrolled in a Cleveland Clinic educational program, including in a health sciences program or a clinical rotation pursuant to an affiliation agreement with a School. Volunteers who do not receive academic credit for their service are not students.

Visiting Preceptor: A clinical instructor or preceptor who is not a Cleveland Clinic caregiver.

School: A school, college or university with which Cleveland Clinic has an affiliation agreement that provides for students to complete clinical rotations in the Cleveland Clinic health system.

Flu Season: As determined annually by Occupational Health, the period in which the flu is most common. Flu season is typically from November through March.

Policy Implementation

A. Annual Influenza Immunization

1. All students, regardless of age, and visiting preceptors, who are placed in the Cleveland Clinic health system (CCHs) for more than 5 days and receive a Cleveland Clinic identification (ID) badge for a planned clinical or educational experience during the flu season are required to receive an influenza vaccination in accordance with this policy.
 2. Any student or visiting preceptor who does not comply with this policy will not be allowed to participate in a clinical or educational experience within the CCHs during flu season. However, if such a student or visiting preceptor meets all other health and background check requirements, they may be provided a clinical or educational experience outside of flu season if available.
 3. Students or visiting preceptors placed in the health system before or after the flu season begins must obtain the annual flu vaccine when it becomes available from their primary care provider (PCP), public clinics, pharmacies, etc. and provide evidence of receiving the flu vaccine to their School, or directly to the CCHs employee responsible for student placement.
 4. Students or visiting preceptors placed in the health system during the flu season must show evidence of receiving the flu vaccine to their School or CCHs employee responsible for student placement before they are on-boarded into CCHs.
- B. Other Immunizations
1. Every Cleveland Clinic educational program may establish requirements for additional immunizations based on the nature of a student's or visiting preceptor's clinical placement. These requirements will be communicated to Schools, or directly to students and visiting preceptors, as appropriate.
 2. Any student or visiting preceptor who does not comply with these additional immunization requirements will not be allowed to participate in a clinical or educational experience within the CCHs.
- C. Exemptions
1. Medical - Exemption to immunization may be granted for medical contraindications.
 2. Religious - Exemption to immunization may be granted for religious beliefs.
 3. Exemption requests will be communicated by students, visiting preceptors or Schools to Cleveland Clinic's education representative of the specific education program in which the student or visiting preceptor plans to participate. Generally, such requests will be granted if they would be granted for Cleveland Clinic caregivers.
- D. Payment for Immunizations
1. Students and visiting preceptors are not eligible to participate in the Employee Cleveland Clinic Influenza Immunization Program and must obtain all vaccinations at their own (or their School's) cost.
- E. Flu Vaccine Documentation
1. Schools will attest to student and visiting preceptor compliance with this policy. Students not affiliated with a School must show evidence that they received all required immunizations to the CCHs employee responsible for student placement.
- F. Internal Centers for Medicare & Medicaid Service (CMS) Reporting

1. Student Flu Vaccine compliance (CMS data) will be communicated to the Occupational Health Department by Protective Services.
2. Occupational Health is responsible for reporting CChs hospital student and academic instructor or preceptor data to CMS.

Regulatory Requirement/References

Federal Regulations, State and Local Laws, and U.S. Food and Drug Administration Centers for Disease Control and Prevention (CDC).

Centers for Disease Control and Prevention (CDC). Influenza vaccination of health-care personnel: recommendations of the Health-Care Infection Control Practices Advisory Committee

(HICPAC) and the Advisory Committee on Immunization Practices (ACIP).

Centers for Medicare & Medicaid Services (CMS), Conditions of Participation for Hospitals, 42

CFR §482.42 Condition of Participation: Infection Control.

National Quality Forum (NQF) #0431 Influenza Vaccination Coverage among Healthcare Personnel

NVAC - National Vaccine Advisory Committee, a committee of the Department of Health and Human Services.

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2012, IC.01.04.01, IC.02.04.01, HR.01.04.01, PI.02.01.01, PI.03.01.01.

U.S. Department of Health & Human Services Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination

Oversight and Responsibility

The Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable. Compliance with this policy will be monitored by the students' academic institution or those responsible for student placement and onboarding within the CChs.

Other Background Information

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Nedra Starling Community Outreach
Dr. Christine Warren CCLCM
Amy Yamokoski Lerner Research Institute

Health Screenings and Immunizations

The following health screenings/immunizations are required for students/learners/preceptors in programs within the CCHS. **Requirements are subject to change to reflect current Cleveland Clinic Occupational Health Guidelines.**

1. Hepatitis B IgG Antibody Titer – Positive

- a. If titer is **not** positive:
 - i. 3 new dose of Hepatitis B Vaccine (0, 1, and 6 months) **AND**
 - ii. Anti-HBs serologic retest 6-8 weeks after final dose
- OR**
- iii. 2 doses of Heplisav-B Vaccine (at least 4 weeks apart) **AND**
 - iv. Anti-HBs serologic retest 6-8 weeks after final dose

2. Measles (Rubeola) IgG Antibody – Positive

- a. If titer is **not** positive:
 - i. 2 doses of MMR (0 and ≥ 28 days later)
 - ii. Repeat serologic test is not necessary

3. Mumps IgG Antibody Titer – Positive

- a. If titer is **not** positive:
 - i. 2 doses of MMR (0 and ≥ 28 days later)
 - ii. Repeat serologic test is not necessary

4. Rubella (German Measles) IgG Antibody Titer – Positive

- a. If titer is **not** positive:
 - i. 2 doses of MMR (0 and ≥ 28 days later)
 - ii. Repeat serologic test is not necessary

5. Varicella (Chickenpox) IgG Antibody Titer – Positive

- a. If titer is **not** positive:
 - i. 2 doses of Varicella Vaccine (0 and ≥ 28 days later)

- ii. Repeat serologic test is not necessary

6. Tetanus-Diphtheria-Pertussis (Tdap Renews every 10 years)

- a. Documentation of Tdap during lifetime **AND**
- b. Documentation of adult Td booster or Tdap within past 10 years

7. Tuberculosis (TB) Testing on entry whereby one of the following must be negative. Subsequently annual screening/testing is contingent on an Individual's TB Risk Assessment (see addendum).

- a. 2-step Mantoux PPD at entry followed by annual 1-stp PPD,
-OR-
 - b. Previous 2-step Mantoux PPD with subsequent annual 1-step PPD screenings,
-OR-
 - c. Serum T-Spot or QuantiFERON test annually,
-OR-
 - d. In the event that an individual has had the BCG vaccination, then a serum T-Spot or QuantiFERON test needs to be performed annually
 - e. If a TB Screen is Positive, the following is required:**
 - i. Negative chest X-ray radiology report within the past 5 years with a negative TB Symptoms Review **AND** annual negative TB Symptoms Review.
 - ii. If chest X-ray is **not** negative, one of the following is required:
 - 1. Confirmation of appropriately collected negative sputum results
- OR**
- 2. Proof of adequate treatment and medical clearance (free from communicable diseases) with appropriate follow-up as indicated by Provider
- AND PRIOR TO CLINICAL OR PRACTICUM ASSIGNMENT**

8. Influenza Immunization: single dose (renews annually)

Important Information Regarding Additional Requirements:

- *Some clinical sites may require additional health testing, immunization and/or titer requirements that are not reflected in this appendix. Program coordinators will notify students when aware of such additional requirements. Students, learners and preceptors assigned to clinical rotations or sites with additional requirements must comply.*

- *Documentation showing compliance with requirements must be provided to the program administrator to be uploaded to the appropriate portal. Students are advised to keep copies in case proof is required at the clinical site.*
- *Costs associated with additional requirements are the responsibility of the student.*

Non-Employee Bloodborne Pathogen Exposure Standard Operating Procedure

Target Group:

Cleveland Clinic Health System (excludes Nevada)

Original Date of Issue: Not Set

Version: 1

Approved by:

Board of Directors - Main, BOG/MECMain

Date Last Approved/Reviewed: 10/09/2019

Prepared by:

Zaid Al Ardah (Director Technical Protective Operations)

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Euclid Hospital:

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Fairview Hospital:

MEC approval date: 10/21/2019

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Effective Date: 12/18/2019

Hillcrest Hospital:

MEC approval date: 11/13/2019

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Avon Hospital:

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Lutheran Hospital:

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Marymount Hospital:

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Medina Hospital:

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CCCHR:

MEC approval date: 1/3/2020

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Effective Date: 1/3/2020

Printed copies are for reference only. Please refer to the Cleveland Clinic Policy and Procedure Manual on the [intranet](#) for the latest version.

Purpose

To outline the process for a non-employee, who experiences an exposure to blood or other potentially infectious materials during the transport of patients to Cleveland Clinic facilities or the performance of duties or training on Cleveland Clinic property.

Definitions

Cleveland Clinic Health System (excludes Nevada practice sites): Includes the Main Campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Non-Employee: Individuals who need access to Cleveland Clinic property who do not receive a pay check with a Cleveland Clinic logo on it. Such as Students, Volunteers, Contractors, Vendors, Observers, First Responders, and Licensed Independent Practitioners (LIP).

Students: Includes all students at Cleveland Clinic facilities participating in education programs approved by Cleveland Clinic.

Academic Faculty: Includes all faculty employed by academic institutions who are at Cleveland Clinic facilities and have students participating in education programs approved by Cleveland Clinic.

Independent Contractor: An Independent Contractor is defined as a worker who individually contracts with an organization to provide specialized or requested services on a project or as needed basis. Typically, an Independent Contractor maintains control over “how” the work will be done, and has an opportunity for profit/loss based on his or her own performance.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood or other potentially infectious materials and may cause disease in humans. These pathogens include human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

Bloodborne Pathogen Exposure: A puncture, needle stick, or splash to a mucous membrane or non-intact skin contaminated with blood or other potentially infectious material from a source infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) that may result during the performance of a non-employee’s duties or training.

Blood: Human blood, human blood components, and products made from human blood.

Other Potentially Infectious Materials: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood. Includes unfixed tissue or organ from a human (living or dead) and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus, and breast milk are not considered potentially infectious unless they contain visible blood.

Licensed Independent Practitioner (LIP) – A licensed provider acting within their scope.

Instructions

A non-employee must notify his or her employer or academic program officials (students only) of the bloodborne pathogen exposure and comply with their policies and procedures. Occupational Health and Infectious Disease work in collaboration to identify potential or known bloodborne pathogen exposures and will participate in the following process where applicable.

Immediate First Aid

Wash:

- For puncture, needle stick or laceration, clean site thoroughly with soap and water.
- For splash to eye(s) or mouth, thoroughly rinse with tap water, normal saline, or use eye wash station.

REPORT THE EXPOSURE – Call 216.445.0742 (24/7 Bloodborne Pathogen Exposure (BBPE) HOTLINE) **this line is used for all hospitals**
No Safety Event Reporting (SERS) report required

Occupational Health Nurse will review the exposure to determine need for source patient testing. If necessary, lab orders will be placed in EPIC to determine HIV, HBV & HCV status.

- Consent for HIV testing is included in the Patient Acknowledgement and Consent Form. Additional consent for post-exposure testing is not required per ORC 3701.242 section E <http://codes.ohio.gov/orc/3701>.
- If the source patient is alert, the patient's Nurse is recommended to discuss post-exposure testing with the patient.
- There is **no charge** to the source patient for these tests.
- The non-employee will be notified as source patient lab results become available.
- If the source patient is known HIV positive, or the Rapid HIV is positive, the exposed non-employee will be advised to seek an immediate evaluation for HIV prophylaxis and will be referred to the Emergency Department (ED) if employer or academic program follow-up process unknown.
- Source patient will not be notified unless lab results are positive and the diagnosis was not previously established.
- Occupational Health Nurse will provide written disclosure of source patient lab results to the non-employee when available. The exposed non-employee will be advised to notify their primary care provider of the incident and discuss follow-up tests and treatment.
- The case will be closed after review of the event, disclosure of source patient lab results to the exposed non-employee, and documentation is completed.

Important

Non-employees are expected to have health insurance. Non-employees and/or their insurers are responsible for any medical expenses related to disease or injury incurred during the performance of duties or training on Cleveland Clinic property. This includes initial screening tests or prophylactic medical treatment as a result of an exposure to blood and other potentially infectious body fluids. Source patient blood work results are confidential. Unauthorized review of test results is considered a breach of patient confidentiality and grounds for corrective action, up to and including termination.

Oversight and Responsibility

Occupational Health, the Education Institute, and Technical Protective Operations Security Administrative Services (SAS) are responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements. Hospitals, Institutes, and Departments are responsible for student participation and student education related to the *Non-Employee Occupational Exposure to Bloodborne Pathogens Standard Operating Procedure*.

Regulatory Requirement/References

The Joint Commission IC.02.02.01

CDC Stacks, September 25, 2013 Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis.

National HIV/AIDS Clinicians' Consultation Center (PEP) Line PEP Quick Guide for Occupational Exposures. Updated December 2, 2014.

<http://nccc.ucsf.edu/clinicalresources/pep-resources/pep-quick-guide/>

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Healthcare Quality Promotion, and Division of Viral Hepatitis. Exposure to Blood, What Healthcare Personnel Need to Know, Update July 2003.

MMWR Recommendations and Reports, December 20, 2013/62(RR10); 1-19. CDC Guidance for Evaluating Healthcare Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management.

Health Insurance Portability and accountability Act (HIPPA).

Centers for Disease Control and Prevention. U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. MMWR Morb Mortal Wkly Rep 2001;50 (RR11); 1-42 June 29, 2001.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Occupational Health & Safety Administration Bloodborne Pathogen Standard 1910.1300.

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

[Employee Occupational Exposures to Bloodborne Pathogens Policy](#)

[Bloodborne Pathogens Post Exposure Procedure](#)

[Infection Prevention for Volunteer Services Policy](#)

*Links may need to be accessed through a CCF issued device

Other Background Information

This document was created in collaboration with Occupational Health, Infection Prevention, the Education Institute, Technical Protective Operations Security Administrative Services (SAS), and the Law Department.

Student Substance Abuse Policy

Target Group: Cleveland Clinic United States Locations		Original Date of Issue: Original Creation Date	Version Version
Approved by: AP Full Name	Date Last Approved/Reviewed: Last Periodic Review Date	Prepared by: PO Both	Effective Date Effective Date
Avon Hospital: MEC approval date: Board approval date: Effective Date:		Euclid Hospital: MEC approval date: Board approval date: Effective Date:	
Fairview Hospital: MEC approval date: Board approval date: Effective Date:		Hillcrest Hospital: MEC approval date: Board approval date: Effective Date:	
Lutheran Hospital: MEC approval date: Board approval date: Effective Date:		Marymount Hospital: MEC approval date: Board approval date: Effective Date:	
Medina Hospital: MEC approval date: Board approval date: Effective Date:		South Pointe Hospital: MEC approval date: Board approval date: Effective Date:	
CCCHR: MEC approval date: Board approval date: Effective Date:		Weston, Florida: MEC approval date: Board approval date: Effective Date:	
Coral Springs, FL ASC/FHC: MEC/CSOC approval date: Board approval date:			

Effective Date:	
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Printed copies are for reference only. Please refer to the Cleveland Clinic Policy and Procedure Manual on the [intranet](#) for the latest version.

Purpose

The purpose of this policy is to define prohibited behavior with regard to the possession, diversion and/or use of alcohol and/or drugs by students and to provide information on how to address instances of suspected possession, diversion and/or use of alcohol and/or drugs by students.

Policy Statement

Cleveland Clinic is committed to maintaining a safe, healthful and efficient working and learning environment for its students, trainees, employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits:

- A. The unlawful or unauthorized use, manufacture, possession, sale, or transfer of illegal drugs and/or controlled substances on Cleveland Clinic premises.
- B. Reporting to any learning or clinical environment impaired or under the influence of any illegal drug, controlled substance, and/or alcohol.
- C. Consumption of alcohol (except at approved or sponsored Cleveland Clinic functions) on Cleveland Clinic premises.
- D. Improper self-medication of over-the-counter or prescribed drugs on Cleveland Clinic premises.

Definitions:

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Premises: all Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots or other open areas owned or under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Affiliate School: An educational institution with which Cleveland Clinic has an affiliation agreement through which enrolled students of the institution participate in Cleveland Clinic's educational programs or activities.

Affiliate Student: An affiliate student is a participant in a Cleveland Clinic educational program or activity who is enrolled in an affiliate school.

Diversion: the unauthorized removal of a controlled substance from a patient and/or patient care setting.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Illegal Drugs and Controlled Substance: any substance which in any manner alters normal perception, thought functions, behavior or mood, including, but not limited to marijuana (regardless of whether it is prescribed medical marijuana), cocaine, narcotics, tranquilizers, amphetamines and barbiturates.

Impairment: The effect of the use of alcohol or any psychoactive or mood-altering substance on mental, emotional and/or physical functioning. Symptoms may include, but are not limited to, drowsiness and/or sleepiness, odor of alcohol on breath, slurred/incoherent speech, unusually aggressive or bizarre behavior, unexplained change in mood, lack of manual dexterity, lack of coordination in walking, unexplained work related accident or injury. Prohibited impairment may also be asymptomatic yet result in a positive test.

Improper Self Medication: includes, but not limited to, using drugs prescribed to someone else, using drugs at other than the prescribed dose, or using over-the-counter medication in a manner not in accord with the manufacturer's instructions.

Program Leadership: For the purposes of this policy, refers to the administrators of a student's educational experience or program. Program leadership includes program directors, education coordinators, preceptors and other Cleveland Clinic employees with the authority to address misconduct in a program/educational experience.

Student: For the purposes of this policy, a student is a person enrolled in a Cleveland Clinic educational program or activity who is not employed by Cleveland Clinic. The term "student" includes affiliate students and trainees who are not employed by Cleveland Clinic.

Trainee: For the purposes of this policy, an individual who participates in an educational program or activity as a resident, fellow or scholar. Examples of job titles that denote trainees include resident, clinical fellow, clinical research fellow, research

fellow, postdoctoral fellow, postdoctoral research fellow, postdoctoral psychology fellow, special fellow, clinical scholar, research scholar, and clinical institute research scholar.

Policy Implementation

Scope

This Policy applies to students, as that term is defined herein. Individuals who are employed by Cleveland Clinic are subject to the Substance Abuse Policy even if they are also enrolled in a Cleveland Clinic educational program or activity. If program leadership learns of the impairment of a student who is also an employee, they shall consult with Human Resources to implement the Substance Abuse Policy.

Voluntarily Seeking Assistance

Cleveland Clinic recognizes that substance abuse/dependency is a progressive, chronic, disease that has adverse effects on both the student's quality of life and job performance. However, substance abuse/dependency is treatable and early recognition and treatment is advisable. Students who suspect they may have a problem with substances are encouraged to voluntarily seek assistance. Cleveland Clinic will provide reasonable academic accommodations for students who are diagnosed with substance abuse/dependency.

Programs of Education, Prevention, Treatment and Support

Cleveland Clinic provides programs of education, prevention, treatment and support to encourage a drug-free learning environment/lifestyle.

Reasonable Suspicion of Impairment, Possession or Diversion

All students may be subject to urine and/or breath testing when reasonable suspicion exists that the student is in an impaired condition and/or under the influence of drugs and/or alcohol on Cleveland Clinic premises. For the purpose of this policy, a reasonable suspicion of impairment exists: (1) when the student exhibits aberrant behavior and/or the type of behavior that shows symptoms of intoxication or impairment caused by drugs and/or alcohol; and (2) the behavior cannot reasonably be explained by other causes.

If an employee develops a reasonable suspicion that a student is impaired while on Cleveland Clinic premises, the employee will report their suspicion to the student's program leadership. The student's program leadership will notify the student of the need for immediate evaluation and testing. A reasonable suspicion referral for evaluation/testing will be made on the basis of documented objective facts and circumstances that are consistent with the effects of substance abuse or alcohol misuse. Program leadership will contact Occupational Health or a designated testing location for evaluation and/or testing and shall accompany the student to the location of

their evaluation and testing. [The Substance Abuse – Reasonable Suspicion or For Cause Testing Procedure](#) includes information on regional testing locations.

All students may be subject to an appropriate search on Cleveland Clinic premises when reasonable suspicion exists that a student is in improper possession of alcohol, illegal drugs and/or a controlled substance or may have diverted a controlled substance. If an employee develops a reasonable suspicion that a student is in improper possession of alcohol, illegal drugs and/or a controlled substance or may have diverted a controlled substance, the employee will report their suspicion to the student's program leadership. The program leadership shall contact Cleveland Clinic Protective Services to perform appropriate searches and investigation.

Refusal to Comply

Any student refusing to comply with a lawful evaluation, test or search, or otherwise failing to cooperate with an investigation conducted in accordance with this policy will be subject to removal from Cleveland Clinic premises and subject to disciplinary action up to and including dismissal from their program/educational experience.

Safe Transportation

Program leadership will arrange for transportation for the student to their home when the program leadership has reasonable suspicion that the student is impaired. The Cleveland Clinic Police Department/ Hospital Security can be contacted to obtain cab vouchers and also for consultation. If the student refuses transportation assistance, program leadership should document the fact and notify the Cleveland Clinic Police Department. Because of the safety implications of reasonable suspicion of impairment, refusal to accept safe transportation arrangements may result in discipline up to and including dismissal from the program.

Violation of Policy

Any student who is found to be in violation of this policy is subject to disciplinary action up to and including dismissal from their program/educational experience. A student may be suspended from participation in their program/educational experience pending the outcome of an investigation. An affiliate student's program leadership will inform an affiliate school of any actions taken under this policy.

Confidentiality

Student information related to this policy (e.g., reasonable suspicion of impairment, medical evaluation results, etc.) shall be held as confidential as reasonably possible consistent with program leadership's responsibilities under the policy and any reporting obligations required by law.

Regulatory Requirement/References

Oversight and Responsibility

Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department, educational program and activity and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Non-Employee Onboarding Policy

Target Group: Cleveland Clinic health system

Original Date of Issue: Not Set

Version: 1

Approved by: Board of Directors-Main, BOG/MECMain

Date Last Approved/Reviewed: 07/22/2015

Prepared by: James Brundage (Director Protective Operations)

Effective Date: 07/22/2015

Euclid Hospital:

MEC approval date: 8/14/2015

Board approval date: 8/19/2015

Effective Date: 8/19/2015

Fairview Hospital:

MEC approval date:

Board approval date: 8/19/2015

Effective Date: 8/19/2015

Hillcrest Hospital:

MEC approval date:

Board approval date: 8/19/2015

Effective Date: 8/19/2015

Lakewood Hospital:

MEC approval date:

Board approval date: 8/19/2015

Effective Date: 8/19/2015

Lutheran Hospital:

MEC approval date:

Board approval date: 8/19/2015

Effective Date: 8/19/2015

Marymount Hospital:

MEC approval date:
Board approval date: 8/19/2015
Effective Date: 8/19/2015

Medina Hospital:

MEC approval date:
Board approval date: 8/19/2015
Effective Date: 8/19/2015

South Pointe Hospital:

MEC approval date:
Board approval date: 8/19/2015
Effective Date: 8/19/2015

CCCHR:

MEC approval date: 9/4/2015
Board approval date: 9/4/2015
Effective Date: 9/4/2015

Avon:

MEC approval date:
Board approval date: 8/19/2015
Effective Date: 8/19/2015

Printed copies are for reference only. Please refer to the Cleveland Clinic Policy and Procedure Manual on the [intranet](#) for the latest version.

Purpose

This policy establishes onboarding requirements for all Cleveland Clinic non-employees (students, volunteers, contractors, construction workers, affiliated medical professionals, observers, etc.) to ensure individuals have been properly vetted and oriented prior to assignment at Cleveland Clinic via a third party. Applicable to all Cleveland Clinic health system locations, the policy mandates a centralized system for housing compliance elements in Protective Services in the event of an audit.

Policy Statement

To ensure safety for our patients and caregivers, Security Administrative Services maintains a standardized onboarding process for all Cleveland Clinic health system locations prior to assignment.

Definitions:

Non-Employee: individuals who need access to Cleveland Clinic property who do not receive a pay check with a Cleveland Clinic logo on it. Examples are students, contractors, observers, etc.

Remote Access Users: An individual who requires an ID number in order to gain access to Cleveland Clinic systems. These individuals will never physically be on Cleveland Clinic property.

Department Representative: The Cleveland Clinic employee who is authorizing the non-employee to be on Cleveland Clinic property. The Department Representative is responsible for the non-employee while they are at Cleveland Clinic.

Sales Representative: An individual on Cleveland Clinic property working in a sales capacity. This includes systems training and monitoring and will use Vendormate for onboarding.

Patient Care Area: This is defined by Occupational Health as an area that an individual will or may come into contact and/or in the same vicinity with patients of the Cleveland Clinic. TB tests are required for all individuals whose primary work location is in a patient care area.

Weapon: Any device that could be carried, possessed or used for the purpose of inflicting physical harm.

Occurrence: a visit to Cleveland Clinic property, regardless of the number of hours onsite.

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lakewood, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

The process applies to all those who will be on Cleveland Clinic property for greater than 5 days or 5 occurrences. All those here less than or equal to 5 days or 5 occurrences must be escorted by personnel within the department hosting the experience and sign a confidentiality agreement provided by the department representative. Orientations are the responsibility of the department representatives. Construction workers are permitted to be on the job site unescorted due to the nature of their business. A background release is collected regardless of the number of days or occurrences construction workers are on site. Patients, patient families, and patient visitors are exempt from the non-employee onboarding policy. Program-specific onboarding requirements are outlined in the SilkRoad Onboarding procedure.

Every non-employee who will be on Cleveland Clinic property for greater than 5 days or 5 occurrences, must obtain, display, and renew valid identification badges through the ID Badge Department within Protective Services. The onboarding requirements will be completed prior to receiving an active badge and include the following, or variations of the following:

1. Submit basic information such as name, email, SSN, DOB, address used to populate the badge system
2. Complete a background release form
3. Complete a confidentiality agreement
4. Acknowledge Conditions of Use
5. Submit verification of negative TB test if necessary
6. Read and acknowledge enterprise-wide policies
7. Complete MyLearning coursework
8. Register their vehicle for parking
9. Flu shot compliance (students only)
10. Department-specific requirements

Requirements are subject to change at any time based on needs of stakeholders, departments, the Cleveland Clinic enterprise, or government regulations. All Cleveland Clinic employees who have oversight of non-employees, contracted companies, affiliated colleges and universities, will adhere to the onboarding process Cleveland Clinic requires as outlined within this policy. Cleveland Clinic personnel reserve the right to refuse entry to Cleveland Clinic property based on results of the background check. An offer of a non-employee experience is subject to be rescinded at any time. Non-compliance to any element of the onboarding process will result in denial of badging and entry into Cleveland Clinic facilities. Weapons are not permitted on Cleveland Clinic premises, at enterprise sponsored functions, while conducting organization business off-premises or in Cleveland Clinic-owned or leased vehicles. Cleveland Clinic premises include all enterprise-owned or leased buildings and surrounding areas such as parking lots, sidewalks and driveways. Individuals in violation of the Weapons and Contraband policy will immediately be removed from Cleveland Clinic property, their management team will be notified, and they could be subject to criminal prosecution.

Onboarding Program for Non-Employees

Protective Services manages the non-employee onboarding process and maintains all compliance documentation. Each non-employee is required to complete the onboarding process prior to arrival on Cleveland Clinic property and prior to badge expiration date. All users must adhere to the Security Administrative Services guidelines regarding program access. All non-employees are responsible for completing the tasks that have been assigned to them as outlined in the Conditions of Use. Violations of the Conditions of Use will be investigated. Protective Services reserves the right to audit any information submitted to the program with academic institutions or external entities. Upon request of a document, it must be provided to Security Administrative Services within 24 hours. Data entered into the program is protected by the software provider. The Cleveland Clinic protects the confidentiality, integrity, and availability of all data that it receives, maintains, or transmits. Security Administrative Services has ultimate

program oversight and can inactivate the onboarding process. Security Administrative Services will report all policy violations to the department representative/sponsor and he contracted leadership.

Non-Employee Departure

All badge holders must return to ID Badge Department upon departure. It is the department representative's responsibility to communicate to Security Administrative Services when the non-employee no longer requires access to Cleveland Clinic property. Individuals found to be non-compliant are subject to be removed from the property.

Onboarding Program for Sales Representatives

Individuals who report to Cleveland Clinic as a sales representative will utilize the Vendormate program.

Regulatory Requirements/References

Joint Commission ORC.2901.01; EC.02.01.01

HR.01.02.05

HR.01.04.01

ID Badge Policy

Vendor Visitation Policy

Weapons Control Policy

Oversight and Responsibility

Security Administrative Services will review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Digestive Disease & Surgery Institute, Student Observation and Volunteer Guideline

Target Group:

Cleveland Clinic- Main Campus

Center for Human Nutrition (CHN) and Digestive Disease & Surgery Institute (DDSI)

Original Date of Issue: 06/01/2012

Version: 3

Approved by: Cynthia Hamilton

Date Last Approved/Reviewed: 07/05/2019

Prepared by: Ashley Ratliff (DDSI Program Manager)

Effective Date: 07/05/2019

Printed copies are for reference only. Please refer to the Cleveland Clinic Policy and Procedure Manual on the [intranet](#) for the latest version.

Purpose

To provide specified procedures and guidelines for high school students, college students and healthcare professionals who want to observe or volunteer in practice areas within the Center for Human Nutrition (CHN).

Guideline

All requests for observation and volunteer experiences must be vetted through the Education Program Manager. College nutrition students (ages 18 and over) may be accepted for observation experiences based on staffing availability. These experiences will be for a maximum of two days and a minimum of a half-day. College students and healthcare professionals can request to volunteer in CHN over their summer break. CHN may accommodate a maximum of two college student volunteers each year, and volunteers will be selected by the Education Program Manager via a brief application process. These volunteers are not to take the place of regular employees. High school students will not be accepted for observation experiences or considered for volunteer opportunities unless part of a pre-approved program. College students and healthcare professionals desiring to work with CHN for a practicum experience will be approved on a case-by-case basis and a fee may be associated with their experience.

Procedure

- A. All observation and volunteer requests must be directed to the Education Program Manager who will then determine if the request is approved.
- B. College students/healthcare professionals observing for five days or less do not require onboarding, but will require the following:
 1. Completion of two documents: a confidentiality agreement and a registration form.
 2. Both documents must be completed by the observer prior to the observation experience and sent or delivered to the Education Program Manager no later than the first day observed. A copy is kept on file with the Education Program Manager.
 3. The clinician(s) working with the observer will administer a brief orientation as determined by the Education and Program Manager.
 4. During flu season (Nov 1-March 31), all observers must provide proof of a recent flu shot.
- C. For college students/professionals who are observing/volunteering or completing a practicum for more than five days:
 1. The college student/professional will be on boarded through Center for Health Sciences Education using the online system. The Education Program Manager initiates the onboarding process with the Center for Health Sciences Education.

2. Center for Health Sciences Education requires that the college student/professional:
 - a. Access the online onboarding system to:
 - i. Complete onboarding and orientation modules as required or assigned.
 - ii. Electronically sign a confidentially agreement.
 - iii. Receive a background check through Center for Health Sciences Education or have student's academic representative attest to completed (negative) background check.
 - iv. Provide proof or academic attestation of vaccinations as required by Center for Health Sciences Education. For those NOT receiving academic credit: only a recent (within the last year) negative TB test and a flu shot (Nov.-March) is required.
 - v. Obtain a Cleveland Clinic student ID through Badge Services.
 - b. The Program Manager will determine a schedule for the observer/volunteer and coordinate this schedule with necessary CHN caregivers.
3. For professionals who are observing or completing a practicum for more than two days, a fee may be associated with the experience.
4. High school students will not be considered for observation or volunteer experiences unless they are part of a pre-approved program.

Oversight and Responsibility

Education Program Manager is responsible to review, revise, update, and operationalize this guideline.

Reviewed:

- James Stoller
- Mari Knettle
- Jill Markowitz
- Paul Terpeluk
- Laura Greenwald

CDC College/University Student COVID-19 Quarantine Guidelines

Definitions:

Quarantine: is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Isolation: keeps someone who is infected with the virus away from others, even in their home.

Close Contact: You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more. You provided care at home to someone who is sick with COVID-19. You had direct physical contact with the person (hugged or kissed them). You shared eating or drinking utensils. They sneezed, coughed, or somehow got respiratory droplets on you.

Steps to take:

Stay home and monitor your health:

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19

When to start and end quarantine:

- Scenario 1: Close contact with someone who has COVID-19—will not have further close contact
 - I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).
 - Your last day of quarantine is 14 days from the date you had close contact.
 - Date of last close contact with person who has COVID-19 + 14 days = end of quarantine
- Scenario 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact
 - I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.

- Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation
- Date person with COVID-19 began home isolation + 14 days = end of quarantine
- Scenario 3. Under quarantine and had additional close contact with someone who has COVID-19
 - I live with someone who has COVID-19 and started my 14-day quarantine period because we had [close contact](#).
 - What if I ended up having [close contact](#) with the person who is sick during my quarantine? What if another household member gets sick with COVID-19? Do I need to restart my quarantine?
 - Yes. You will have to restart your quarantine from the last day you had [close contact](#) with anyone in your house who has COVID-19. **Any time a new household member gets sick with COVID-19 and you had [close contact](#), you will need to restart your quarantine.**
 - Date of additional [close contact](#) with person who has COVID-19 + 14 days = end of quarantine
- Scenario 4: Live with someone who has COVID-19 and cannot avoid continued close contact
 - I live in a household where I cannot avoid [close contact](#) with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.
 - You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the [criteria to end home isolation](#).
 - Date the person with COVID-19 ends home isolation + 14 days = end of quarantine

CDC Tuberculosis (TB) Screening and Testing of Health Care Personnel

Tuberculosis (TB) screening and testing of health care personnel is recommended as part of a TB Infection Control Plan and might be required by state regulations.

TB screening programs should include anyone working or volunteering in healthcare settings, including:

- inpatient settings
- outpatient settings
- laboratories
- emergency medical services

- medical settings in correctional facilities
- home-based health care and outreach settings
- long-term care facilities
- clinics in homeless shelters

All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). The local health department should be notified **immediately** if TB disease is suspected. Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission.

Baseline TB Screening and Testing

- A baseline individual TB risk assessment
- HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:
 - Temporary or permanent residence of ≥ 1 month in a country with a high TB rate Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe YES/NO
 - OR**
 - Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication YES/NO
 - OR**
 - Close contact with someone who has had infectious TB disease since the last TB test OR YES/NO
- A TB test
- Additional evaluation for TB disease as needed

Information from the baseline individual TB risk assessment should be used to interpret the results of a TB blood test or TB skin test given upon hire (i.e., preplacement). Health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.

Health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.

Annual Screening, Testing, and Education

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual [TB symptom](#) screen.

Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

Healthcare facilities might consider using annual TB screening for certain groups at increased occupational risk for TB exposure (e.g., pulmonologists or respiratory therapists) or in certain settings if transmission has occurred in the past (e.g., emergency departments). Facilities should work with their [state and local health departments](#) to help make these decisions.

All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures. TB education materials can be found through [CDC](#), the [TB Centers of Excellence for Training, Education, and Medical Consultation](#), [NTCA external icon](#), [State TB Programs](#), and the [Find TB Resources](#) website.

Post-Exposure Screening and Testing

All health care personnel with a known exposure to TB disease should receive a [TB symptom](#) screen and timely testing, if indicated.

- Health care personnel with a previous negative TB test result should be tested immediately and re-tested 8 to 10 weeks after the last known exposure. For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., preplacement) and for any follow-up testing.
- Health care personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB. They should receive a [TB symptom](#) screen and if they have symptoms of TB, they should be evaluated for TB disease.