

SECTION G:
Practicum Conduct Policies

Practicum Information

After students begin their 4th professional year at the UW School of Pharmacy they will be primarily working with Dr. Terri O'Sullivan, Director of Experiential Education, and Mary Neyhart, Program Coordinator in the Office of Professional Education. All concerns and questions regarding practicums/rotations should be directed to them, see below for contact information.

Students will complete learning experiences in pharmacies throughout the professional program. Introductory Pharmacy Practice Experiences (IPPEs) include PHARM 527, Introductory Community Pharmacy Experience, PHARM 528, Introductory Institutional Pharmacy Experience, and PHARM 574, Introductory Clinical Practicum. These experiences will be completed in the first three professional years of the program. The final year of the program consists entirely of experiences in a variety of pharmacy sites including but not restricted to hospitals, community pharmacies, and ambulatory care clinics. Orientations will be provided to introduce each of the experiential classes. Specific questions about experiential education programs or sites should be directed to the experiential education directors, Drs. Teresa O'Sullivan or Jennifer Danielson, or to Mary Neyhart, program coordinator.

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Intern Licensure

An intern license is required to practice as a pharmacy intern in the State of Washington. No student may begin a practical learning experience (either paid or volunteer) without first obtaining an intern license. Students are eligible to apply for an intern license as soon as they have satisfied all conditions of admission to the program, so entering students are encouraged to apply for licensure prior to the start of Autumn Quarter of their first professional year. All students must register with the Washington State Board of Pharmacy as an intern no later than the end of Autumn quarter of their first professional year. Information about internship licensure can be obtained at <https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/forms.htm> the Washington State Board of Pharmacy web site. Please note: A student must be currently enrolled and making satisfactory progress toward the PharmD degree requirements to maintain a license and work as a pharmacy intern. Failure to notify the Board of Pharmacy and continuing to work as an intern may be grounds for disciplinary action.

UW HIPAA Training

The UW HIPAA (Health Information Portability and Accountability Act) training must be completed prior to beginning any experiential courses, preferably at the beginning of the academic year. This will be arranged by the School through the Health Sciences HIPAA Compliance Office. Students will receive email notification and links to the training website at the appropriate time.

Student Guidelines for Practicum Conduct

Please refer to the Advanced Practicum Syllabus for the most current information on practicum policies and procedures. A copy of this document may be obtained in the Office of Professional Education or at <http://depts.washington.edu/pharmopp/practicum.htm#577> on the internet.

Indemnification Policy

Please refer to the above-mentioned website or the Advanced Practicum Syllabus.

First Aid/CPR Certification

Students are required to have certification in basic first aid and adult CPR prior to beginning their practical training in health systems (PHARM 528). Certification can either be through the American Red Cross or the American Heart Association (CPR only). There are two American Red Cross instructors on the faculty of the School of Pharmacy, Drs. Peggy Odegard and Teresa O'Sullivan. They will offer a class to students in spring quarter of the second professional year and hold a CPR challenge session in spring quarter of the third professional year. CPR courses are also offered by the American Heart Association, (call 1-800 AHA-USA1 for more information), American Red Cross (call 206-323-2345), and some local fire departments.

Student Guidelines for Infection Control and Exposure Management

Introduction

A pharmacist's role in the transmission of infectious agents, and any risk from exposure to infectious diseases, is generally thought to be minimal. As pharmacists become increasingly involved with direct patient care, however, the risk of becoming involved in the transmission of an infectious agent will increase. Pharmacists have the potential to be involved in infectious disease transmission if they participate in situations such as:

- Responding to cardiac arrest resuscitation
- Patient evaluation, particularly if the evaluation includes any physical examination of the patient by the pharmacist
- Phlebotomy to evaluate drug and non-drug (e.g. glucose) plasma/serum concentrations. Phlebotomy includes venipuncture and fingersticks and also refers to the handling of any contaminated needles and/or tubes used to store blood or body fluid products.

Pharmacists and other pharmacy personnel may also cause infection transmission through improper use of aseptic technique when involved in preparing products which will be infused into or otherwise come into contact with patients, particularly those who are immunocompromised.

Routine Hand Washing

All pharmacy students and faculty should wash their hands *before* touching patients, becoming involved with any sterile product preparation, or eating. Hand washing should also be performed *after* touching patients, using gloves, wiping the nose or mouth, having contact with any other body substances, and using the bathroom. **HAND WASHING IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION.**

Personal Barriers

Gloves. Clean gloves should be put on immediately prior to making contact with a patient's mucous membranes or open skin, entering into a patient's room where glove use is required, and prior to any phlebotomy. Use of gloves is also recommended during the preparation of sterile products. If the gloves are not sterile, or put on prior to entry into sterile compounding area, they should be washed (just as hands would be) prior to entry into the sterile field. Gloves are highly recommended during routine preparation of chemotherapy agents and use of caustic chemicals.

Gowns. Gowns should be used to cover areas of skin or clothing likely to become soiled with body fluids during patient care and are also recommended during routine preparation of chemotherapy agents and use of caustic chemicals.

Facial Barriers. Mask, goggles, and face shields should be worn when splashing or splattering of body fluids into nose, mouth or eyes could occur. Masks should be put on prior to entry into a room where mask use is required. Masks, goggles, or face shield use is recommended during routine preparation of chemotherapy agents and use of caustic chemicals.

Management of Sharps

Most pharmacists' involvement with needles occurs in the preparation of sterile products, where there is little danger of serious infectious complications resulting from needle puncture to a person preparing these products (although injury could result from accidental introduction of caustic chemicals via needle puncture). Additionally, pharmacists may be occasionally involved with potentially infectious contaminated sharps during a code situation, when administering immunizations or performing phlebotomy. The following precautions should always be observed:

- Discard all sharps into correctly labeled rigid plastic containers. Be certain that no needles protrude to present a hazard for others. Never place needles or other sharps in the wastebasket and never leave them lying on a workplace surface or at a patient's bedside.
- Don't recap needles unless it is unavoidable. If recapping *must* be done, lay the cap on a flat surface and "scoop" the cap onto the needle, using only one hand, without touching the needle cap. Once the cap is covering the needle, it can be carefully tightened. It should then be placed in an easily visible location and discarded into a sharps container as soon as possible.
- Never hand a syringe containing an uncapped needle to another person. Always carefully lay the syringe down on an appropriate clean or sterile surface and let the other person pick it up.
- Any syringe not in use must *always* be capped. Follow guidelines noted above to properly recap needles.
- When entering a code situation, always make it a priority to locate the sharps box (often there is one on the crash cart), as the pharmacist is often expected to keep track of and properly dispose of all injectable medications. If you are asked to inject a medication into a patient and are not able to do so, ask someone else with more experience (i.e., a nurse or MD) to give the dose.

Entering an Isolation Room

It is important to develop a respect for isolation signs. This means that the student will mask, glove, and/or gown, according to instructions on the door of the patient's room, before entering. The student should try to avoid going into the patient's room if it is not really necessary, e.g., during morning rounds when it is certainly acceptable to remain outside. The preceptor will provide guidance if there is uncertainty on how best to comply with the rules for isolation.

Personal Sickness

Students with a productive/uncontrollable cough or sneezing, fever (oral temperature >100o F), unidentified rash, excessive nasal discharge, vomiting, or diarrhea should not come to the practicum site. Contact the preceptor and make arrangements to make up the lost time as soon as you have recovered.

Pregnancy

Female students who are pregnant or suspect pregnancy should use extra caution when around body fluids and try to avoid patients who may have communicable diseases. Such students are welcome to ask for the possibility of placement in a clerkship where significant exposure to infectious agents or possible teratogens is unlikely.

Positive HIV or Infectious Hepatitis Status

Students are not required to state their HIV or infectious hepatitis status. However, the School will work closely with any student who may be HIV positive to place that student into practicum experiences which are likely to pose less risk of significant exposure to infectious diseases. The School will also work with students with infectious hepatitis who are concerned about potential disease transmission. Information regarding the bloodborne pathogen status of any student will be considered highly confidential by the staff member interacting with the student and will not be communicated in verbal or written form to any other student, staff, or faculty member without express permission of the student. This information also applies to students who are or may be immunocompromised for other reasons.

Exposure Management

Students should discuss potential exposure to any infectious agents with the preceptor as soon as possible. If the preceptor feels the exposure was real and significant or if the preceptor is not comfortable making a judgment as to whether the exposure was real/significant, the preceptor should contact the Office of Professional Education. We will work together to determine the best course of action.

If body fluid exposure occurs:

- Immediately remove gloves and clothing soaked with blood or other high-risk body fluids.
- Wash any potentially exposed site with antiseptic soap and water, unless material has continually entered your eyes. In this case, eyes should be flushed constantly for 15 minutes.
- Immediately inform the preceptor and the employee health service and/or emergency department at the site where the needle-stick injury or exposure to bodily fluids of another, or other potentially infectious material occurred.
- Seek emergency medical care following the injury.
- If necessary, ask for initiation of HBV, Hepatitis C (HCV) and HIV protocol.

- Contact the Office of Professional Programs. The site will most likely want you to fill out an Incident Report or Accident Report form. Please do not fill out or sign these forms until the Experiential Education Director has consulted with Risk Management. If a significant exposure is determined to have occurred, the Experiential Education Director will work closely with the student to determine the best course of action.

If exposure to other communicable diseases occurs:

- **Tuberculosis.** All students should have baseline TB screening prior to beginning their practicums. A follow-up skin test should be done within 10-12 weeks after the exposure.
- **Chicken Pox.** All students should have either a verbal history of chicken pox or a positive antibody titer. If you have any questions please ask the Professional Experiential Program Director.
- **Measles, mumps, rubella, pertussis.** If exposure to any of these diseases occurs, it will be considered on a case-by-case basis. Students are not likely to be at risk for contracting these diseases as vaccinations should be up-to-date prior to beginning any clerkship.
- **Meningitis exposure due to *Meningococcal* or *Haemophilus influenza* organisms.** Possible exposures will be dealt with on a case-by-case basis by the preceptor and Professional Experiential Program Director. If the exposure is determined to be significant, appropriate rifampin prophylaxis will be instituted.
- **Hepatitis A, B, or C.** Check with your preceptor or the Director of Experiential Education if there is any possibility that you have been exposed to someone with infectious hepatitis. All students must have received a full course of hepatitis B immunization before beginning their practicums.

Cost of Treatment and Insurance Coverage

Students are responsible for their own health needs, health care costs and health insurance coverage. Should an infectious exposure or other medical problem arise during a practicum or other School-sponsored course or event, the cost of treatment is the responsibility of the student. The School does not provide insurance coverage to the student for medical costs associated with exposures.

Low-cost student health insurance and health-related disability insurance is available through the University. Students are strongly encouraged to purchase this insurance. However, should an exposure or other medical problem arise, please notify the Director of Experiential Education or the Program Coordinator immediately to obtain guidance on how to proceed.

In the event a student sustains a needle-stick injury or other substantial exposure to the bodily fluids of another or other potentially infectious material while participating in the clinical education program at a rotation site, the site agrees to provide the following services:

- Being seen by Training Site's employee health service and/or emergency department as soon as possible after injury.
- Emergency medical care following the injury
- Initiation of HBV, Hepatitis C and HIV protocol
- HIV counseling and appropriate testing

If you have any questions about the above guidelines, please discuss them with Dr. Teresa O'Sullivan, Director of Experiential Education, or Dr. Stanley Weber, Associate Dean.