

Please review all the policies in the MCN policy management system using your GroupWise ID and password

MEDICAL STUDENT EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

1) **Methods of Prevention:** The policies below outline procedures aimed at preventing exposure to infectious and environmental hazards in a healthcare setting.

- IC D-02 - Standard Precautions Procedure
<https://upstate.ellucid.com/documents/view/276>
- IC D-01 - Hand Hygiene Policy-Procedure
<https://upstate.ellucid.com/documents/view/275>
- IC C-03 - Contact Precautions
<https://upstate.ellucid.com/documents/view/272>
- IC C-05 - Contact Precautions PLUS
<https://upstate.ellucid.com/documents/view/274>

2) **Proper Response to Exposure**

- ESH B-01 - ESH Blood Body Fluid Exposure Follow-Up
<https://upstate.ellucid.com/documents/view/3041>
- ESH B-02 - Student Occupational Health Exposure
<https://upstate.ellucid.com/documents/view/3042>
- EOC H-01 - Hazardous Materials and Waste Management Plan
<https://upstate.ellucid.com/documents/view/540>
- DIS M-45 - Hazardous Materials Spills
<https://upstate.ellucid.com/documents/view/1477>
- IC G-01 Exposure Control Plan (ECP)
<https://upstate.ellucid.com/documents/view/300>

HIPAA & CONFIDENTIALITY

- Upstate Medical University Confidentiality Policy and Agreement
<https://upstate.ellucid.com/documents/view/2942>
- Upstate Protecting Patient Privacy and Information Security
<https://upstate.ellucid.com/documents/view/4345/?security=f2c1c48e3da312bd74fab4215491d0ac2c3e10ee>
- HIPAA Privacy and Security Education Completion Certificate
http://www.upstate.edu/hr/document/privacy_ed_certificate.pdf

ATTESTATION

As a visiting student to SUNY Upstate Medical University, my signature below affirms the following:

- 1) I acknowledge I have been provided and reviewed the educational material and policies for exposure to infectious and environmental hazards.
- 2) I acknowledge I have been provided and reviewed the educational material and policies on confidentiality, HIPAA Privacy Rule and SUNY Upstate Medical University's Privacy Practices. I understand that if I have any questions, I should contact the Institutional Privacy Office at (315) 464-6135.

Printed Name

Signature

Date