TITLE:  STUDENT EXPOSURE TO, OR DIAGNOSIS OF, A COMMUNICABLE DISEASE
This policy refers to any communicable condition (such as strep throat, herpes, scabies, rubella, tuberculosis, hepatitis, HIV positive, etc.) which potentially threatens student or patient safety.

POLICY:  A student who suspects or has a real contact with an individual or patient which would result in the student's exposure to a communicable disease, or a student who contracts a communicable disease must report such contacts/diagnosis to her/his Campus Director immediately. Written documentation of compliance with the policy and the procedure which follows are the responsibility of the student.

RATIONALE:  The purpose of this policy is to prevent spread of the disease to other students, clients and the community and to have an approved, uniform, planned approach for dealing with students who have been exposed to or contracted communicable diseases.

The student is responsible for being knowledgeable about communicable diseases and the student's own role as an associate of a presumptive source, susceptible contact and/or a positive case.

PROCEDURE:

1. Students are to report suspected or real contact with a communicable disease or a communicable disease diagnosis to their Campus Director immediately following exposure or diagnosis. This contact may be a result of a clinical learning experience or occur in one's personal life (e.g., child has chicken pox).

2. If the student was exposed or was possibly communicable during clinical laboratory experience in a specific institution/agency, the particular institution/agency's policies regarding communicable disease should be followed.

3. Campus Director and student will complete "Report of Exposure to Communicable Disease" form (D-3.1 Attachment 1).

4. In the absence of institution/agency policy regarding communicable disease exposure, Center for Disease Control (CDC) Guidelines and/or Benenson's Control of Communicable Diseases in Man should be consulted regarding management of cases and contacts for the specific disease which the student has contracted or to which the student has been exposed. This will assist in determining if the student needs to be referred to a primary care provider or the contact/diagnosis reported to the local health department. (Attached is a list of diseases and circumstances of outbreak which must be reported to the local health department: D-3.1 Attachment 2).

5. The student will submit a written report of conference with the appropriate institution/agency personnel,
primary care provider or health department staff as recommended by the Campus Director. Students will submit a written report to the Campus Director following termination of follow-up care. The follow-up care will depend upon the type of communicable disease which the student has contracted or to which the student has been exposed.

6. If it is discovered that a student failed to report a suspected or real contact with a communicable disease or a communicable disease diagnosis to her/his Campus Director immediately, the student will be withdrawn from the clinical setting. At that point, the particular institution's/agency's policies regarding communicable disease will be followed.

Approved by:

College Council: 8/18/93
Dean: 10/27/93 (KAL)

ATTACHMENT #1: Report of Exposure to Communicable Disease
ATTACHMENT #2: List of Reportable Diseases
MONTANA STATE UNIVERSITY
COLLEGE OF NURSING
Report of Exposure to Communicable Disease

Student: _______________________________________________ _____________________________

Signature Date

Exposure to Communicable Disease named ___________________________________________________

a. Date of Exposure: ________________ Contact: Social? ________       _________

Yes    No

Contact: Professional: (Give area - do not give contact name on this report)

__________________________________________________________

Reported to Campus Director: ___________________________________________________________

Signature of Campus Director Date

Name & Title of provider and date of appointment:

_____________________________________________________________________________________

b. Report of initial visit with provider or health department, treatment and follow-up plans:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Student Signature Date Campus Director Signature Date

c. Report of compliance with policy and procedure:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Student Signature Date Campus Director Signature Date

Original to Assistant Dean for permanent file; copy to be retained by the Campus Director separate from student's academic file.
REPORTABLE DISEASES
Department of Health and Environmental Sciences
Health Services Division
Cogswell Building
Helena, MT 59620

CLASS A
Report by phone immediately, either suspected or confirmed
- Anthrax
- Botulism (including infant)
- Diphtheria
- Measles (Rubeola)
- Plague
- Rabies or exposure (human)
- Smallpox (including vaccinia)
- Typhoid fever

CLASS B
Report all cases on the same day as diagnosis, by Confidential Case Card
- Chancroid
- Cholera
- Diarrheal disease outbreak
- Gastroenteritis epidemic
- Gonococcal infection
- Granuloma inguinale
- Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia and septicemia)
- Listeriosis
- Lymphogranuloma venereum
- Meningitis, bacterial & viral
- Pertussis (whooping cough)
- Poliomyelitis
- Rubella (including congenital)
- Syphilis
- Tetanus
- Typhus
- Yellow fever
- Illness occurring in a traveler from a foreign country
- An unusual outbreak of any communicable disease in Control of Communicable Diseases in Man, APHA, 14th ed.

CLASS C
Report all cases within 7 days, by Confidential Case Card
- Acquired Immune Deficiency (AIDS)
- Brucellosis
- Campylobacter enteritis
- Chlamydial genital infection
- Cytomegaloviral illness
- Encephalitis
- Giardiasis
- Hansen's disease (leprosy)
- Hepatitis A, B, non A, non B, unspecified
- Kawasaki disease
- Legionellosis
- Lyme disease
- Malaria
- Mumps
- Omithosis (Psittacosis)
- Q-fever
- Reye's syndrome
- Rocky Mountain Spotted Fever
- Salmonellosis
- Shigellosis
- Trichinosis
- Tuberculosis
- Tularemia
- Yersinia

CLASS D
Report Friday of each week, number only
- Chickenpox
- Colorado Tick Fever
- Conjunctivitis
- Influenza (confirmed)
- Staphylococcal epidemic
- Streptococcal epidemic
- Swimmer's itch (cutaneous larva migrans)

Report to your local health officer:
Name: ________________________________
Phone: ________________________________
If unable to contact local health officer, contact:

State Dept. of Health & Environmental Sciences
Cogswell Building