TITLE: COMMUNICABLE DISEASE PREVENTION POLICIES

POLICY: Nursing students are required to adhere to College of Nursing policies on health screening tests, immunizations, and preventive practices described below as well as those for clinical agencies which may have additional requirements. Campus Directors will inform students of agency policies which differ substantially from the MSU College of Nursing policies. Students are expected to provide evidence of health screening at each registration period. Students without valid documentation of appropriate screening or treatment will be denied access to the clinical setting.

I. TUBERCULOSIS POLICY: All nursing students are screened annually for tuberculosis (TB). A two step skin test must be done initially. Thereafter, the annual test is a one step skin test. Each student is responsible for providing evidence of screening for TB. Students with a positive skin test are required to provide documentation of annual medical evaluation of their health status related to TB.

RATIONALE: TB can be rendered noncommunicable with appropriate treatment for those individuals who have a positive skin test. The tuberculin skin test using purified protein derivative (PPD) is used to detect tuberculosis. The two-step TB skin test is used to distinguish “boosted” reactions indicative of past infections from new infections and is used as a guide for appropriate treatment. The Centers for Communicable Disease recommends two-step testing in the initial skin testing of health care workers.

PROCEDURE:
1. The two step PPD skin test requires
   a. Administration of a PPD skin test which is read within 48-72 hours;
   b. If the reaction to the first PPD skin test is classified as negative, a second test should be done within 1 to 3 weeks of the first test;
   c. If the reaction to the first PPD skin test is classified as positive, the person is considered infected and a second skin test is not done
   d. A positive reaction to the second test is classified as a “boosted” reaction.
2. Students are required to present evidence of the results of the two step PPD skin testing prior to their first clinical nursing course.
3. Students are required to present evidence of the results of the annual PPD skin test each semester at upper division.
4. If the PPD skin test was previously positive or converts to positive, the student must provide documentation of medical evaluation of the student’s health status related to TB.

II. RUBELLA POLICY: All nursing students must provide evidence that their rubella titer level is adequate.

RATIONALE: Rubella is a disease that can be prevented through routine vaccination. Vaccination is indicated for individuals who do not have adequate titer levels. While vaccination is quite effective, titer levels are required to document immunization status.

PROCEDURE:
1. Students are required to provide documentation of rubella titer levels prior to beginning upper division classes.
2. If a student’s rubella titer level is negative, the student must repeat the titer or receive vaccination.
3. If the second titer level is negative, the student must receive the vaccination or the student will be denied access to the clinical setting.

III. **HEPATITIS B VIRUS POLICY:** Students entering Upper Division or graduate nursing course work are required to present documentation of serologic evidence of immunity (either by vaccination or previous infection demonstrated by positive titer) to HBV. Students who cannot meet this requirement, for personal or health reasons, must be reviewed by the Assistant Dean on an individual basis. Final approval or waiver must be granted, in writing, prior to entering Upper Division or graduate nursing course work.

**RATIONALE:** The Center for Disease Control (CDC) recommends that nursing students be vaccinated for HBV because of their increased risk of exposure to blood, body fluids and needle stick injury which could infect them with HBV during their professional education period. (Morbidity and Mortality Weekly Report, June 7, 1985, or most current guidelines.)

The American Association of Colleges of Nursing (AACN) and the American Nurses Association (ANA) state that schools of nursing should adopt a policy of mandatory vaccination for HBV in order to reduce the possibility of exposure to the virus. (Position Statement, March, 1992, AACN.) (Position Statement on HIV infection and nursing students, February, 1992, ANA.)

Many clinical agencies used for clinical nursing courses require HBV immunizations for students and faculty.

**PROCEDURE:**
1. Incoming students will be informed that documentation of HBV immunity will be required prior to beginning Upper Division clinical coursework in a letter outlining program requirements. (Initiated Fall, 1992)
2. Undergraduate students will be required to complete immunization series prior to, or concurrent with, Lower Division clinical coursework. Graduate students will be required to complete immunization prior to graduate clinical coursework.
3. Students who are unable to meet the requirement of documentation of immunity, for personal or health reasons, must provide written documentation of the reasons which preclude immunization, for review by the Assistant Dean. Requests for review by the Assistant Dean must be made by the student early enough (at least six months in advance) to allow for resolution prior to the student beginning Upper Division clinical coursework or graduate clinical coursework.
4. Students who have received the HBV immunization series and remain serologically negative are strongly encouraged to be revaccinated. Per the Montana Department of Health and Environmental Sciences (J. Burgett, RN, May, 1993), a second complete series of HBV vaccine is recommended if anti-HBs is 0 mIU/mL following immunization series. If anti-HBs is greater than or equal to 5 mIU/mL, a fourth vaccination may be adequate to boost antibody response to ≥ 10 mIU/mL. Antibody level should be re-checked after 4th injection. If anti-HBs remains < 5 mIU/mL, the 2nd vaccination series should be completed. If anti-HBs remains negative after second series, student should be identified as a "non-responder" and counseled on appropriate Hepatitis B prophylaxis following percutaneous exposure (see Table A1, Morbidity and Mortality Weekly Report, November 22, 1991, Vol. 40, No. RR-13, pg. J-36).
5. Effective Fall, 1993, students are required to present, prior to Upper Division coursework:
   a. Documentation of serologic immunity (≥ 10 mIU/mL)
   OR
   b. Documentation of immunization series with plan for final titer and revaccination or
booster as indicated (see #4)

OR

c. Documentation of completed review by the Assistant Dean with statement of exemption from immunization requirement and waiver form signed by student.

**Students will not be allowed in clinical areas without this documentation.**

6. Serologic measure of antibody titer must be repeated if vaccination was completed 5 or more years prior to clinical coursework.

IV. **UNIVERSAL PRECAUTION POLICY:** Students are expected to follow universal precautions in order to prevent contact with **HIV**, **HBV**, and other blood-borne pathogens.

**RATIONALE:** Since medical history and physical examination cannot reliably identify all patients who are infective, all body fluids shall be considered potentially infectious materials. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood-borne pathogens.

**PROCEDURE:**


2. Students will have access to the current CDC Guidelines at each campus.

3. Examples of general guidelines are listed. Students should also follow agency guidelines in clinical practice.

**GUIDELINES:** All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient/client is anticipated.

**GLOVES:** Gloves must be worn when it can be reasonably anticipated that there may be hand contact with blood, other potentially infectious materials, mucous membranes or non-intact skin. Gloves must be changed after contact with each patient.

**HAND WASHING:** Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately when gloves are removed.

**GOWNS:** Gowns or aprons must be worn when in direct contact with the patient if there is a likelihood that your clothing may be soiled with blood or other potentially infectious materials.

**MASKS, EYE PROTECTION AND FACE SHIELDS:** Masks, in combination with eye protection devices or chin length face shields will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

**SHARPS:** Contaminated needles and other contaminated sharps (scalpels, broken glass, wire) shall not be bent, broken, recapped or removed. Contaminated sharps are discarded immediately or as soon as feasible in closeable, puncture resistant, leak proof, labeled containers.
SPECIMENS: Specimens of blood or other potentially infectious materials must be placed in a container which prevents leakage during collection, handling, processing, storage or transport.

RESUSCITATION EQUIPMENT: When in a clinical setting, the student should assure that a resuscitation bag, pocket mask and oral airway or other ventilation devices are readily available for emergency use. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

CLEANING SPILLS OF BLOOD AND OTHER BODY FLUIDS:
1. Wear gloves. Initially clean area using disposable towels.
2. Decontaminate area with an appropriate germicide or a 1:100 solution of household bleach. Cleaning equipment should be disposed of as infective waste.
3. Wash hands following removal of gloves.

LINENS: Handle as little as possible with minimal agitation to prevent contamination to air or persons handling linen. All soiled linen should be bagged at location where it is used. Linen soiled with blood should be placed and transported in bags that prevent leakage.

DISPOSAL OF HAZARDOUS WASTES: Materials from skills labs or clinical experiences involving contaminated materials (i.e. needles, lancets or other equipment contaminated with blood) need to be disposed of properly. Each campus should make arrangements to have these materials disposed of in accordance with CDC regulations.

ADDITIONAL PRECAUTIONS:
1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure.
2. Food and drink must not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
3. Students/health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
4. Pregnant students/health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

V. HIV TESTING POLICY: Nursing students who believe they may be at risk for HIV antibody have an obligation to be tested. While the testing decision should be voluntary for the individual, there may be instances in which testing could be required. Education, training and confidentiality safeguards will be used to encourage those who believe they might be at risk to be tested.

RATIONALE: An HIV antibody positive nursing student may require modification/accommodation of clinical education to limit additional risks to the personal health of the student and to limit performance of "exposure prone" procedures with clients. (Position Statement, March, 1992, AACN; Position Statement

PROCEDURE:

1. Inquiry into HIV status is not part of student application processes.
2. Qualified individuals cannot/will not be denied admission to nursing program on the basis of HIV status.
3. College of Nursing informs students of potential infectious hazards inherent in nursing education programs including those that might pose additional risks to the personal health of HIV positive persons.
4. Students who are HIV positive or who have AIDS may not pose a health risk to other students in an academic or residential setting. In a college lab or clinical setting the CDC guidelines and universal precautions must be followed.
5. Clinical settings that pose additional risk to the personal health of HIV positive students should be identified, and such persons should be advised of these risks and urged to consult their health care provider to assess the significance of risks to their own health.
6. Students who know they are infected should be urged to voluntarily inform a designated official in the College of Nursing who will provide information and referral on health care and counseling and begin a process to assess the need for necessary accommodations prior to beginning clinical coursework. Such accommodations will be crafted on a "case by case" basis by a group designated for that purpose.
7. Any accommodations in clinical experience for HIV positive students should take into account the nature of the clinical activity, the technical expertise of the infected person, the risks posed by HIV carriage, functional disabilities and the transmissibility of simultaneously carried infectious agents.
8. HIV status records will be kept separately from academic files and will be accessible only on a need-to-know basis with the individual student's written consent. Regulations and statutes related to confidentiality apply to these records. Release of this data without authorization will be treated as a breach of confidentiality.

Approved by:
College Council: 8/18/93
Dean: 10/10/95 (LA); 5/15/97 (LA)