

**MONTANA STATE UNIVERSITY  
COLLEGE OF NURSING**

**POLICY # A-20**

**TITLE:** FACULTY COMMUNICABLE DISEASE PREVENTION POLICIES

**POLICY:** Faculty are required to provide evidence of health screening tests, immunizations and review of preventive practices described below on employment and annually. Campus Directors will inform faculty of agency policies which differ substantially from the MSU College of Nursing policies.

- I. **TUBERCULOSIS POLICY:** All faculty are screened annually for tuberculosis (TB) using a one-step tuberculin skin test (TST). If the faculty member has had no previous annual TST, a two step test must be done to provide a baseline. Thereafter, the annual test is a one step skin test. Each faculty member is responsible for providing evidence of screening for TB. Documentation must include the date and results of the test in millimeters. An induration of  $\geq 10$ mm will be considered positive. Faculty will be referred to their health care provider for assessment of risk. (CDC Core Curriculum on Tuberculosis, 4<sup>th</sup> Ed. 2000.) Faculty members with a positive skin test are required to provide written clearance from their health care provider to provide patient care.
- II. **RUBELLA POLICY:** Upon employment, faculty will provide documentation of 2 doses of rubella vaccination, or lab evidence (titer) of immunity.
- III. **HEPATITIS B (HBV) POLICY:** Upon employment, faculty must provide documentation of a positive anti-HBs titer at sometime in the past. Periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended. (*Morbidity and Mortality Weekly Report (MMWR)*, December 26, 1997, Vol. 46, No. RR-18, pg. 23.) If the faculty member has never been immunized, the series will be started and titer drawn as soon as possible.  
Persons who do not respond to the primary vaccine series should complete a second three-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. Persons who prove to be HBsAg-positive should be counseled accordingly. Primary non-responders to vaccination who are HBsAg-negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. (See TABLE 3, *Morbidity and Mortality Weekly Report*, December 26, 1997, Vol. 46, No. RR-18, pg. 23.)

Faculty who decline to accept the HBV vaccination shall sign the attached statement from MSU Office of Safety and Risk Management.

- IV. **VARICELLA:** Beginning in Spring 2008, all faculty must provide evidence of adequate immunity to varicella by positive titer.

**RATIONALE:** Varicella immunity is provided by previous infection or by vaccination. Vaccination is indicated for individuals who do not have a positive titer.

**PROCEDURE:**

1. Faculty are required to provide documentation of adequate immunity through a positive varicella titer.
2. If a faculty member's varicella titer level is negative, the faculty member must receive 2 doses of vaccine at an interval of 4-8 weeks between doses. Post vaccination titer after 2 doses of vaccine is not necessary or recommended. (June 22, 2007 MMWR <http://www.cdc.gov/mmwrhtml/rr5604a1.htm>)

- V. **TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS (Tdap):** Beginning in Spring 2008, all faculty must provide evidence of Tdap vaccination per procedure.

**RATIONALE:** Reduce the incidence of pertussis in the U.S. population and especially infants who have the highest risk of complications.

**PROCEDURE:** Faculty should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. Although Td booster doses are routinely recommended at an interval of 10 years, an interval as short as 2 years from the first dose of Td is recommended for the Tdap dose among HCW's. Tdap is not licensed for multiple administrations. After receipt of Tdap, HCW's should receive Td or TT for booster immunization against tetanus and diphtheria according to previously published guidelines. (MMWR, December 15, 2006).

- VI. **INFLUENZA:** Annual influenza immunization of health care workers (HCWs) is recommended to prevent the transmission of the virus to persons at high risk for influenza-related complications and severe disease (*MMWR* 6/06)
- VII. **SMALLPOX POLICY:** In the event a faculty member is required to receive smallpox vaccination, Center for Disease Control guidelines for site care will be followed. See <http://www.bt.cdc.gov/agent/smallpox/vaccination/site-care-pub.asp>

**RATIONALE:** After vaccination, this live virus is present at the vaccine site and can be spread through contact. To avoid this, the vaccination site must be cared for carefully until the scab that forms after vaccination falls off on its own (in 2 to 3 weeks).

**PROCEDURE:** Until the scab falls off on its own, Faculty will not participate in clinical lab.

VIII. **STANDARD PRECAUTIONS EDUCATION/ANNUAL UPDATES:**

All faculty will attend an initial education program upon employment and an annual update on Standard Precautions. A presentation on Standard Precaution is offered for students and faculty on each campus annually. (See Policy A-34 "Mandatory student programs on standard precautions" for overview of Standard Precautions Guidelines.)

ATTACHMENT #1: Faculty Communicable Disease Record

ATTACHMENT #2: Release Form

**Reviewed/approved by:**

**Level I: Executive Council (October, 2007)**

**Level II: Dean (October, 2007)**



V. TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS (Checked by Campus Director)

Immunization Date: \_\_\_\_\_  
Campus Director's Initials /Date

V. STANDARD/UNIVERSAL PRECAUTIONS (Checked by Campus Directors initially upon employment, and annually thereafter.)

Campus Director's Initials/Date      \_\_\_\_\_  
CDI/Date      CDI/Date      CDI/Date      CDI/Date

POLICY A-20  
ATTACHMENT #2

RELEASE FORM

HEPATITIS B VIRUS IMMUNIZATIONS

This is to certify that I have been offered Hepatitis B virus vaccinations free of charge by my employer, Montana State University. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, and will follow safe work habits when dealing with potentially infectious material. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Return this form:

Montana State University  
Safety & Risk Management  
1160 Research Drive  
Bozeman, MT 59718