

**MONTANA STATE UNIVERSITY
COLLEGE OF NURSING**

POLICY # A-32

TITLE: STUDENT COMMUNICABLE DISEASE PREVENTION POLICIES

POLICY: Undergraduate or graduate program 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.** Students who cannot meet the requirements listed in this policy for medical reasons should provide documentation with rationale from their health care provider. The Associate Dean for Undergraduate or Graduate Education must receive any exception request in advance of clinical coursework placement.

- I. **TUBERCULOSIS POLICY:** All nursing students must be screened annually for tuberculosis (TB) using a one-step tuberculin skin test (TST). If the student has not had regular annual TST, a two step test must be done to provide a baseline. Thereafter, the annual test is a one step skin test. Each student is responsible for providing evidence of screening for TB. Documentation must include the date and results of the test in millimeters.

ALTHOUGH TB SCREENING IS DONE ANNUALLY, IT IS THE RESPONSIBILITY OF EACH STUDENT TO PRESENT DOCUMENTED EVIDENCE AT THE BEGINNING OF EACH SEMESTER THAT TB TESTING IS CURRENT AND **WILL CONTINUE TO BE CURRENT FOR THAT ENTIRE SEMESTER.**

RATIONALE: TB can be rendered noncommunicable with appropriate treatment for those individuals who have a positive skin test. The tuberculin skin test (TST) is used to detect tuberculosis. The Centers for Disease Control and Prevention recommends two-step testing in the initial skin testing of health care workers.

PROCEDURE:

1. Students are required to present evidence of the results of the TST skin testing prior to entering clinical nursing course.
 2. Students are required to present evidence of the results of the annual TST skin test each semester. An induration of ≥ 10 mm will be considered positive. Students will be referred to their health care provider for assessment of risk. (CDC, Core Curriculum on Tuberculosis, 4th Ed. 2000.)
 3. Students with a positive skin test are required to provide written clearance from their health care provider to provide patient care.
- II. **MEASLES, MUMPS, RUBELLA (MMR) POLICY:** All nursing students must provide evidence of adequate immunity to measles, mumps, and rubella.

RATIONALE: Measles, mumps, and rubella can be prevented through routine vaccination. Vaccination is indicated for individuals who do not have adequate documentation of immunity.

PROCEDURE:

1. Students are required to provide documentation of measles, mumps, and rubella immunity prior to entering clinical nursing courses. Persons born later than 1957 may be considered immune with documented physician diagnosis, lab evidence of immunity or appropriate documentation of immunization. This includes vaccination against MMR, specifically on or after the first birthday of two doses of live measles vaccine separated by >28 days, one dose of mumps vaccine and at least one dose of live rubella vaccine. Serologic testing is not necessary for persons who have adequate immunization documentation.

<http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/mmr/faqs-nipinfo-mmr.htm>

- III. **HEPATITIS B POLICY:** Prior to entering undergraduate or graduate clinical nursing courses, students are required to present documentation of serologic evidence of immunity by positive titer.

RATIONALE: The Center for Disease Control and Prevention (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, December 26, 1997 Vol. 46, No. RR-18, or most current guidelines.)

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 clinical coursework in a letter outlining program requirements. (Initiated Fall, 1992)
2. Undergraduate and graduate students will be required to show proof of a positive titer prior to entering clinical coursework.
3. Students 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 must 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.)
4. Effective Fall, 1993, students are required to present, prior to entering clinical nursing courses:
 - a. Documentation of serologic immunity [Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen (i.e., anti-HBs \geq 10 mIU/mL); inadequate response to vaccination defined as serum Anti-HBs < 10 mIU/mL.]
OR
 - b. Documentation of immunization series with plan for final titer and revaccination or booster as indicated (see #3)
OR
 - c. Documentation of completed review by the appropriate Associate Dean with statement of exemption from immunization requirement and waiver form signed by student.

- IV. **VARICELLA:** All nursing students entering clinical nursing courses must provide evidence of adequate immunity to varicella by titer or documentation of two doses of varicella vaccine.

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. Students are required to provide documentation of adequate immunity through documentation of two doses of varicella vaccine or a positive varicella titer prior to entering clinical nursing courses.
2. If a student's varicella titer level is negative, the student 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. (http://www.cdc.gov/nip/recs/provisional_rec/default.htm).

- V. **TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS (Tdap):** All nursing students must provide evidence of Tdap vaccination per procedure.

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

PROCEDURE: Prior to entering clinical nursing courses, students must 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 prior dose of Td is recommended for the Tdap dose among HCW. Tdap is not licensed for multiple administrations. After receipt of Tdap, HCW 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 student is required to receive smallpox vaccination, the Centers for Disease Control and Prevention 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, students will not be allowed to participate in clinical lab.

- VIII. **STANDARD PRECAUTION POLICY:** Students are expected to follow Standard 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 Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other blood-borne pathogens.

PROCEDURE:

1. "Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule" Federal Register. January 18, 2001; Vol. 66, No. 12, pgs. 5318-5325 or most current guidelines will be followed as the reference sources.
2. Students will have access to the current guidelines at each campus.
3. Examples of general guidelines are listed. Students should also follow agency guidelines in clinical practice.

4. All students will attend an annual presentation on Standard Precautions on each campus. See [Policy A-34 “Mandatory Student Programs on Standard Precautions”](#)

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 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. 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.

IX. 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. Nursing students are encouraged to be screened for HIV as part of their routine medical care as recommended by the Centers for Disease Control and Prevention.

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 on HIV infection and nursing students, February, 1992. ANA; MMWR 1989; 38 [S-6:15]; Americans with Disabilities Act (ADA) of 1990 [P.L. 101-336].) Approximately 25 percent of the more than one million persons infected with HIV in this country are unaware of their infection. People who are infected but not aware of their condition are unable to take advantage of the therapies that can keep them healthy and extend their lives, or have the knowledge to protect their partners from becoming infected. Knowing if one is HIV-infected or HIV-negative confers great benefits in healthy decision making. The CDC's new initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, recommends that providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests (Advancing HIV Prevention: New Strategies for a Changing Epidemic --- United States, 2003. April 18, 2003 / 52(15);329-332. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm>).

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 Standard 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.

Reviewed/Approved by:

Level I: Executive Council (May, 2014)

Level II: Undergraduate and Graduate Associate Deans (May, 2014)

Montana State University College of Nursing
Policy A-32, Attachment #1
Hepatitis B (HBV) Seroimmunity Status/ Documentation

STUDENT'S NAME

PERMANENT PHONE #

PERMANENT ADDRESS

CITY

ST

ZIP

PLEASE INITIAL THE CORRECT STATUS OF YOUR HBV TO DATE:

1) _____ I have completed the required HBV vaccination series/final titer (according to Montana State University College of Nursing Policy A-32). Attached is documentation of my seroimmunity status. (*Skip to the bottom to sign and date*).

2) _____ I have not started the required HBV vaccination series / final titer (according to Montana State University College of Nursing Policy A-32) for the following reasons: [NOTE: If for health reasons, documentation from primary care provider must be attached].

(Initial and complete #4)

3) _____ I have not completed the HBV vaccination series / final titer (according to Montana State University College of Nursing Policy A-32) for the following reasons: [NOTE: If for health reasons, documentation from primary care provider must be attached].

(Initial and complete #4)

4) _____ I have made the following plan to begin / complete the required HBV vaccination series / final titer to determine sero-conversion:

(Initial and complete #5)

5) _____ I understand that since I have not started/completed the required HBV vaccination series/final titer (according to Montana State University College of Nursing Policy A-32) and am unable to provide documentation of seroimmunity at this time, I am at increased risk if exposed to the Hepatitis B virus I HEREBY AGREE TO PERSONALLY ASSUME THE RISKS INVOLVED AND HEREBY RELEASE THE COLLEGE OF NURSING, MONTANA STATE UNIVERSITY, ITS EMPLOYEES AND AGENTS, AND ANY AGENCY IN WHICH I HAVE CLINICAL EXPERIENCE OF ANY LIABILITY SHOULD I BECOME INFECTED.

Student Signature

Date

July 2004