

**MONTANA STATE UNIVERSITY
COLLEGE OF NURSING**

POLICY A-33: Procedure

TITLE: STUDENT EXPOSURE TO, OR DIAGNOSIS OF, A COMMUNICABLE DISEASE

PROCEDURE:

1. Students are to report suspected or real contact with a communicable disease or a communicable disease diagnosis to their clinical course coordinator 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.
 - a. The Clinical Course Coordinator will notify the Campus Director.
 - b. The Campus Director and student will complete the "Report of Exposure to Communicable Disease" form (Attachment #1) as soon as possible.
3. In the absence of institution/agency policy regarding communicable disease exposure, Center for Disease Control (CDC) Guidelines 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. (See <http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-reporting.shtml> or the local health department to verify reporting requirements).
4. 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disease or a communicable disease diagnosis to her/his clinical course coordinator immediately, the student will be withdrawn from the clinical setting (see [Policy C-6](#)).

ATTACHMENT #1: Report of Exposure to Communicable Disease

POLICY A-33: Procedure
Attachment #1
MONTANA STATE UNIVERSITY
COLLEGE OF NURSING
Report of Exposure to Communicable Disease

Student: _____
Signature _____ Date _____

Communicable Disease: _____

a. Date of Exposure: _____ Social _____ Clinical _____

If clinical: (Give area – do not give contact name on this report)

Reported to Clinical Course Coordinator(s): _____
Date _____

Reported to Campus Director: _____
Signature of Campus Director _____ Date _____

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 Associate Dean for Undergraduate Programs for permanent file; copy to be retained by the Campus Director separate from student's academic file.