Policy Regarding Infectious/Communicable Diseases

Infectious/communicable diseases are common and may present a threat to students, faculty, and patients. Infectious/Communicable diseases include blood borne transmitted disease (e.g. Hepatitis B [HBV], Hepatitis C [HCV], Human immune-deficiency disease [HIV; AIDS]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant Staphylococcus aureus [MRSA]). This contact may expose the students to infectious agents, and may result in the student transmitting an infectious disease to other students, faculty, patients, family members, and subjects.

The School of Pharmacy has adopted this policy in order to help protect the health and safety of its students, as well as that of patients and subjects. In order to participate in the School's educational program, it is essential that students not expose other students, faculty, patients, subjects, or others with whom they come in contact in their educational program to infectious/communicable diseases.

Required Health Certification

Upon admission to the School of Pharmacy, students are required to obtain and present to the School of Pharmacy, Associate Dean for Student Affairs, a completed health certification, certifying that that the student has undergone an infectious/communicable disease evaluation. If the student has an infectious/communicable disease, then the health certification shall include the requested information that will allow the School of Pharmacy to make an informed decision regarding the student's ability to participate in clinical activities.

Decisions regarding participation in clinical activities by students who have infectious/communicable diseases will be made on a case-by-case basis considering compliance with universal precautions, health status, and CDC recommendations for preventing transmission of infectious/communicable diseases.

Universal Precautions

As a part of prerequisite clinical preparation, students will receive printed and verbal information and instructions on universal precautions for body fluids and blood borne infections in accordance with applicable CDC guidelines before engaging in any clinical activity. Strict adherence to Universal Precautions is required in all clinical practice and patient care activities as a method of achieving an effective protection from exposure to blood borne pathogens. The cornerstone of the Universal Precautions is that all blood, regardless of the source, be treated as if it is infectious. Appropriate personal protective equipment and work practices must be observed to reduce the possibility of skin and/or mucous membrane exposure to blood and other potentially infectious materials. Courses where exposure to blood is possible must use disposable equipment; this equipment must not be re-used or shared. Disposal of used equipment shall be in accordance with both CDC guidelines.
The Guidelines (universal precautions) established by the CDC and the United States Public Health Services must be strictly adhered to for the protection of students, faculty, and patients. An “exposure incident” refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material in the performance of a student’s clinical practice/research activities. Students who follow the recommendations developed by the Centers for Disease Control (CDC Universal Blood and Body Fluid Precautions) have minimal danger of contracting an infection in the course of their clinical practice/research activities.

**Exposure to Blood Borne Disease (HIV/HBV/HBC)**

Students have the responsibility to report to clinical faculty members in charge or designated administrators any incident, which exposed the student, faculty, or a patient to the risk of transmission of blood borne disease. Faculty/students must request an evaluation of the significance of the exposure as soon as possible or within 24 hours after the exposure.

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure will be determined by the student’s health care provider (in collaboration with the student) and other appropriate health care professionals.

**Acknowledgement**

A student’s failure to comply with this Infectious/Communicable Disease policy may result in the student not being allowed to participate in clinical activities. In addition, a student’s failure may also be deemed a violation of the School’s Academic, Professional and Scholarly Misconduct Policy.

________________________  __________________________  ________________
Printed Name  Signature  Date
REQUIRED PHYSICAL EXAMINATION

Physician statement: I have conducted a medical history and physical on the above student, including evaluating the student’s current status with respect to Infectious/Communicable Disease, including blood borne transmitted disease (e.g. Hepatitis B [HBV], Hepatitis C [HCV], Human immune-deficiency disease [HIV; AIDS]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant Staphylococcus aureus [MRSA]) and if deemed clinically relevant, I have conducted diagnostic laboratory evaluation for these or other infectious/communicable diseases. By my signature below, I certify the immunization dates listed above, and the following information concerning the student’s Infectious/Communicable Disease status: (Please check appropriate statement)

_____ Student is free of any infectious/communicable disease that could present a risk of exposure to other students, faculty, or patients with whom the student might contact

_____ Student has existing infectious/communicable disease, but student will not present a serious risk of exposure to other students, faculty, or patients if the following recommended precautions are in place: (attach additional pages if necessary)

____ Student has existing infectious/communicable disease that presents a serious risk of exposure to other students, faculty, or patients and cannot be sufficiently managed to safely allow student contact with other students, faculty, or patients.

PHYSICIAN CONTACT INFORMATION AND SIGNATURE

Printed Name: ________________________________

Address: ___________________________ City ___________ State ___ Zip __________

Phone: ___________________________ Telefax: ___________________________

Physician Signature: ___________________________ Date __________

8/20/2013