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## **Communicable Diseases & Disease Exposure Policy**

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**Student Name:** \_\_\_\_\_ **PUID #:** \_\_\_\_\_

### **Policies Regarding Communicable Diseases**

The College of Nursing provides students enrolled in the nursing program information regarding the possibility of occupational exposure to communicable diseases, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). The College seeks to minimize the risk of occupational exposure to communicable diseases for all students, faculty, and patients/clients. Therefore, all students will be taught and will practice Universal/Standard Precautions in accordance with the current Centers for Disease Control and Prevention (CDC) guidelines. In addition, students are expected to adhere to the policies of the clinical and practicum partners.

Prior to each semester's initial clinical experience, members of the faculty will provide instruction on the use of Universal/Standard Precautions, and possible exposure to blood and other body fluids. The faculty will ensure that each student understands and is capable of adhering to the Universal Precautions. Thereafter, each student is responsible for reviewing and practicing Universal/Standard Precautions in the clinical setting. On an annual basis students are required to sign a Universal Precautions Policy and Instruction Acknowledgment form. Any student who refuses to sign the acknowledgment form will be terminated from the Nursing program.

All students are expected to care for any patient/client regardless of HBV and/or HIV status. A student who consistently refuses to care for a patient/client who is known to be HIV positive and/or HBV positive will be terminated from the Nursing program. Students who have known immunosuppressed conditions, open wounds, or who are pregnant, must inform their faculty member and will be exempt from caring for patients/clients who are known to be HIV positive and/or HBV positive.

An individual's HIV status will not be requested by the College of Nursing during the admissions or hiring process. If a student informs the College of Nursing that he or she is HIV positive, reasonable academic adjustments will be made if needed. Persons who are HIV positive will be allowed equal access to facilities of the College of Nursing, campus activities, and the clinical experience unless such participation poses a direct threat to the health or safety of the individual or others. A student who knows he/she is HIV positive or believes he/she is a "high risk" for HIV transmission is ethically and morally responsible to consider the risk of transmitting HIV to the patient/ client during invasive procedures.

### **Potential Disease Exposure**

If a student is exposed to blood or other body fluids of a patient/client, an incident report for both the College of Nursing and the clinical site must be completed. The student must immediately notify the faculty supervising the clinical experience. Faculty members shall notify the Administrator of Purdue University Northwest College of Nursing, and the Infection Control Nurse at the clinical site of any incidents involving a student. The policies of the institution where the exposure occurred and/or the CDC guidelines shall be consulted and followed. Any student is strongly encouraged to immediately obtain HIV and HBV testing to establish sero-negativity. Testing should be repeated at 6 weeks, 3 months, 6 months, and one-year post-exposure. The College of Nursing or the institution will suggest counseling referrals for students exposed to blood or body fluids of a patient/client.

**Statement of Informed Consent**

I understand that the use of universal precautions is essential to protect myself, my significant others, my family members, patients/clients, and other health care workers from communicable diseases. I understand that nursing involves the study and care of people throughout the life span and that these people may be at any point along the wellness/illness continuum. By participating in caregiving activities, I understand that I may be exposed to communicable diseases, including Hepatitis B (“HBV”), Tuberculosis (“TB”), and Human Immunodeficiency Virus (“HIV”). I understand that HIV is the virus which causes Acquired Immunodeficiency Syndrome (“AIDS”). I also understand that there is no known cure for AIDS at this time.

I understand that testing, diagnosis, and treatment of any communicable disease, including those which I may contract while acting as a caregiver in my clinical experiences with the College of Nursing, will be paid at my own expense.

The College of Nursing recommends that I obtain HBV vaccine prior to beginning my clinical experience as a nursing student. If I refuse to be immunized, I agree to sign a statement documenting my refusal and releasing the Purdue University Northwest College of Nursing, Purdue University Northwest, and Purdue University, from liability. Furthermore, I agree to comply with the required immunization and antibody/antigen protocol of the College of Nursing as stated in the undergraduate and graduate student handbooks.

I understand that nursing involves cognitive learning, affective values, and clinical performance standards. I recognize the need to care for persons with communicable diseases. I understand and agree that I cannot, as a Purdue Northwest nursing student, ethically and morally refuse to care for patient/clients with HIV, HBV, TB, or any other communicable disease. If I am uncomfortable with caring for patients with communicable diseases, I will discuss my concerns with a faculty member. If after discussion I am unwilling to care for patients with communicable diseases, I understand I will be terminated from the Nursing program.

I understand that the College of Nursing recommends I inform my instructors of changes in my health status, such as pregnancy or contraction of a communicable disease. I have been informed and understand that an altered state of my health, such as being HIV positive, may increase my health risk in relation to care giving activities for patients with bacterial and viral disease. I have also been informed that some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. Therefore, I agree to seek medical advice for changes in my health status, such as those previously discussed in this paragraph.

I have read the above information and have full understanding of the learning opportunities, risks, and safeguards provided by Purdue University Northwest's College of Nursing. I have been given the opportunity to ask questions about the admission requirements, conditions of progression, and expected competencies. Any questions I might have had regarding any topic addressed in this document have been answered to my satisfaction.

I acknowledge that I have read this document in its entirety. I consent to follow the policies and procedures as explained therein.

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**Signature of Student**

**Date**

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**Printed Name**