

Policies and Procedures

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PURPOSE

Creighton University's policy for the control of infectious diseases is aimed at underscoring the overall purpose of the University in producing graduates with the knowledge and skills to help them function as civilized, cultured women and men in society. The control of infectious disease helps to improve and preserve a society's quality of life. Therefore, as an educational institution, Creighton University will provide education to all members of the University community to prevent the transmission of infectious diseases. Creighton University will also provide for specific actions to control infectious disease in a manner that maintains the dignity and the safety of the individual.

To ensure that decisions implementing this policy reflect current understanding of infectious disease control, certain pertinent concepts and guidelines are included with this policy statement. These concepts and guidelines must be understood to apply this policy.

POLICY

A. Education

To ensure that information on methods of preventing the spread of infectious disease is available to all members of the Creighton community, the following mechanisms will be instituted:

1. *Informational sessions* will be required for all Creighton students and employees working in areas where isolation techniques and techniques for handling blood and other specimens must be employed.
2. Information on maintaining *adequate immunization* for vaccine-preventable disease will be communicated to all Creighton students, their parents, and Creighton employees.
3. *Methods of preventing non-vaccine preventable disease* will be provided to all Creighton community members through communication mechanisms such as newsletters, the university newspapers, seminars, etc.
4. Student Health and Counseling Center personnel will be provided to plan an *infectious disease control program for the campus* and to teach infectious disease concepts to students and employees such as resident hall directors, peer educators, and freshman seminar group leaders.

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5. *Professionals from the health science departments* will be enlisted to teach infectious disease control to Creighton employees.
6. These educational efforts will be coordinated and facilitated by the *Educational Subcommittee of the Healthy Lifestyles Committee* with the support of the University.

B. Actions

To provide an environment for its faculty, staff, and students which minimizes the risk of acquiring or transmitting infectious disease, the following policies are adopted:

1. Creighton University reserves the right to *require specific immunization stati* of employees and students who participate in University sponsored activities. Standard immunizations as recommended by the Centers for Disease Control will be required of all new employees and matriculating students. Additional specific immunizations will be required of Health Sciences workers and students as deemed appropriate by the Student Health Center and the deans of the respective Health Science schools.
2. Creighton University reserves the right to *exclude from certain activities those* members of the community (employees or students) identified with an infectious disease where transmission to others is a potential hazard.
3. Creighton University will *refer, as appropriate, to providers of health care service for remedial action* any person affiliated with the University, who has an inadequate or lapsed immunization status or who has been identified as exhibiting evidence of an infectious disease. Notification from a private physician, University clinic, or Student Health Service that the person no longer is a hazard to others will be required prior to return to assigned duties.
4. Creighton University will counsel, as appropriate, persons with infectious disease or those exposed to a known infectious disease, to *adhere to established standards of behavior in order to minimize the risk of transmission* of disease to others.

Exclusions, referrals, and counseling will be the responsibility of each school and/or department, and may require the cooperation and participation of one or more appropriate offices of the University.

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Such activity will be conducted in as discreet and confidential manner as is possible without sacrificing effectiveness. The privacy and confidentiality tenets as prescribed by Federal Law will be maintained.

5. Creighton University may modify, when appropriate, *general University housing regulations to accommodate appropriate living arrangements* for persons afflicted with an infectious disease or their roommates.
6. Creighton University will *limit the use of hypodermic needles, scalpel blades, and other sharp instruments which are used on humans* to those who observe public health recommendations for their use and disposal. These current recommendations will be published and distributed annually to all units of the University by the Healthy Lifestyles Committee.
7. Creighton University will request persons afflicted with an infectious disease to *disclose their medical condition* to other members of the community with whom they have had or are to have contact which could pose a risk of transmission of disease.
8. Creighton University will *publish these policies* in official University handbooks for students, staff, and faculty.
9. Creighton University will *direct all inquiries* about an infectious disease situation at the University to the Public Relations Director.
10. Creighton University will provide for the *annual review* of these policies by health professionals on the Healthy Lifestyles Committee.

Through these policies, the University endeavors to protect members of its community from unreasonable risk of acquiring or transmitting infectious disease. However, the University does not nor cannot insure or guarantee that such a situation will not occur in its environment. Obviously, the transmission of infectious disease can result from individual conduct over which the University has no control.

References

American College Health Association. *General statement on institutional response to AIDS*. January, 1988.

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Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. *Morbidity and Mortality Weekly Report*. August 21, 1987; **36**: 2S-18S.

Xavier University, Cincinnati, Ohio. *Policy and procedures statement for communicable diseases*.

C. Understanding infectious diseases

1. *A variety of infectious diseases exist. Some, like chicken pox, spread very easily. Others, even very serious ones like Hansen s disease, spread with great difficulty. Some, like rabies, can be very severe. Others, like the common cold, are often very mild.*
2. *Some infectious diseases, like the acquired immunodeficiency syndrome (AIDS, caused by the human immunodeficiency virus or HIV), generate much concern. Others, like rubella, generate much less concern. Even though concern among the general public for some diseases may be small, health risks to the Creighton community may be large.*
3. *Control of an infectious disease can be conceptualized as involving any of three factors: a microorganism, a person susceptible to disease caused by that microorganism, and a means of transmitting the microorganisms to the person.*
4. *Examples of microorganisms causing diseases include Salmonella typhi (the cause of typhoid fever), mycobacterium tuberculosis (the cause of tuberculosis), polio viruses (the causes of poliomyelitis), the variola virus (the cause of smallpox). An example of control of an infectious disease by control of a microorganism is the elimination of smallpox by the eradication of variola virus. This is the only case in which humanity has controlled an infectious disease by eliminating the virus that causes it. Most viruses are too widespread and too persistent for such a strategy to succeed.*

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5. *Examples of persons susceptible to a disease* include persons with no history of poliomyelitis and no immunization against poliomyelitis (who would be susceptible to poliomyelitis). An example of the control of an infectious disease by *control of the population of persons susceptible to that disease* is the near-elimination of poliomyelitis from the United States. Vaccine against polio viruses was used to immunize a large number of persons. These persons were no longer susceptible to poliomyelitis. Widespread immunization has so reduced the population of susceptible persons that poliomyelitis has been nearly eliminated. Vaccines can be valuable, but sometimes are not used and for some infectious diseases are unavailable.

6. *Examples of means of transmission of disease* include swallowing of a sufficient quantity of *S. typhi* by a nonimmune person to produce typhoid fever and inhalation of a sufficient quantity of *M. tuberculosis* by a nonimmune person to produce tuberculosis. An example of the control of an infectious disease by *control of the means of transmission* is the prevention of typhoid fever by rules of sanitary food preparation that exclude feces, which are the body material that transmits *S. typhi*, from food that is being prepared. To control an infectious disease by controlling its means of transmission, rules of prevention must deal specifically with the particular means of transmission. Rules of sanitary food preparation may, in general, be laudable. However, they would not prevent airborne transmission of tuberculosis.

7. Creighton University may encounter certain appropriate opportunities to prevent certain infectious diseases. *A decision to act to prevent an infectious disease requires knowledge of three general characteristics of the disease:*
 - a. What *microorganism* causes the disease?
 - b. How can *susceptible individuals* be identified?
 - c. How is the microorganism *transmitted* to a susceptible individual?

A decision also requires *knowledge of three characteristics of individuals who may be affected* by the disease:

 - d. Will the individual be in *proximity* to the microorganism?
 - e. Is the individual *susceptible* to the microorganism?
 - f. Will the individual *engage in the particular type of activity* through which the microorganism is transmitted?

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8. *An example of an opportunity to prevent an infectious disease is the prevention of hepatitis B in dental students. Knowledge about hepatitis B in general includes:*
- a. Hepatitis B virus causes it.
 - b. Tests on the blood of individuals can identify an absence of antibodies to the virus, which indicates susceptibility. Alternatively, epidemiological studies provide good indication of the likelihood of hepatitis B susceptibility in populations such as dental students.
 - c. Hepatitis B is transmitted in a variety of ways. An important one is from blood and saliva of an infected dental patient through an inadvertent puncture wound of the hand of a dental student to that student.

Knowledge about hepatitis B and a typical dental student includes:

- d. Epidemiological studies suggest that dental students at Creighton are likely to encounter patients carrying the hepatitis B virus.
- e. Epidemiological studies suggest that most Creighton dental students would be susceptible to the hepatitis B virus.
- f. Clinical work required of Creighton dental students is likely to result in wound transmission of hepatitis B virus.

This knowledge might lead to any of a number of approaches. Perhaps blood tests might be performed on Creighton dental students at various stages to confirm epidemiological studies suggesting susceptibility. Perhaps students, as a condition of matriculation, might be required to submit results of a blood test demonstrating immunity to hepatitis B virus or to be immunized against hepatitis B virus.

9. At this University, and elsewhere, there has been much scholarly investigation in infectious diseases. Decisions about measures to control infectious diseases must reflect up-to-date medical knowledge. In general, such decisions can be assisted by considering the advice of organizations like the Centers for Disease Control, Nebraska public health authorities, and the American College Health Association. Health sciences professionals of the University are ready to assist in the interpretation of such advice.
10. The “Statement of Goals and Common Objectives in the Health Sciences” affirms: “With respect to the worth and dignity of the person whose health is the ultimate object of all Health Sciences activity: The members of the Creighton Health Sciences community recognize that the good of the person takes priority over all other goals...” Decisions to control infectious diseases may at times exclude an individual from certain

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activities. In general, decisions to exclude must reflect a concatenation of three factors: (1) harboring of a microorganism by the individual; (2) the presence of susceptible persons; and (3) a means of transmission of the microorganism from the individual to the susceptible persons in the course of the activities. In general, such decisions must be made on a case-by-case basis, reflecting the advice of national and state public health authorities.

References

American College Health Association. *General statement on institutional response to AIDS*. January, 1988.

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Xavier University, Cincinnati, Ohio. *Policy and procedures statement for communicable diseases*.

D. Immunization policy for Creighton students

All Creighton University students, full-time and part-time, are required to be properly immunized for rubeola (measles) beginning April of 1990, and all full-time students are required to be properly immunized against rubella (German measles) and mumps prior to registration for classes beginning with the Autumn semester, August, 1988. Immunization forms must be signed by a physician or school nurse. Those persons submitting incomplete or incorrect immunization information will be notified and their registration will be held until they have complied. A nominal fee for administration of an immunization will be placed on the tuition bills of those students who have not complied with the immunization requirement prior to registration.

According to the recommendations of the Immunization Practices Advisory Committee (ACIP) of the Centers for Disease Control immunity to rubeola (measles), rubella (German measles), and mumps is defined as follows:

- Rubeola (measles) - Two doses of measles vaccine is required for all students born after 1956.
1. Measles vaccine administered after 1967 and given after one year of age (specify month and year);
AND
Measles vaccine administered after 1979 (specify month and year);
OR

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2. Born before 1957, therefore considered immune;
OR
3. Physician diagnosed measles with M.D. certified data including month and year;
OR
4. Report of immune titer proving immunity.

Rubella (German measles)

1. Rubella vaccine administered after 1967 and given after one year of age (specify month and year);
2. Born before 1957, therefore considered immune.
3. Report of immune titer proving immunity.
4. History of disease is not accepted.

Mumps

1. Born before 1957, therefore considered immune;
OR
2. Mumps vaccine administered after 1967 and given after one year of age (specify month and year);
OR
3. Physician diagnosed mumps with M.D. certified data including month and year;
OR
4. Report of immune titer proving immunity.

Also required. (Presently registration will not be held for noncompliance except for international students and health science students - Dental, Medical, Nursing, and Allied Health)

1. Tuberculin Skin Test (PPD) with date (month and year) including test results is required. If the PPD is positive, a chest x-ray with date (month and year) including test results is required. If the student had BCG, a negative PPD or chest x-ray is required with date (month and year) including test results.
2. Tetanus booster or Tetanus-diphtheria which includes month and year. Tetanus or Tetanus-diphtheria must have been given within the past ten years.
3. Essential for appropriate preventive care:
Polio: completion of primary series with:
OPV (oral Sabin) - total of 3 doses
OR
IPV (injected Salk) - total of 4 doses

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Note: if not completed in the past, primary polio immunization is essential before travel to an area endemic or epidemic for polio.

Required for Health Science students (Dental, Medical, and Nursing). The cost of the vaccination will be added to tuition. Recommended for Pharmacy and Allied Health students.

1. Hepatitis B vaccine
OR
2. Report of immune titer proving immunity.

E. Creighton University general guidelines for responding to the AIDS situation

Preface: People with HIV infection may be healthy, but have evidence of the infection because of the presence of an antibody to the virus in their blood; others have a condition meeting the criteria of the surveillance definition of AIDS itself, or one of the lesser symptomatic manifestations of infection. Current knowledge indicates that students or employees with any form of HIV infection do not pose a health risk to other students or employees in an academic setting (Centers for Disease Control, 1987). HIV is transmitted by intimate sexual contact or by exposure to contaminated blood. Although HIV can be found in many body secretions of those who are infected, its presence is correlated with disease transmission only through blood, semen, and female genital secretions. There has been no confirmed case of transmission of HIV by any household, school, or other casual contact (Friedland & Klein, 1987).

The Public Health Service states that there is no risk created by living in the same place as an infected person; being coughed or sneezed upon by an infected person; casual kissing; or swimming in a pool with an infected person (American College Health Association [ACHA], 1988, at B).

GUIDELINES (Recommended by the American College Health Association)

1. Consideration of the existence of any form of HIV infection will not be a part of the initial admission decision for those applying to attend the institution (ACHA, 1988, at C.4) or for those seeking employment at the institution.
2. Creighton University will not undertake programs of screening newly admitted or current students for antibody to HIV; neither will mandatory screening of employees be implemented. The University will not attempt to identify those in high-risk groups and require screening only of them (ACHA, 1988, at C.9a).

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3. Creighton University students who have HIV infection, whether they are symptomatic or not, will be allowed regular classroom attendance in an unrestricted manner so long as they are physically and mentally able to attend classes (ACHA, 1988, at C.5).
4. Creighton University supports the American College Health Association (ACHA) statement that there is no justification, medical or otherwise, for restricting the access of students or employees with HIV infection to student unions, theaters, restaurants, cafeterias, snack bars, gymnasiums, swimming pools, recreational facilities, or other common areas (ACHA, 1988, at C.6).
5. Creighton University is in agreement with the American College Health Association's statement that there is no medical necessity for institutions to advise students living in a dormitory of the presence in the dormitory of other students who have HIV infection (ACHA, 1988, at C.10e).

Decisions about residential housing of students with HIV infection will be made on a case-by-case basis. The best currently available medical information does not indicate any risk to those sharing residence with infected individuals, there may, however, be in some circumstances reasonable concern for the health of those with immune deficiencies (of any origin) who might be exposed to certain contagious diseases (e.g., measles or chicken pox) in a close living situation (ACHA, 1988, at C.7).

6. Creighton University will educate the University community on the AIDS situation through workshops, seminars, and the availability of literature. Creighton University will make available the latest information from the Public Health Service concerning measures to prevent the transmission of the AIDS virus as far as they reflect the moral and ethical standards of the University.
7. Creighton University will adopt safety guidelines for the handling of blood and body fluids of all persons (ACHA, 1988, at C.11). Laboratory courses requiring exposure to blood, such as finger pricks for blood typing or examination, will use disposable equipment and no lancets or other blood-letting devices will be reused or shared (ACHA, 1988, at C.11.c). No student, except those involved in health care professions within a health care course, will be required to obtain or process the blood of others. All contaminated surfaces will be cleaned with a household bleach freshly diluted 1:10 in water as recommended by the Public Health Service (ACHA, 1988, at C.11.a).
8. Creighton University will adopt safety guidelines as proposed by the Public Health Service for handling of blood and body fluids of all persons for students involved in health care professions within a health course (in a clinical laboratory setting). (ACHA, 1988, at C.11.b.1).

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9. In accordance with the recommendations of the American College Health Association, Creighton University:
 - a. will not ask current students or employees to respond to questions concerning the existence of HIV infection (ACHA, 1988, at C.8a);
 - b. will encourage new students through the University Health Form and new employees to respond to questions about the existence of HIV infection. This information, like any other medical information, will be handled in a strictly confidential manner (ACHA, 1988, at C.8.a).

10. The handling of confidential medical information about people with HIV infection will follow the general standards included in the American College Health Association's Recommended Standards and Practices for a College Health Program, Fourth edition, 1984 (ACHA, 1988, at C.10.a):

In general, no specific or detailed information concerning complaints or diagnosis will be provided to faculty, administrators, or even parents, without the expressed written permission of the patient in each case. The position with respect to health records is supported by amendment to the Family Education Rights and Privacy Act of 1974.

11. Creighton University's health policy will encourage regular medical follow-up for those who have HIV infection (ACHA, 1988, at C.8.b).

12. Those who are known to be immunologically compromised will be excused from institutional requirements for certain vaccinations, notably measles and rubella vaccines (ACHA, 1988, at C.8.d).

13. Creighton University's *Health Service* will:
 - a. remain familiar with sources of testing for antibody to HIV and be able to refer students or employees requesting such testing (ACHA, 1988, at C.9.b);
 - b. use disposable, one-user needles and other equipment whenever such equipment punctures the skin or mucous membranes of patients (ACHA, 1988, at C.11.b.2); and
 - c. will observe health reporting requirements for AIDS (ACHA, 1988, at C.10.f).

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Bradley University. *General guidelines for responding to the AIDS situation.*

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APPENDIX A

For infection control and epidemiology purposes, all employees are screened for selected infectious diseases and must participate in required education programs upon employment and annually.

Pre-Employment

- 1) Past history of Varicella or documentation of positive titer. If unknown, Varicella titer is done.
- 2) Past history of Mumps or documentation of adequate immunization or positive titer.
- 3) Past history of Rubella or documentation of adequate immunization or positive titer. If unknown, Rubella titer is done. If negative, vaccination is required unless contraindicated.
- 4) Rubeola
 - a) If born before 1957, past history of Rubeola or documentation of adequate immunization or positive titer.
 - b) If born 1957 or later, documentation of adequate immunization. Must have had two immunizations after 12 months or positive titer. If unknown, rubeola titer is done. If negative, vaccination is required unless medically contra-indicated.
- 5) PPD -- If history of past positive skin test, then chest x-ray is done. May omit if skin test was previously positive and chest x-ray was negative at that time.
- 6) Hepatitis B -- Documentation of complete Hepatitis B vaccine series if identified versus having occupational exposure to bloodborne pathogens. If no history, vaccination is offered. Hepatitis B surface antigen testing is done if vaccination completed within last two years and no antibody done. If vaccination is refused, waiver must be signed.
- 7) Bloodborne pathogen training as required by OSHA.
- 8) Infection control education is required by Joint commission for those employees in medical clinics or other areas determined by Human Resources.

Annual - PPD testing for all