2.13 Communicable Diseases

Last Revised: January 2011

Policy Statement: N/A

Purpose/Definitions:

Communicable disease is an illness resulting from an infectious agent or its toxic products being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment. [N.C.G.S. 130A-2(1c)]

Communicable diseases include, but are limited to, influenza, tuberculosis, conjunctivitis, infectious mononucleosis, human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and AIDS related complex (ARC), Hepatitis-A (infectious hepatitis), Hepatitis-B (serum hepatitis) meningitis, sexually transmitted diseases, measles, chickenpox, and whooping cough. PCC may choose to broaden this definition in accordance with information received from the Centers for Disease Control and Prevention (CDC).

Information related to communicable diseases, warning signs, and protective measures are available from the Person or Caswell County Health Department, Centers for Disease Control and Prevention and Occupational Safety and Health Administration (OSHA).

Approval Authority/Monitoring Authority: Piedmont Community College’s Board of Trustees has approval authority for this policy. The Vice President, Administrative Services and the Vice President, Instruction & Student Development have monitoring authority for this policy.

Procedure:

The College will not unlawfully discriminate in policy or practice and will comply with all applicable provisions of the Americans with Disabilities Act (ADA) and Family Education Rights and Privacy Act (FERPA). PCC reserves the right to exclude a person with a communicable disease from employment, programs, and functions if the College finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the College.

Any College employee, student, or contracted services person who knows or has reasonable basis for believing that he or she is infected with a communicable disease has the responsibility to report this fact, on a confidential basis, (i) as to the employee and contracted services person: to the vice president having responsibility for the area in which the employee is working or contracted services person is performing a service; (ii) as to the student: to the Vice President, Instruction and Student Development for a curriculum student and to the Vice President, Continuing Education for a continuing education student.

Any College employee, student, or contracted services person who knows or has reasonable basis for believing that he or she is infected, must seek expert advice about their health circumstances and are obligated, ethically and legally, to conduct themselves responsibly in accordance with such knowledge for the protection of other members of the community.
Piedmont Community College recommends that all employees whose jobs may bring them into contact with communicable diseases, as defined by the Centers for Disease Control and Prevention, be vaccinated against said diseases. The College will make arrangements for administration of the vaccination for employees according to CDC/OSHA guidelines. Any employee who is recommended to have the vaccination and declines must sign a waiver form.

Piedmont Community College will publicize and carefully observe the safety guidelines published by OSHA for handling of blood and other body fluids and secretions in all health care programs on campus and in other college contexts in which such fluids or secretions may be encountered. Copies of the guidelines are in the office of the Vice President, Instruction and Student Development; Vice President, Continuing Education; and the Personnel Office.

**Legal Citation:** N.C.G.S. 130A-2(1c)

**History:** Effective October 1987, revised July 1992, January 2011
Any employee/student who is exposed to blood or bodily fluids should take the following steps:

- **Immediately** take appropriate precautionary measures. For eye, mouth, and other membrane exposures, flush/rinse the exposed area thoroughly with running water for fifteen (15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.

- **Report the incident** to the appropriate person (supervisor/instructor) immediately following first aid measures. The supervisor/instructor will activate the appropriate exposure control protocol with assistance of the Administrative Assistant to the Vice President, Administrative Services or the agency Employee Health Nurse.

- **Source Individual:** If the source individual is known and present, counsel the individual regarding the incident and the need for medical consultation, follow-up, and testing. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need for counseling and follow-up.

- **Employee/Student:** Individuals exposed need medical consultation, follow-up, and/or testing. Any employee/student exposed to bloodborne pathogens are to be referred immediately to a medical facility. The State Health Plan or student accident insurance will cover testing associated with an accidental exposure.

- **Complete the PCC Incident Report Form**
  Additional information should be obtained if the source individual is known. The College will provide documentation regarding the exposure and the identity of the source individual unless such identification is not feasible or is prohibited by state or local law (recorded on the College’s Incident Report Form).

- **Blood tests should be conducted on both parties on the day of exposure.** If known, the source individual’s blood will be tested by a physician for HBV and HIV within two hours or as soon as is feasible. If the source individual cannot be identified, the employee/student’s blood will be tested for HBV and HIV as soon as possible. All testing must be done with the individual’s consent.

In the event the exposure may have resulted from any error or omission by the clinical agency (students only) and/or its agents or employees, the clinical instructor will contact the hospital’s risk manager or designee for possible agency assistance with diagnostic tests.

Each case will be evaluated individually and test results reviewed by the physician of record. Follow-up of the exposed employee/student will include counseling, medical evaluation of effective post-exposure measures according to recommendations for standard medical practices. All parties involved will treat the results of the investigation of the exposure with confidentiality. The supervisor/instructor will
maintain documentation of the incident. The Dean/Director will maintain the Incident Report Form and medical follow-up.

All new employees who might come in contact with blood or bodily fluids and clinical students will receive Blood Borne Pathogen training. Yearly blood borne pathogen up-dates will also be scheduled.
## 2.13 EXHIBIT B

### Piedmont Community College Incident Report

Complete all fields that apply to the incident.

<table>
<thead>
<tr>
<th>Incident # (Official use only)</th>
<th>Date of Incident</th>
<th>Date Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Time of Incident</th>
<th>Time Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose One Item</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Services Responder: Choose an item.

Incident Location: Click here to enter text.

Campus: Choose an item. Building: Click here to enter text. Room: Click here to enter text.

**Type of involvement:** (Select one of the following for each person/employee involved)

- "RP" Reporting Person
- "V" Victim
- "W" Witness
- "O/S" Offender/Suspect
- "R" Responder

Complete the box below about the person involved in the incident.

**Person Involved:** Choose an item.

- Last Name:    First Name:    M.I.:
- College ID#    or SS#
- Home Address:  City:   State:   Zip Code:  
- Phone Number:

Complete the box below if there is more than one person involved in the incident.

**Person Involved:** Choose an item.

- Last Name:    First name:    M.I.:
- College ID#    or SS#
- Home Address:  City:   State:   Zip Code:  
- Phone Number:

Complete the box below if a vehicle was involved in the incident.
<table>
<thead>
<tr>
<th>Vehicle Involved:</th>
<th>Make:</th>
<th>Model:</th>
<th>Color:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tag:</td>
<td>State:</td>
<td>Owner:</td>
<td></td>
</tr>
</tbody>
</table>

Complete the box below if a PCC Employee was involved in the incident.

**PCC Employee(s) Involved:** Choose an item.

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Employee ID#</th>
</tr>
</thead>
</table>

**Description of Incident:**

Click here to enter text.

**Response Actions by PCC Employee(s):**

Click here to enter text.

**Witness Statement form provided:**

- [ ] Yes
- [ ] No

**Witness Statement form submitted to:** Choose an item.

**Report completed by:**

A copy of the Incident Report should be copied to the appropriate administrator for his/her records. All reports will be copied to the following:

- VP, Administrative Services
- Dean, Student Development
- Director, Buildings & Grounds
- Director, College Safety

Copies also sent to:

**Description of Incident (Continuation Page):**

Click here to enter text.