

CP 2.20.1

Communicable Disease

Related Board of Trustee Policy: BP 2.20

Responsible Official *Vice-President for Finance and Administration*
Approvals *5/7/2020*
Revision

Procedure

Reporting of a Communicable Disease

Employees or students who know, or have reasonable basis for belief, that they have a communicable disease are expected to seek expert health advice about their circumstances, and are obligated to conduct themselves responsibly to prevent the spread of communicable disease, according to control measures prescribed by the North Carolina Commission for Public Health.

Any employee who has a communicable disease is encouraged to voluntarily share that information with his/her immediate supervisor or the Human Resources Director so the College can assist in the appropriate response to his/her health and education needs, including reasonable accommodations as entitled by law.

Disclosed Information

Disclosed information from an employee will be shared only with properly designated College officials, as necessary and on a strictly limited need-to-know basis, unless the individual consents in writing to other releases of the information.

Employee Advocacy

The Human Resources Director is responsible for enforcement of privacy and confidential disclosure considerations, and will serve as an advocate for the employee who discloses the information.

Reporting of an Infectious Disease

Any employee with an infectious disease that poses a significant risk of transmission and causing harm to others is required to disclose such information to his/her immediate supervisor or the Human Resources Director, so the College can properly respond for the safety of others.

The employee will submit documentation to the Human Resources Director verifying the medical information and/or providing any requested reasonable accommodations on the employee's behalf.

The Human Resources Director will disclose the medical information on a need-to-know basis to the appropriate vice president to determine what measures, if any, the College should pursue regarding the employee.

Any additional disclosure of information will be by written consent of the employee only.

College's Responsibility

The College will not exclude from employment or restrict access to services or facilities to anyone unless it is necessary due to a significant risk to the health or safety of others.

The decisions involving exclusion or restriction of individuals who have a communicable disease shall be based on reasonable medical judgments and the following:

- The current state of medical knowledge.
- The risk of transmission to others.
- The severity of the potential harm.
- The symptoms and special circumstances of each individual who has a communicable disease.
- The careful weighing of the identified risks.
- The available alternatives to responding to an employee with a communicable disease.

The College will respond in writing to the employee concerning its decision regarding reasonable accommodation request, restrictions, or exclusions.

Occupational Exposure to Bloodborne Pathogens

The College shall comply with federal regulations and state statutes regarding bloodborne pathogens as set forth in the Federal Register, 29 CFR §1910.1030, and North Carolina Administrative Code, 10A NCAC 41A, by attempting to limit/prevent occupational exposure of employees to blood or other potentially infectious bodily fluids and materials that may transmit bloodborne pathogens and lead to disease or death.

Reasonably Anticipated Occupational Exposure

An employee who could "reasonably anticipate", as a result of performing required job duties, to face contact with blood, bodily fluids or other potentially infectious materials is covered by the OSHA Bloodborne Pathogens Standard, North Carolina Administrative Code, and this Procedure. "Occupational Exposure" includes any reasonably anticipated skin, eye, mucous membrane or parenteral (brought into the body through some way other than the digestive tract) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts, such as assisting a co-worker or student with a nosebleed would not be considered "reasonably anticipated occupational exposure".

Universal Precautions

Universal precautions will be in force at all times. All blood, body fluid and other potentially infectious material will be handled as if infected. The program standards for the control of potential exposure to HIV and HBV as outlined the OSHA Rule "Occupational Exposure to Bloodborne Pathogens" Standard 1910.1030, and North Carolina Administrative Code, or the most current standards available will be followed.

Standard Precautions

Standard precautions, hand washing and personal protective equipment, apply in all routine or emergency situations on the campus of McDowell Technical Community College, regardless of the presumed health status of those involved. These precautions apply to anticipated contact with:

- A. blood;
- B. all body fluids, secretions, excretions (except sweat);

- C. non-intact skin;
- D. mucous membranes;
- E. contaminated areas, tools, etc.

The use of standard precautions will protect employees and students who have occupational exposure to blood or other potentially infectious materials.

Post Exposure

If a student has an accident in a clinical site which exposes the student to blood or body fluids, students should follow the protocol listed in the programs' handbook. Students are responsible for reporting all exposure injuries, needle stick punctures, cuts, blood/body fluid contact with eyes, mucous membranes, etc., immediately to the appropriate preceptor/ supervisor/ coordinator of the off-campus clinical facility, and MTCC's clinical coordinator/ supervisor, so that appropriate measures may be taken. The MTCC clinical supervisor/ coordinator should notify the Dean of Health Sciences.

For students not enrolled in a health science program immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub with an appropriate anti-septic agent for five (5) minutes. Immediately report the incident to the appropriate persons (e.g., instructor or department chair).

In all instances students must complete an Incident Report form, which can be obtained from the Vice President for Finance and Administration, who is located in the business office.



Incident Report Form

Use this form to report accidents, injuries, medical situations, or student behavior incidents.

(Incidents involving a crime or traffic incident should be reported directly to the Campus Public Safety office; Incidents involving an employee should be reported to the Human Resources Office and the individual's immediate supervisor.)

If possible, the report should be completed within 24 hours of the event. Submit completed forms to the President's Office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

Full Name: _____

Home Address: _____

Is the individual a: (circle one) Student Employee Visitor Vendor

Phone Number: Home: _____ Cell: _____ Work: _____

INFORMATION ABOUT THE INCIDENT

Date of Incident _____ Time _____

Police Notified ☐ Yes ☐ No ☐ N/A

Location of Incident: _____

Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)

Were there any witnesses to the incident? ☐ Yes ☐ No

If yes, attach a separate sheet with names, addresses, and phone numbers. Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury (ies).



Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was treatment provided:

☐ on site ☐ Urgent Care ☐ Emergency Room

☐ Other (please describe)

(If an employee, please contact the HR Office for additional paperwork)

REPORTER INFORMATION

Individual Submitting Report (print name) _____

Signature _____ Date Report Completed _____

Received by _____ Date _____

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date Action Taken

By Whom

Additional Details