

**Inhibiting Conditions
For all SMHS Students**

Section: 3
Policy number: 3.7
Responsible Office: Vice President for Health Affairs/Dean
Issued: 05.05.15
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POLICY STATEMENT

Students who are known to have a condition (injury, illness, infection, environmental disease) that may negatively impact themselves, fellow students, staff, faculty or patients have a professional obligation to inform and work with UND SMHS faculty to develop a plan to balance their own health, safety, educational needs and confidentiality as well as the health and safety of others with whom they may come in contact.

REASON for POLICY

This policy exists to Identify potential educational modifications to address the educational needs of the affected student while safeguarding the welfare of all students, staff, faculty and patients.

SCOPE of POLICY

This policy applies to:

√Deans, Directors, and Department Heads	√Faculty
√Managers and supervisors	√Staff
√Students	

WEB SITE REFERENCES

Policy Office:	http://www.med.und.edu/policies/index.cfm
Responsible Office:	http://www.med.und.edu/administration/deans-office/index.cfm
UND Office of Safety:	http://und.edu/finance-operations/environmental-health-and-safety/
Vice President for Health Affairs and Dean:	http://www.med.und.edu/administration/deans-office/index.cfm

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DEFINITIONS	
Aerosol Transmissible Disease	An infectious disease that is transmitted by respiratory aerosols, which are particles of respiratory secretions from the nose or mouth.
Bloodborne Pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
SMHS	School of Medicine and Health Sciences
Category I Likely to change without revision of this policy, provided here as an example.	Using the CDC MMWR from July 6, 2012 “Updated CDC Recommendations for the Management of Hepatitis B Virus Infected Health Care providers and Students”; <ul style="list-style-type: none"> • Digital palpation of a needle tip in a body cavity and/or • The simultaneous presence of a health care provider’s finger and a needle or other sharp instrument or object (e.g. bone spicule) in a poorly visualized or highly confined anatomic site. <p><i>Students do not often perform these kinds of procedures.</i></p>
Category II Likely to change without revision of this policy, provided here as an example.	All other invasive and noninvasive procedures: These and similar procedures that pose low or no risk for percutaneous injury to occur to a health-care provider or if a percutaneous injury occurs does not pose a risk of provider to patient blood exposure.
Chair/Program Director	For the purposes of this policy only: “Chair/Program Director” shall refer to the Chair of the Department or the Program Director. For medical students this term shall refer to the Associate Dean for Student Affairs and Admissions and/or the Campus Dean. UND SMHS Chair/ Program Director: Medical Student – Associate Dean of for Student Affairs Health Sciences- Chairs Graduate Students- Associate Dean for Education and Faculty Affairs Undergraduate Students-Associate Dean for Education and Faculty Affairs
Environmental disorder	Usually refers to an allergic reaction to an environmental substance that may lead to contact dermatitis, allergic skin rash or anaphylactic reaction.
Immediate supervisor	The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the student at the site and time of the incident.
Illness	A disease or sickness affecting the body or mind.

Infection	A disease that may be either temporary or chronic in which an individual may put others at risk while participating in care, education or clinical enrollment.
Injury	Physical incapacitation severe enough to prevent the student from being able to complete expected functions of the program (technical standards). An injury may be temporary or chronic.
Universal Precautions	An approach to infection control. According to the concept of universal precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

RELATED INFORMATION	
Center for Disease Control and Prevention	http://www.cdc.gov
Occupational Safety & Health Administration	http://www.osha.gov
SMHS Policy Page	http://www.med.und.edu/internal-resources/policies.cfm
UND Disability Services	http://und.edu/disability-services/
UND Incident Reporting & Investigation Instructions	https://und.edu/public-safety/files/docs/incident-reporting-form-persons.pdf

CONTACTS

General questions about this policy can be answered by your department's administrative office. Specific questions should be directed to the following:

Subject	Contact	Telephone/FAX	Email contact
Policy clarification	Student Affairs	777.4221/777.4942	
Policy format	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu
Investigation Report	Office of Safety	777.3341/777.4132	und.safety@und.edu
Sample Transportation	Student Health Services	777.3988/777.4835	und.shslab@und.edu
SMHS Student Injury	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu

PRINCIPLES

- I) Students who are known to have a condition (injury, illness, infection, environmental disease) that may negatively impact themselves, fellow students, staff, faculty or patients have a professional obligation to inform and work with UND SMHS faculty to develop a plan to balance their own health, safety, educational needs, and confidentiality, as well as, the health of others with whom they may come in contact.
- II) This policy addresses conditions that may impact, temporarily or chronically, a student's ability to participate in a medical or health sciences program. It addresses not only the health and safety of the individual student but also others with whom the student may come in contact.
- III) As an educational institution, UND SMHS is dedicated to the education, safety, and confidentiality of students, as well as, the health and safety of all students, faculty, staff, and patients. UND SMHS will use all reasonable methods to balance the educational needs of the student while addressing the goals of safety, confidentiality and health for the affected student; taking into account the health of

others with whom the individual may come in contact. The Chair/Program Director shall be responsible for developing an individualized learning plan to meet the learning objectives for the student known to have an injury, illness, infectious or environmental disorder that may negatively impact themselves, the patient, fellow students, staff or faculty.

- IV) A student with a serious infection, illness, injury or environmental disorder must seek immediate and appropriate medical care. The student has a professional obligation to inform and work with the Chair/Program Director to develop an educational plan that will best balance the needs of the affected student and other parties with whom they may come in contact. The Chair/Program Director of the program may consult a group of experts with regard to the student's specific situation.
- V) The student is encouraged to seek assistance through the UND Disability Services for Students in order to "identify and coordinate reasonable accommodations" that might be available and appropriate for the situation. The Chair/Program Director of the program will attempt to accommodate the requests with modifications to the educational experience, however if unable to do so they will attempt to find an alternative educational experience for the student. It may be necessary for the Chair/Program Director to issue a leave of absence (either voluntary or involuntary) until the student is able to recover/recuperate prior to return to full, unrestricted duty.
- VI) The CDC special article "Guideline for Infection Control in Health Care Personnel, 1998" often cited as one of the most comprehensive documents of its kind, addresses hospital obligations with regard to infection control with employees. In applying the information to students, the "technical standards" (as defined by the program or department) identify the minimum abilities needed for an individual to complete the educational program with or without "reasonable accommodations." In the case of a student with a communicable disease spread by aerosol they could be justifiably denied contact with others until such time that they were no longer infectious. In an employment setting it is not reasonable to limit the scope of contact of an immunocompromised person; however, where the individual is a student the program would maintain the responsibility to work with the student's health care provider to develop the best plan for the affected student.

PROCEDURES

- I) It is expected that students, faculty and staff will follow all Universal Precautions. If needed, the SMHS reserves the right to utilize other options up to and including an expert oversight panel to assure safety of the student and others with whom he/she may come into contact.
- II) **Universal Precautions-** All human blood and bodily fluids are to be treated as if they are known to be infectious. Students should follow universal precautions in all appropriate settings and as directed by supervisory staff and faculty.
- III) **Education-**A student with a serious infection, environmental disorder or injury must seek immediate and appropriate medical care. The first step in addressing the situation is education for the affected student about his/her own safety and that of his/her patients and colleagues as well as the potential transmissibility of the affecting agent. Consider, as an example the physical therapy student who is allergic to latex, the Chair will place the student in a setting where latex gloves are not being used but may need to inform the student of the areas of potential danger within his/her current or future clinical settings. This will allow the student to best control their environment and their health. The Chair/Program Director will share the information with faculty and staff on a need to know basis.

IV) **Continuing/Returning to Educational Environments-** The student has a professional obligation to work with the Chair/Program Director and perhaps their primary health care provider to develop an educational plan that will take into account the students educational needs, the health and safety of the student and the potential exposure to other individuals including patients. The Chair/Program Director may consult a group of experts with regard to the student's specific situation. It is expected the experts will be individuals who have the expertise to assist in the decision for what is best for the student as well as the patients with whom they will interact. Consider an example of an occupational therapy student who has been diagnosed with Strep Pharyngitis. With documentation from an appropriate healthcare provider addressing clearance and/or limitations, a student may be able to return to the educational environment.

V) **Expert Panel Oversight-** The Chair/Program Director may convene an expert panel with regard to the student's specific situation. The expert panel shall consist of individuals who are well versed in some aspect of the situation, guided by information from the student's primary healthcare provider, the North Dakota Board of Health and/or the Centers for Disease Control. The plan of action will be developed in private and information will be shared on a need to know basis. Consider a medical student with a Hepatitis B viral infection. The expert panel may consist of the following:

- A) Chair/Program Director is knowledgeable in the course work, technical standards and learning objectives for the program and the situation. He/She will serve as chair of the expert panel.
- B) Campus Dean is knowledgeable and up to date with the faculty, the system and the regulations of the institution where the student will be working.
- C) Pathologist or Infectious Disease Specialist have knowledge of the disease process and transmissibility of the infecting agent.
- D) The panel will be guided by information from the treating physician as to the health and treatment compliance of the affected student.
- E) Possible protocols for the above named medical student:

Student situation: Actively ill; high HBV titer

Possible Options: Leave of Absence may be an option until the student is feeling better and/or has a low enough viral titer to continue.

Student situation: Not feeling ill: high HBV titer

Possible Options: Rearrange or reassign clinical experiences in order to participate in a less interventional clerkship awaiting a lower titer when it would be safe to participate more fully.

OR

Continue with current clerkship avoiding high-risk (category I) activities as identified by the UND Disability Services for Students; for example, abdominal surgery or vaginal delivery. Utilize the simulation center for vaginal deliveries. Observe the procedure without participation, for example being present and scrubbed for the abdominal surgery but not assisting in surgery. The student

would have the opportunity to improve suturing skills, observe and participate in non-high-risk (category II and higher) situations in order to obtain clinical skills.

Student situation: Not feeling ill; low HBV titer

Possible Options: Participation in all activities, following appropriate precautions (according to CDC guidelines)

- F) The two areas where a student might participate in a high-risk activity are OB or Surgery, neither of the clerkship objectives require participation in high-risk activities nor are there a minimum number of procedures for a student to satisfactorily pass and receive honors in a clerkship, the objectives are geared toward patient management and to skill acquisition. Students are generally not expected to participate in Category I activities.
- VI) **Accommodation**-The student is encouraged to seek assistance through the UND Disability Services for Students in order to “identify and coordinate reasonable accommodations” appropriate for the situation. The Chair/Program Director will attempt to accommodate all requests; if unable to do so will attempt to find alternative educational experiences. It may be necessary for the Chair/Program Director to issue a leave of absence (voluntary or involuntary) until the student is able to return to full unrestricted duty. An example of this situation may be a student with influenza who is either in the classroom or clinical setting.

RESPONSIBILITIES	
Chair/Program Director	<p>Work with the student to identify appropriate alternative educational opportunities where needed. He/She may identify and convene an appropriate group of individuals who will act as the expert panel for the student and provide guidance as to alterations/accommodations that may be made to the program to ensure a comparable educational experience. Provide information to others on a need to know basis.</p> <p>Inform clinical faculty/supervisors as needed of any alterations of educational experiences in order to support the student in his/her efforts to protect themselves and others.</p>
Health Care Provider	<p>Provide the student with a written opinion/evaluation of his/her medical status related to the inhibiting condition. This should include documentation addressing clearance and/or limitations whereby the student may be able to return to the educational environments.</p>
Student	<p>Report the infection, illness, injury or disorder and work with the Chair/Program Director or in the case the medical students the Campus Dean and/or the Associate Dean for Student Affairs and Admissions, to undergo appropriate surveillance for the condition. The student may report the infection, injury or disorder to Disability Services for Students as appropriate.</p> <p>Immediately report any exposure of patient to immediate supervisor.</p>

FORMS	
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REVISION RECORD

05.04.15 – FAC Approved
05.04.15—Dean Approved
07.26.18 – Minor Edits