



TRI-DISTRICT POLICY

TITLE: Tri District Policy: Student Immunizations	NUMBER: OH-250-003
Effective Date: March 9, 2012	Page 1 of 6
Applies To: all affiliating students in health professions	

Tri-District Policy # 5.5, South Shore Health Policy # OH-250-003

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INTRODUCTION

Individuals working in a health care setting are at risk of exposure to communicable diseases because of their contact with patients or materials from patients with infections, both diagnosed and undiagnosed. Students may be in direct contact with patients.

POLICY

Requirements:

1. It is a requirement of the Tri-District Occupational Health Services (Policy No. 5.5, Health Assessments) that student health assessments must be completed prior to placement.
2. It is the responsibility of the Manager of the placement department to forward the enclosed form to the student or the school.
3. It must be completed and returned to the Occupational Health Nurse at the primary site prior to confirmation of placement.

PROCEDURE

Recommendations

The following recommendations are based on the Occupational Health Service Policy number 5.6, "Administration of Immunizations". The recommendations for immunizations are based on guidelines from the Canadian Immunization Guide, 7th Edition (2006), the *Canadian Tuberculosis Standards 6th Edition (2007)*, and the Nova Scotia Department of Health and Wellness.

Based on history of infectious diseases and documentation of past immunizations or tests, the following health assessment is required to prior to work placement in one of our facilities.

Required Immunizations and Tests for Students –

1. All immunizations and tests are required before placement.
2. The Tri-District Occupational Health Nurses will NOT provide the assessment, immunizations or tests:

Tetanus/Diphtheria (Td – publicly funded):

1. Required evidence of primary immunizations consisting of 3 doses of Td or tetanus toxoid alone or in combination.
2. If not, apply to Public Health Services or your Family Physician for initiation of primary immunizations.
3. When primary immunizations have been completed, it is recommended that the individual have a Td booster at 10-year intervals in adulthood.

Pertussis (publicly funded for one dose in adulthood)

Primary immunization against pertussis with the infant/pediatric formulation (aP) consists of three doses given at 2, 4 and 6 months of age.

1. Booster doses with the infant/pediatric formulation (aP) should be administered at 18 months of age and 4 to 6 years of age.
2. A booster dose with the adolescent/adult formulation (ap) should be administered at 12 years of age .
3. For adults who have not previously received a dose of acellular pertussis vaccine, it is recommended that the diphtheria-tetanus (Td) booster dose be replaced by the combined Tdap vaccine.
4. Persons over aged 54 are considered to have an acquired immunity.

Hepatitis B vaccine (not publicly funded):

Hepatitis B vaccine is required for students at risk of exposure to blood/body fluids during the course of their placement with us.

1. Initial series of 3 injections at 0, 1, and 6 months.
2. Post immunization HBV antibody titer is required at 4 weeks following the final injection. (Documented antibody titer is required to establish immunity).
3. If non-immune, a second series of up to 3 injections is initiated, with antibody titer testing performed at 4 weeks following each injection until immune.
 - 3.1. Non-responders are rare (sero-conversion rates range from 90-99%). If an individual is determined non-immune after the 2 complete series of 3 injections it should be recorded that the individual is a *Non-Responder*.
4. If such an individual has a blood body fluid exposure, the need for Hepatitis B Immune Globulin may be indicated based on the risk assessment as determined by Policy No. 5.4, Reporting and Management of Blood/ Body Fluid (B/BF) Exposure
 - 4.1. HBIG required for B/BF exposure treatment is publicly funded and is obtained through Public Health Services or the Canadian Blood Services.

Mantoux (5TU PPD) Skin Testing (not publicly funded):

1. History of BCG (TB Vaccine) should be explored and documented; immunization with BCG is not a contraindication for Mantoux testing.

2. A baseline 2-step Mantoux test is required for all students; the second test denotes the true antibody status of the individual.
3. If there is previous documentation of a 2-step Mantoux test, then a recent 1-step test is sufficient.
4. If the most recent TB test was conducted more than 1 year prior to placement, please contact your family physician or a Travel Clinic.

Measles/ Mumps/ Rubella: MMR Vaccine (Publicly funded):

1. Documented history of 2 doses of MMR administered at or after the age of 12 months is considered acceptable immunity for measles, mumps and rubella.
2. If one dose of MMR is documented, the second dose may be obtained from your Family Physician.
3. **Effective April 1, 2012 adults born in 1970 or later who have not had a measles disease or received two doses of measles vaccine will be publically funded to receive two doses.**
4. If any component of the above information determines that the individual is not immune, and there are no documentations of 2 doses of MMR, contact or your Family Physician for 2 doses of MMR at approximately 1 month apart.

Varicella Zoster (Chicken Pox) (publicly funded for Health care Workers [HCW's]):

1. A reliable history of varicella disease is adequate evidence of immunity.
2. If history is uncertain, seriological immunity testing is indicated.
3. If non-immune, varicella vaccine is available from or your Family Physician at 2 doses, approximately 4-8 weeks apart.

Influenza (publicly funded for all Nova Scotians)

1. Annual vaccination is recommended in the autumn of each year

Appendix A: STUDENT HEALTH ASSESSMENT**March 2012**

The information obtained for this health assessment is confidential between the individual and the Occupational Health Nurse. It provides baseline information and indications for education to ensure the health and safety of students and their contacts during placement in one of the Tri-District facilities.

A. Demographics:

Hospital/Site: _____

Name: _____ Home Phone: _____

Address: _____ Postal Code _____

Date of Birth: _____ Health Card #: _____
yy/mm/dd

Next of Kin: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Date of Placement: _____ Unit/Dept: _____

Position: _____ Length of Placement: _____

School: _____ Program: _____

B. Communicable Disease History:

Infectious Disease	Have Had	Recent Contact	Have Now	Never Had
Red Measles (Rubeola)	ف	ف	ف	ف
German Measles (Rubella)	ف	ف	ف	ف
Mumps	ف	ف	ف	ف
Chicken Pox (Varicella Zoster)	ف	ف	ف	ف
Whooping Cough (pertussis)	ف	ف	ف	ف
Blood Born Pathogens (ie. Hepatitis B, C, HIV)	ف	ف	ف	ف
Tuberculosis	ف	ف	ف	ف
Herpes Simplex (Cold sore)	ف	ف	ف	ف

C. History of past immunizations/tests

Vaccine/Tests	Administration Date(s)	Date & Results of Serological Immunity
Measles		
Mumps		
Rubella (German measles)		
MMR # 1		
MMR # 2		
Tetanus/Diphtheria		N/A
Tetanus/Diphtheria/Pertussis		N/A
Polio		N/A
Hepatitis B Vaccine: - initial series at 0, 1, 6 months - series # 2 if required - Antibody test results	Date:	Result:
BCG		N/A
Mantoux: (Skin testing) - Step one: Date Result: mm's reaction		N/A
- Step two: Date Result: mm's reaction		N/A
Influenza (yearly)		
Varicella Zoster (Chickenpox) vaccine		

N.B. Include photocopies of immunization records and immunity test results or have a physician sign this record.

Physician: _____ Date: _____

Address: _____

Student Signature: _____ Date: _____

Received by: _____, OHN Date: _____