

Practice Guideline

September 10, 2007

All individuals working in health care (Health Care Staff*) should be protected against vaccine preventable diseases. All students and faculty visiting health service delivery sites for clinical placements are considered Health Care Staff and must follow provincial and Receiving Agency immunization guidelines and policies. Such policies are based on the Communicable Diseases and Immunization Guidelines from the BC Centre for Disease Control and the Canadian Public Health Agency.

Guideline Details

Recommended Immunizations:

1. Tetanus/Diphtheria – proof of basic immunization series of tetanus/diphtheria with reinforcement dose within the last ten years.
2. Poliomyelitis – proof of basic immunization series of polio vaccine.
3. Measles, Mumps & Rubella - for those born after 1957: Proof of two doses of MMR (Measles, Mumps & Rubella) vaccine or reactive serological test for immunity. Those born before 1957 have probably been infected naturally and can be considered immune.
4. Hepatitis B – recommended for Health Care Staff who may be exposed to blood or body fluids, or who are at increased risk of sharps injury, bites or penetrating injuries.
5. Varicella Vaccination (Chicken Pox) for only those individuals with negative titers.
6. Influenza vaccination annually in the fall as per Receiving Agency employee guidelines (to be effective this vaccination must be obtained at least 14 days prior to placement start date).
7. Tuberculin status
Proof of Negative two step skin test¹ dated within 6 months of first clinical/practice placement within a Receiving Agency (see Periodic Screening).

If the individual had a positive skin test (> 10 mm of induration or greater) at the last test, a negative chest X-ray within a year of first clinical/practice placement within the Receiving Agency (see Periodic Screening).

Periodic Screening - Annual tuberculin skin testing or chest x-ray is recommended for those individuals who are, or are likely to be, involved in risk activities* and at risk facilities*. Those individuals who are involved with high risk activities in all hospitals must have annual screening.²

Proof of immunity status must be available and the Receiving Agency may request it from students and faculty at any time in preparation for or during a clinical placement.

In the Event of a Communicable Disease Outbreak in the Receiving Agency:

If the disease is known to be vaccine preventable, any unvaccinated or unprotected student or faculty member is asked to leave the premises and not return until Receiving Agency Occupational Health & Safety/Infection Control staff have determined that it is safe to do so. Student or faculty members

¹ Canadian Lung Association. (2000). Canadian Tuberculosis Standards. 5th Edition. Government of Canada. Ottawa, Ontario. Page 218-220 from <http://www.phac-aspc.gc.ca/publicat/cts-ncla00/pdf/cts00.pdf>

² Ibid. Page 210 from <http://www.phac-aspc.gc.ca/publicat/cts-ncla00/pdf/cts00.pdf>

who are unable to provide proof of their immunity status when requested will be asked to leave the premises until they can meet this requirement. Whenever possible, the Receiving Agency will refrain from sending students home by assigning them to unaffected work areas.

Influenza exception to exclusion:

- unvaccinated individual who takes anti-viral medication as prescribed and continues to take until the outbreak is declared over.
- unvaccinated individual who obtains influenza vaccination during the outbreak may return to the clinical setting 14 days after vaccination or when outbreak is declared over.

For additional information refer to [Practice Education Guideline - Communicable Disease Outbreaks](#)

Roles & Responsibilities

Placing Agency:

- Establish and disseminate a policy regarding immunization of students and faculty, including roles and responsibilities for individuals who have tested positive for a blood-borne communicable disease (i.e. Hepatitis B, C, D, HIV).
- Maintain a record of the faculty and student's proof of immunity status. This record may be requested by Receiving Agency at any time and should be available, as appropriate, in a timely manner.
- Ensure that students and faculty are aware of immunization requirements of the receiving agency prior to clinical placements.

Students & Faculty:

- Provide proof of immunity status on request.
- Those who have tested positive for a blood-borne communicable disease (i.e. Hepatitis B, C, D, HIV) are responsible to be aware of protective measures and for taking all measures necessary to protect themselves and others.

International Students & Faculty:

- International students and faculty who are not sponsored by a B.C. Educational Institution must provide proof of immunity status before starting their clinical placement.

Receiving Agency:

- Establish and disseminate a policy regarding immunization requirements for students and faculty visiting the site for clinical placements
- Maintain record of immunizations of international students and those not affiliated with a Placing Agency.

Consequences of Non-Compliance

Failure to comply with immunization guidelines could result in barring the individual from the clinical setting until proof of immunity is provided or until an outbreak is declared over.

Rationale

Practice Education Guidelines for BC Immunization

GL#1-3

Immunization protects patients, residents, clients, health care workers, students and faculty from the potentially debilitating, and sometimes fatal, complications of communicable or infectious diseases. Specifically, influenza immunization is important regardless of whether students and faculty have direct or indirect contact with patients, residents or clients.

Definitions

Health Care Staff: Persons carrying out paid or unpaid work in health care.³

Infectious Disease: a disease that damages or injures the host so as to impair host function. Caused by the presence and activity of a pathogenic microbial agent (e.g. viruses, bacteria, fungi, protozoa, parasites). Transmission occurs by several pathways such as through contact with infected individuals, by water, food, airborne inhalation, or through vector-borne spread.

Communicable Disease: an infectious disease caused by germs spread from one person to another (contagious). Often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated. Some communicable diseases are preventable by vaccination/immunization.

Risk Facilities (related to TB): Hospitals have been classified as low risk, or moderate to high risk. Health care facilities can be considered to be **low risk** if there are less than six (6) admissions of patients with active tuberculosis per year, or a ratio of more than 100 potentially exposed health care workers per TB admission per year. **Moderate- to high-risk** facilities can be considered those with six (6) or more TB admissions per year, or a ratio of less than 100 potentially exposed health care workers per TB admission per year.

Risk Activities (related to TB): Within each facility, the activities of health care workers can be classified as of low, moderate or high risk for exposure to TB.⁴

Low-risk activity - Minimal direct patient contact (in medical records, administration, maintenance or on certain units such as obstetrics or gynecology). However, classification of such units as low risk may be incorrect if the population they are serving (e.g. foreign-born patients from areas where TB is endemic) has a high incidence of tuberculosis. Some of the longest delays in diagnosis may occur in such settings. Pediatric units can generally be considered low-risk areas.

Intermediate-risk activities - Work that entails regular, direct patient contact (e.g. by nurses, nursing aids, respiratory technologists, social workers, physiotherapists) on units to which patients with active TB may be admitted. Members of housekeeping departments may be considered in this risk category if they are involved in cleaning patients' rooms.

High-risk activities

1. Cough-inducing procedures (sputum induction, bronchoscopy pentamidine aerosol)
2. Autopsy
3. Morbid anatomy and pathology examination
4. Bronchoscopy
5. Designated mycobacterium (TB) laboratory procedures, especially handling of cultures of MTB.

³ Facility Influenza Immunization Policy. BC Centre of Disease Control. Retrieved February 24, 2006. Page 3

⁴ Canadian Lung Association. (2000). Canadian Tuberculosis Standards. 5th Edition. Government of Canada. Ottawa, Ontario. Page 210-211 from <http://www.phac-aspc.gc.ca/publicat/cts-ncla00/pdf/cts00.pdf>

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