**Occupational Health and Infectious Diseases: Preclinical Placement Requirements for Health Care Worker Students**

This document outlines immunization and other occupational health requirements that health care worker students need before they begin any clinical placement in a health facility through the course of their health professional program. Health Canada in their guideline “Prevention and Control of Occupational Infections in Health Care” use the term *health care worker* (HCW) to include any individual who has the potential to acquire or transmit infectious agents during the course of his or her work in health care and includes students and researchers.1

The medical literature and our own workplace experience documents the potential for health care workers to acquire infections, both in and outside the workplace, and for them to transmit infection to patients, co-workers, and family members2-4. These infections may be spread through the airborne route (e.g. tuberculosis, varicella, measles), droplets (e.g. respiratory syncytial virus, influenza, rubella, pertussis), contact (e.g. hepatitis A, group A streptococcus), and mucosal or percutaneous exposure (e.g. hepatitis B and C, HIV)5. Several of these infections are vaccine preventable. Most of these vaccine preventable infections may be transmitted from person-to-person. With that in mind, both the Steering Committee on Infection Control Guidelines and the National Advisory Committee on Immunization have provided recommendations for health care worker immunization1,6. Based on these and other guidelines1,6,7, Capital District Health Authority, IWK Health Centre, and Dalhousie University Faculties of Dentistry, Health Professions, and Medicine have developed the following policy for infectious diseases.

The following infectious diseases and immunization checklist is to be completed by a physician or public health official prior to your commencement of clinical work at Dalhousie University. It might be best to have all of your immunizations up-to-date before you begin your program as some immunization schedules take several months to complete. Note that some immunizations require an official immunization record. Please present this completed form to the university official responsible for your program when you begin.

We hope that you enjoy your program!


The immunization forms must be received at the School of Nursing no later than July 1st, 2014.
Diphtheria and tetanus: Will have a complete primary series of 3 doses of a combined tetanus, pertussis, and diphtheria preparation and booster within the last 10 years unless contraindicated. For adults who have not had a dose of acellular vaccine, a dT booster could be replaced by the dTap vaccine.

Polio: Will have a complete primary series of 3 doses of either oral polio vaccine or inactivated polio vaccine unless contraindicated. Booster doses are not recommended. If vaccination required, use only inactivated polio vaccine.

Measles (rubeola): Consider immune if born before 1970 or if born ≥ 1970 with evidence of 1 dose of live measles-containing vaccine or physician-diagnosed measles or documentation of measles IgG. If non-immune requires 1 dose of MMR unless contraindicated.

Mumps: Consider immune if born before 1970 or if born ≥ 1970 with evidence of 1 dose of live mumps-containing vaccine or physician-diagnosed mumps or documentation of mumps IgG. If non-immune requires 1 dose of MMR unless contraindicated.

Rubella: Consider immune with evidence of 1 dose of live rubella-containing vaccine or documentation of rubella IgG. If non-immune requires 1 dose of MMR unless contraindicated.

Hepatitis B: Consider immune with evidence of 3 doses of HBV-containing vaccine given at 0,1, and 6 months and one documented adequate anti-HBs titre done at least 4-8 weeks after immunization; or anti-HBs positive, anti-HBe positive, or HbsAg positive from hepatitis B infection. If non-immune requires 3 doses of HBV-containing vaccine given at 0,1, and 6 months unless contraindicated with anti-HBs testing 4-8 weeks after the 3rd dose. Individuals testing anti-HBs negative several years after receiving the primary series may receive one booster followed by post-vaccine serology to determine responder status. Non-responders should be immunized with a second 3-dose series unless contraindicated and serologic testing repeated. Non-responders may require testing for HbsAg.

Varicella: Consider immune with evidence of self reported history of varicella or shingles, or physician-diagnosed varicella or shingles or documentation of VZV IgG or 1 dose (if given before age 13 years) or 2 doses given at least 1 month apart (if given ≥ 13 years age) of live varicella vaccine. If non-immune requires 2 doses of live varicella vaccine at least 1 month apart unless contraindicated.

Name: ____________________________ DOB: ___/___/______(DD/MM/YYYY)

Signature of physician or Public Health Official Date: DD/MM/YYYY

Phone: ____________________________
NAME: _____________________________  BANNER#: B00________________

Tuberculosis

<table>
<thead>
<tr>
<th>Year Received</th>
<th>Infection Yes</th>
<th>Year</th>
<th>Notes</th>
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<tr>
<td>BCG</td>
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<tr>
<td>Tuberculosis</td>
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BCG vaccine is no longer recommended.

Tuberculin skin test (TST) date: ______/_____/______ One-step☐ Two-step☐ Result: ______ mm

If there is a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB, a TST is not required. Medical evaluation and a chest X-ray within 1 year (if asymptomatic) are required.

Chest X-ray* date: ______/_____/______

*attach copy of Chest X-ray report

If the TST has previously been negative, it is repeated according to the following algorithm:

Performing a 2-step TST:
• A TST is applied and read.
• If this first test is negative, a second test is applied 7-21 days later.
• The results of the second test are used to determine if the individual’s TB infection status is positive or negative.

Signature of physician or Public Health Official  Date:  DD/MM/YYYY

Phone: _________________________________