

**Dalhousie University, Faculty of Health**  
**ENTER SPECIFIC SCHOOL/COLLEGE**  
**ENTER SPECIFIC DEGREE & STUDENT CLASS**  
**DEADLINE: SPECIFIC TO EACH SCHOOL/COLLEGE**

**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.<sup>1</sup>

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 members.<sup>2 3 4</sup> 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).<sup>5</sup> 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 immunization.<sup>6,7</sup>

The following forms (Faculty of Health – College of Pharmacy Immunization Record and Mandatory Tuberculosis Skin Test) are to be completed by a health care professional (physician, nurse practitioner, VON nurse, public health nurse or pharmacist, etc.) prior to your commencement of clinical learning experiences at Dalhousie University. It is advised that all of your immunizations be up- to-date before you begin your program as some immunization schedules take several months to complete. Please read the form carefully as there are different documentation requirements for some of the diseases. You will be required to comply with all requests for documentation. **Please present the completed forms to the university official responsible for your program no later than DEADLINE: SPECIFIC TO EACH SCHOOL/COLLEGE.**

We hope that you enjoy your program!

<sup>1</sup> Health Canada. Prevention and control of occupational infections in health care. CCDR 2002; 28S1.

<sup>2</sup> Sepkowitz K.A. Occupationally acquired infections in health care workers. Part 1. Ann Intern Med 1996; 125:826-34.

<sup>3</sup> Sepkowitz K.A. Occupationally acquired infections in health care workers. Part II. Ann Intern Med 1996; 125:917-28.

<sup>4</sup> Patterson W.B., Craven D.E., Schwartz D.A., Nardell E.A., Kasmer J., Noble J. Occupation hazards to hospital personnel. Ann Intern Med 1985; 102:658-80.

<sup>5</sup> Health Canada. Routine practices and additional precautions for preventing the transmission of infection in health care. CCDR 1999; 25S4.

<sup>6</sup> Health Canada. Canadian Immunization Guide <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html> accessed April 2, 2019

<sup>7</sup> NACI- Varicella Proof of Immunity – 2015 Update <https://www.canada.ca/en/public-health/services/publications/healthy-living/varicella-proof-immunity-2015-update.html> accessed April 2, 2019

**Faculty of Health:** **ENTER SPECIFIC SCHOOL/COLLEGE**

**IMMUNIZATION RECORD:** **ENTER SPECIFIC PROGRAM, SPECIFIC CLASS**

<b>First Name (Please Print):</b>	<b>Last Name (Please Print):</b>
<b>Banner Number:</b>	<b>Date of Birth:</b>

Please see below the list of immunization requirements for Faculty of Health students. Please have a health care professional (**physician, nurse practitioner, public health nurse or pharmacist**) complete the form indicating your present immunization status. **Please double check that the form is fully complete prior to submitting to the ENTER SPECIFIC SCHOOL.**

**Failure to complete this form will delay entrance into clinical practice courses and possibly delay your entrance into the next year of study or graduation from the program.** Students are responsible for the cost of vaccines, Mantoux/TB and blood tests, if applicable. **ENTER PROGRAM** students or health care providers with questions about this form should contact **ENTER PROGRAM CONTACT DETAILS HERE** for assistance.

**TIP:** Individuals requiring proof of immunity for health care programs should make every effort to find immunization records prior to being given additional doses of a vaccine.

**TIP:** Local public health offices in the location of childhood residence or family physician's or primary care provider's offices may have records of immunization on file.

<b>MANDATORY MMR Requirements</b>	
<i>Please note that the mandatory 2-step TB skin test should be done 4-6 weeks before/after the administration of an MMR vaccine.</i>	
<p>Documented record of <u>two</u> MMR vaccinations at least one month apart, on or after their first birthday.</p> <p>Serological testing for measles, mumps, rubella and varicella in previously vaccinated individuals is NOT generally recommended by the Canadian Immunization Guide (CIG).<sup>6</sup> The CIG instead recommends additional immunization for those lacking records for required vaccines since there is no evidence of increased adverse events associated with repeat immunization.<sup>6</sup></p>	<b>Date of 1<sup>st</sup> MMR:</b>
	<b>Date of 2<sup>nd</sup> MMR:</b>

<b>First Name (Please Print):</b>	<b>Last Name (Please Print):</b>
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**MANDATORY Varicella (Chicken Pox/Shingles) Requirements**

*Please note the mandatory 2-Step TB skin test should be done 4-6 weeks before/after the administration of a varicella vaccine.*

Consider immune with one of the following:<sup>7</sup>

1. Serology report demonstrating immunity to naturally acquired Varicella. Please **do not** order serology if student is vaccinated or will be vaccinated against Varicella. *(attach record or healthcare professional document results here).*

**Varicella titre results:** \_\_\_\_\_

**OR PROVIDE**

2. Documented record of **two doses** of Varicella vaccination given at least one month apart on or after first birthday. Please **do not** order serology after Varicella vaccination.

**Date of Dose #1:**

**Date of Dose #2:**

**MANDATORY Tetanus, Pertussis and Diphtheria Requirements**

Documentation of dose of tetanus, diphtheria and pertussis vaccine, administration within the PAST TEN YEARS (e.g. Adacel™ or Boostrix™).

**Date:**

*Please provide a booster if needed.*

**MANDATORY Hepatitis B Requirements: PART A**

Documentation of Hepatitis B vaccination Series (3 Doses)

**Date of Dose #1:**

**Date of Dose #2:**

**AND**

**Date of Dose #3:**

HBsAB (Anti-HBs) Bloodwork Titre Level Result – taken at least 4-8 weeks after immunization. *(Please attach copy of serology lab report results.)*

**RESULTS:**

**Date of Results:**

**If titre results above show you are not immune to Hepatitis B, it is MANDATORY to complete Part B (see below)**

<b>First Name (Please Print):</b>	<b>Last Name (Please Print):</b>
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<b>Hepatitis B Repeat Series: PART B</b>	
<i>To be completed if titre results in PART A signify non-immunity</i>	
Dose 1 of Repeat Series	<b>Date of Dose #1:</b>
<i>Serology may be taken one month after first dose of repeat series to assess immunity if original series was completed more than 6 months prior to a negative HBsAB test.</i>	
Dose 2 of Repeat Series	<b>Date of Dose #2:</b>
Dose 3 of Repeat Series	<b>Date of Dose #3:</b>
Repeat HBsAB (Anti-HBs) titre results at least 4-8 weeks after immunization. <i>(Please attach a copy of serology lab report results).</i>	<b>RESULTS:</b>
	<b>Date of Results:</b>

**Non-responders may require testing for HBsAg, and at some clinical placement sites, non-responders may be required to sign a Hepatitis B Immunity Waiver. Please contact course coordinator for your program.**

<b>RECOMMENDED Annual Flu Vaccination</b>	
Date of most recent annual flu vaccination	<b>Date:</b>

<b>Polio</b>	
<i>Mandatory if lived/visited a country in which there has been a recent Polio outbreak</i>	
Documentation of Primary Series	<b>Date:</b>

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**Name of Healthcare Professional or Public Health Official** **Phone Number**

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**Signature** **Date**

*Please Note: Additional documentation may be required depending on the site you are assigned to for your clinical coursework.*

*Please have a health care professional complete one of the below options indicating your current status:*

**MANDATORY  
TUBERCULOSIS  
SKIN TEST (TST)**

Name (Please Print)

Banner Number

Signature of Healthcare  
Professional or Public  
Health Official

Date

Phone Number

**A No Record of Previous 2 Step TST**

Provide Dates & Results of 2 Step TST below:

Dates Planted		Dates Read	
Step 1	DD/MM/YY	1st Date	DD/MM/YY
		Results	
Step 2	DD/MM/YY	2nd Date	DD/MM/YY
		Results	

**B Record of Previous 2 Step TST  
Within Last 12 Months**

Attach Documentation of the previous 2 step TST  
with dates and results:

Documentation Attached (Y/N)

**C Record of Previous 2 Step TST  
More Than 12 Months Ago**

1 Step TST & Documentation of the previous 2  
step TST:

Date Planted	DD/MM/YY		
Date Read	DD/MM/YY	Results	

Documentation Attached (Y/N)

**D Positive TST  
(Do not repeat test)**

Chest x-ray required for the following:

- Documented prior positive TST
- Previous Treatment for active TB
- Previous Treatment for latent TB

Date	DD/MM/YY	Results	

Documentation Attached (Y/N)

**E TST Contraindicated**

Contraindications to TST include:

- History of severe blistering or Anaphylaxis from TST
- Previous Positive TST (See Choice E)
- Severe active viral infection
- Received a live virus vaccination in the past month (MMR)
- Other

If there is a contraindication to TST such as a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB ( See list above for more contraindications), a TST is not required—Medical evaluation and chest X-ray within 1 year are required.

*Please note: A prior BCG is not a contraindication. If a BCG has been administered in the past, please follow options A, B, or C*

## **Frequently Asked Questions**

### **Where can I obtain a Mantoux Test/TB Test?**

Students are advised to contact their primary health care provider's office to determine where they can obtain a two-step Mantoux/TB test in their area of the Maritimes/Canada. **Students should note:** that a two-step Mantoux/TB test requires four separate visits to a health care provider trained to administer and read the test over a required period of time.

**Possible Mantoux (TB-Tuberculosis) Testing locations in Halifax include: Please**

**Note:** you should call ahead to verify pricing and book an appointment.

1. **Dalhousie University Health Services** (Telephone: **902-494-2171**)  
Website: [https://www.dal.ca/campus\\_life/health-and-wellness/services-support/student-health-and-wellness.html](https://www.dal.ca/campus_life/health-and-wellness/services-support/student-health-and-wellness.html)
2. **International Travel Clinic** (Telephone: **902-481-5900**)  
Public Health Services  
Unit #5, 7 Mellor Ave  
Dartmouth NS B3B 0E8  
<http://www.nshealth.ca/content/international-travel-clinic>

### **How can I find out if my vaccinations are up-to-date, or get a copy of my vaccination record in Prince Edward Island?**

If you received your vaccinations in PEI and need to determine if your vaccinations are up-to-date, or need a copy of your vaccination record, call a Public Health Nursing Office in your area. It takes approximately **two weeks to process your request** for a copy of your record. Call: 902-368-4530.

### **Looking for your immunization records in New Brunswick?**

To obtain an NB immunization record, you need to contact the immunization provider as below:

- If you received your immunizations from a doctor, contact them.
- If you received your immunizations at a Public Health clinic, contact your local clinic.  
[http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy\\_people/content/public\\_health\\_clinics.html](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_health_clinics.html).

### **Where can I locate my immunization records in Nova Scotia?**

In the NS Health Authority Central Zone most childhood and adult immunizations are given by your family doctor and school immunizations are given by Public Health Nurses, so your immunization records may be at both your doctor's office and at the Public Health Office.

If you lived in other areas of Nova Scotia you could contact the Public Health Office in your area to request your immunization records. Please see the list of Public Health Offices in Nova Scotia:  
<http://www.nshealth.ca/public-health-offices>.

If you lived in another Canadian province, you should contact that province's Public Health Department for immunization records.

If you receive an immunization from a community pharmacist, please contact the community pharmacy location where you received the immunization for a copy of your record.

**Please Note: Additional documentation may be required on the site you are assigned to for your clinical coursework.**