

Introduction and Purpose:

Immunization protects clients, health care workers, students and Post Secondary Institution (PSI) educators from the potentially debilitating, and sometimes fatal, complications of communicable or infectious diseases. Specifically, influenza immunization is important regardless of whether students and PSI educators have direct or indirect contact with clients.

All health care staff, including students and PSI educators should be protected against vaccine preventable diseases. Health care organization (HCO) immunization guidelines and policies are based on the Communicable Diseases and Immunization Guidelines from the BC Centre for Disease Control and the Canadian Public Health Agency.

The purpose of this guideline is to outline the immunizations required for students and onsite PSI educators for experiences in practice education settings, including the requirements for maintaining current records of immunizations. Required actions for unvaccinated individuals in the event of a communicable disease outbreak are identified.

Definitions:

Also refer to: Standardized Guideline definitions in PEG Introductory Module.

Infectious Disease: a disease that damages or injures the host so as to impair host function and 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 if there are 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 low, moderate or high risk for exposure to TB.

- Low-risk activity: work that entails 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.
- Moderate-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: work that requires care / practice related to the following procedures:

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

Practice Standards Guidelines:

Immunizations:

Immunization	Requirements
Tetanus / Diphtheria / Pertussis	Basic immunization series plus booster / reinforcement dose within the past 10 years, with recommendation for having 1 adult dose of pertussis.
Poliomyelitis	Basic immunization series plus single booster dose 10 years after primary series. Those with no basic series should have the series completed regardless of interval since last dose.
Measles / Mumps / Rubella	Born prior to 1957: considered to have acquired natural immunity to measles, mumps and rubella. Otherwise: <ul style="list-style-type: none"> - <i>Measles</i>: 2 doses of measles containing vaccine, for those born on or after January 1, 1957, who do not have a history of lab confirmed measles infection, lab evidence of immunity, or documentation of 2 doses of a live measles containing vaccine at >/equal to 12 months of age and given at least 4 weeks apart. - <i>Mumps</i>: 2 doses of mumps containing vaccine recommended for those born on or after January 1, 1970; one dose is recommended for all individuals born January 1, 1957 – December 31, 1969 who do not have evidence of immunity to mumps disease. - <i>Rubella</i>: One does is recommended for all individuals born on or after January 1, 1957 who have not received at least 1 does of rubella containing vaccine or who do not have serologic evidence of rubella immunity. One dose is considered evidence of immunity to rubella. One dose of rubella containing vaccine is recommended for all health care workers regardless of age.
Hepatitis B	Recommended for those who may be exposed to blood or body fluids, or, are at increased risk of sharps injury, bites or penetrating injuries. Refer to BCCDC Communicable Disease Manual [p. 15] for list of health care professionals eligible for vaccine. Available at: www.bccdc.ca/dis-cond/comm-manual/default.htm . For those working in a health care facilitate in areas away from blood or body fluids, Hepatitis B vaccine is not required, and the individual is not eligible to receive the vaccine.
Varicella Vaccination (Chicken Pox)	Required for those with negative titers or those with no history of the disease > 12 months of age.

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Immunization	Requirements
Tuberculin Status	<p>Negative skin test dated within 6 months of first practice education placement.</p> <p>For those with a positive skin test (>10mm of induration or greater) at the last test, a negative chest X-ray is required within a year of the first practice education placement.</p> <p>Periodic Screening: Annual TB 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.</p>
Influenza Vaccination	<p>Required annually as per BC Provincial policy. For those individuals who choose not to receive vaccination, individual must wear a surgical procedure mask at all times in the practice education setting.</p>

All students and on site PSI educators must meet the HCO immunization guidelines and policies in order to engage in a practice education experience.

Immunization records for students and PSI educators must be maintained and stored by the PSI.

Proof of immunization must be available upon request by the HCO; the HCO may request these records at any time in preparation for, or during the placement.

Students and PSI educators with a positive test for a blood borne communicable disease are not required to disclose this information.

In the event of a vaccine preventable communicable disease outbreak in the HCO:

- Any unvaccinated student or PSI educator will be required to leave the practice education setting and not return until determined safe by the HCO Occupational Health and Safety / Infection Control staff.
- Any student or PSI educator who is unable to provide proof of immunity status when requested will be required to leave the practice education setting until required records are available and immunity status is determined.
- Collaboratively, the HCO and PSI will endeavor to seek alternate, appropriate practice placement experiences in unaffected work areas within the organization, to avoid interruption/suspension of the practice experience. These alternate placements cannot be guaranteed.

Influenza vaccine exclusion only applies to:

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

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International students and PSI educators who are not sponsored by a B.C. educational institution must provide proof of immunity status to the HCO before starting the practice education placement.

For additional information refer to PEG 3-4: Communicable Disease Outbreaks

Roles, Responsibilities & Expectations:

Post Secondary Institution:

Establish a policy regarding immunization of students and PSI educators, including roles and responsibilities for individuals who have tested positive for a blood-borne communicable disease (i.e. Hepatitis B, C, D, HIV).

Ensure that students and PSI educators are aware of PSI policy and HCO immunization requirements prior to practice education placement.

Maintain a record of the student's and PSI educator's proof of immunizations/ immunity status.

Provide direction and follow-up for students and/or PSI educators in situations where the practice education experience is suspended as a result of insufficient immunity status and/or proof of immunity status.

Ensure release of information is in accordance with privacy guidelines.

Ensure students or PSI educators who test positive for a communicable blood borne disease are aware they do not need to disclose but must have knowledge regarding measures for protecting themselves and others in the practice education setting. Provide education for all students and PSI educators re: protective measures.

Students & PSI Educators:

Provide proof of immunity status on request.

Students or PSI educators who have tested positive for a blood-borne communicable disease (i.e. HIV, Hepatitis B, C, D) are responsible for being aware of and ensuring protective measures are taken to protect themselves and others during the practice education experience.

Students and PSI Educators who have not received the influenza vaccine, must wear a surgical mask at all times in the practice education setting until the flu season is declared over.

Health Care Organization:

Establish and disseminate a policy regarding immunization requirements for students and PSI educators for practice education placements.

In the event of a vaccine preventable communicable disease outbreak, confirm immunity status of students and PSI educators. Determine required actions if proof of immunity status cannot be produced, including:

- Requesting student or PSI educator to leave the practice education setting until immunity status can be confirmed, or
- Collaborating with PSI to seek alternate placement experience in setting not affected by communicable disease outbreak.

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Resources and References

- BC Centre for Disease Control. (2011). *Communicable diseases control manual*. Vancouver, BC. Retrieved January 4, 2013 from <http://www.bccdc.org/content.php?item=83#1>
- BC Centre for Disease Control. (2009). *Immunization manual*. Vancouver, BC. Retrieved January 4, 2013 from <http://www.bccdc.org/content.php?item=193>.
- BC Centre for Disease Control. (2009). *Immunization program section III - immunization of special population. Immunization of health and childcare workers*. Communicable Disease Control Manual. Vancouver. Retrieved January 4, 2013 from <http://www.bccdc.org/content.php?item=193>.
- Canadian Hepatitis C Information Centre. (nd). *Hepatitis C in the workplace. A guide form employers*. Canadian Public Health Association. Retrieved January 20, 2013 from: <http://www.cpha.ca/en/portals/idp/hepc.aspx>
- Canadian Human Rights Commission. (2010). *Policy on HIV/AIDS*. Available at: http://www.chrc-ccdp.ca/legislation_policies/aids-eng.aspxhttp://www.chrc-ccdp.ca/legislation_policies/aids-eng.aspx
- Canadian Public Health Association. (nd). *HIV in the workplace. A guide for employers*. Canadian Public Health Association. Retrieved January 20, 2013 from: <http://www.cpha.ca/en/portals/idp/hiv.aspx>
- Immunize BC. (2012). *Influenza control program Q&A*. BC Ministry of Health, Victoria, BC. Retrieved January 4, 2013 from: <http://immunizebc.ca/healthcare-professionals/influenza-control-program-q-and-a#q1>.
- Immunize BC. (2012). *Influenza control policy – wearing masks*. BC Ministry of Health, Victoria, BC. Retrieved January 4, 2013 from: <http://www.immunizebc.ca/healthcare-professionals/influenza-control-policy-wearing-masks>
- Canadian Lung Association. (2007). *Canadian tuberculosis standards. 6th edition*. Government of Canada. Ottawa, Ontario. Retrieved January 4, 2013 from www.lung.ca/cts-sct/pdf/tbstand07_e.pdf
- Public Health Agency of Canada National Advisory Committee on Immunization. (2012). *Canadian communicable disease report 2012: Statement on seasonal influenza vaccine for 2012-2013*. Government of Canada, Ottawa. V. 38, ACS-2. Retrieved January 4, 2013 from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/12vol38/acs-dcc-2/index-eng.php>
- Public Health Agency of Canada. (2006). *Canadian immunization guide*. 7th Edition. Government of Canada. Ottawa. Retrieved January 4, 2013 from <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>:

Guideline Review History:

Revision #	Date	Author(s)	Brief Description of Change (reason for change)
Original	March 2007		
1	January 2013	Diana Campbell (VIHA), Carrie Edge (FHA), Heather Straight	Revised to new template Immunization requirements updated BCCDC Experts consulted re: immunization

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		(VCHA), Carmen Kimoto (VCC), Debbie McDougall (BCAHC), BCCDC and TB Control	requirements and TB testing References updated