

Student and Learner Placement Service Immunization & Infectious Diseases Screening

Students/Learners must provide proof of vaccinations and tests **outlined in Appendix A** (Immunization and Infectious Disease Screening for **prior** to beginning a learning placement at Nova Scotia Health. **ALL DOCUMENTATION IS TO BE SUBMITTED TO THE PLACING AGENCY (University/College/Employer).**

Procedure:

1. Follow the Placing Agency's immunization disease screening guidelines as long as they meet or exceed Nova Scotia Health's requirements for Immunization and Infectious Disease Screening described in Appendix A.

OR

2. Use this form - completed and signed by a Medical Doctor (MD), Nurse Practitioner (NP), Registered Nurse (RN)

Student/Learner Name: _____
Last Name
First Name
Middle initial

	Date Vaccine Given (DD/MM/YYYY)	Serology Date (DD/MM/YYYY)	Serology Result
Varicella	1) 2)		
TdaP Booster Tetanus/Diphtheria/Pertussis (Must be within 10 years and date documented)			
MMR Measles, Mumps, Rubella	1) 2)		
COVID-19 *See Appendix A for what is considered fully vaccinated	1) 2)	Name of Vaccine #1: Name of Vaccine #2:	
(PLEASE CIRCLE) The Student / Learner has met all immunization requirements above: YES OR NO			
Hepatitis B (Complete Option A or B as appropriate)		Date Vaccine Given (YYYY/MM/DD)	
Option A	Hepatitis B Series	1) 2) 3)	
<input type="checkbox"/> The Learner has started the vaccination series and has signed Hepatitis B waiver			
Option B	Full Vaccination Series completed on _____	HBsAb: _____ (serology result)	
<input type="checkbox"/> The Student / Learner is immune to Hepatitis B based on HBsAb serology results.			
Tuberculosis			
Date 1 st step given:	Date of read:	Result:	mm
Date 2 nd step given:	Date of read:	Result:	mm
CXR Result (if applicable):			
(PLEASE CIRCLE) The Student/Learner does not have tuberculosis as evidenced from a negative TST or chest X-ray: YES OR NO			

Please DO NOT sign this form until ALL Nova Scotia Health's requirements above have been met.

Name of MD, NP, RN: _____ Title: _____

Signature of MD, NP, RN: _____ Date: _____

Office Address: _____ Phone: _____

APPENDIX A**Immunization and Infectious Disease Screening for Students/Learners**
(Adapted from Appendix C; AD-OHS-015 Occupational Health Immunizations Policy)

The Placing Agency (University / College / Employer) is responsible to collect proof that Students/Learners have obtained the required vaccinations, immunities, and have acceptable results for screening tests, prior to beginning a learning placement at Nova Scotia Health. Requirements are to be met within 6 months of the learning placement start date, or collected by the Placing Agency as a pre-requisite/condition of the learning program. The Placing Agency must confirm that Students / Learners have met the requirements prior to placements commencing, as per applicable Nova Scotia Health Student and Learner Placement Affiliation Agreements, policy, and process.

1. Requirements:

- i. The following vaccinations (or proof of immunity) are **required for all** Nova Scotia Health learning placements:
- Measles, Mumps, Rubella
 - Tetanus, Diphtheria, Pertussis
 - Varicella
 - COVID-19

**** Due to the risk of false negative test results, live vaccines (MMR, Varicella etc.) as well as mRNA or viral vector COVID-19 vaccines should not be given within 28 days of TB skin tests****

- ii. The following vaccination and tests are required for Nova Scotia Health learning placements with direct patient contact and/or placements where students/learners have the potential to be exposed to blood and/or potentially infectious body substances.
- Hepatitis B
 - Tuberculosis
- iii. The following vaccination is recommended:
- Influenza (seasonal)

Please connect with your Nova Scotia Health Student and Learner Placement Service Coordinator to confirm if all requirements are required for the learning placement or if the learning placement / program is exempt from any requirements.

2. Description of immunizations and immunity status:

- i. **Measles Mumps Rubella (MMR):**
Consider immune with **one** of the following, regardless of year of birth:
- Documentation of having received two doses of the following vaccines, on or after their first birthday
 - o Measles-containing vaccine,
 - o Mumps-containing vaccine
 - o Rubella-containing vaccine
 - Laboratory evidence of immunity
 - Documentation of laboratory-confirmed
 - o Measles
 - o Mumps
 - o Rubella

NOTE:

- If verification of two doses of MMR vaccine is received, then no further testing/verification is required.
- In the event that the individual who has had two documented doses of MMR vaccine is tested serologically, and is negative, an additional dose is not recommended; the Student / Learner should be considered immune.

ii. **Tetanus, Diphtheria, Acellular Pertussis:**

Consider immune with documentation of primary series (minimum 3 doses) and booster dose every 10 years.

iii. **Acellular Pertussis:**

Recommended once in adulthood (given in conjunction with Tetanus diphtheria (**Td**) vaccine.

Notes re Acellular Pertussis:

- All individuals, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if they have not been immunized previously with this vaccine in adulthood, even if they are not due for a tetanus and diphtheria booster.

iv. **Varicella**

Consider immune with **one** of the following, regardless of year of birth:

- Documentation of having received two doses of Varicella vaccine at least 6 weeks apart on or after their first birthday
- Laboratory evidence of immunity
- Documentation of laboratory-confirmed Varicella

NOTE:

- Individuals with a self-provided history of chickenpox or zoster should no longer be assumed to be immune.

v. **COVID-19 (adapted from NSHA-AD-OHS-055 COVID-19 Vaccination for Team Members)**

Consider fully vaccinated 14 days or more after receipt of:

- Two doses of a two-dose series of a Health Canada authorized COVID-19 vaccine (Moderna, Pfizer/BioNTech, AstraZeneca/COVISHIELD). This is inclusive of mixed vaccine schedules.
- One dose of a one-dose series of a Health Canada authorized COVID-19 vaccine (Janssen/Johnson & Johnson).
- Complete series of a non-Health Canada, World Health Organization authorized COVID-19 vaccine (e.g., Sinopharm or Sinovac)

Exceptions: A medical exception **can ONLY be granted** by your nurse practitioner or family doctor if they determine that you qualify based on a very limited and specific list of criteria.

- A history of severe allergic reaction (e.g. anaphylaxis) after previous administration of a COVID-19 vaccine using a similar platform (mRNA or viral vector)
- An allergy to any component of the specific COVID-19 vaccine or its container (polyethylene glycol for the Pfizer-BioNTech and Moderna vaccines)
- A history of major venous and/or arterial thrombosis with thrombocytopenia following vaccination with the AstraZeneca COVID-19 vaccine
- A history of capillary leak syndrome following vaccination with the AstraZeneca vaccine
- A history of myocarditis and/or pericarditis after a first dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna)
- Experienced a serious adverse event after receiving a first dose of COVID-19 vaccine. A serious adverse event is defined as life-threatening, requires in-patient hospitalization or prolongs an existing hospitalization, results in persistent or significant disability/incapacity, or in a congenital anomaly/birth defect.

Immunosuppression, auto-immune disorders, pregnancy and breastfeeding are not medical reasons that prevent people from getting COVID-19 vaccine.

Hepatitis B

Nova Scotia Health strongly recommends that Student/ Learners complete a full series of Hepatitis B immunizations and achieve HBsAb immunity prior to any learning placement at Nova Scotia Health.

Minimum Hepatitis B requirements for Nova Scotia Health learning placements: Prior to starting a learning placement at Nova Scotia Health, Students/Learners are required to meet one of the two options below:

Option A: Show proof of receiving the at least one dose in a Hepatitis B vaccine series, plus sign a Hepatitis Immunity Waiver (see Appendix B)

OR

Option B: Show proof of completing a full series of Hepatitis B vaccinations, and proof of HBsAb immunity (based on ranges provided by lab)

NOTE: Expectation For Student/Learners who have not achieved Hepatitis B HBsAB immunity

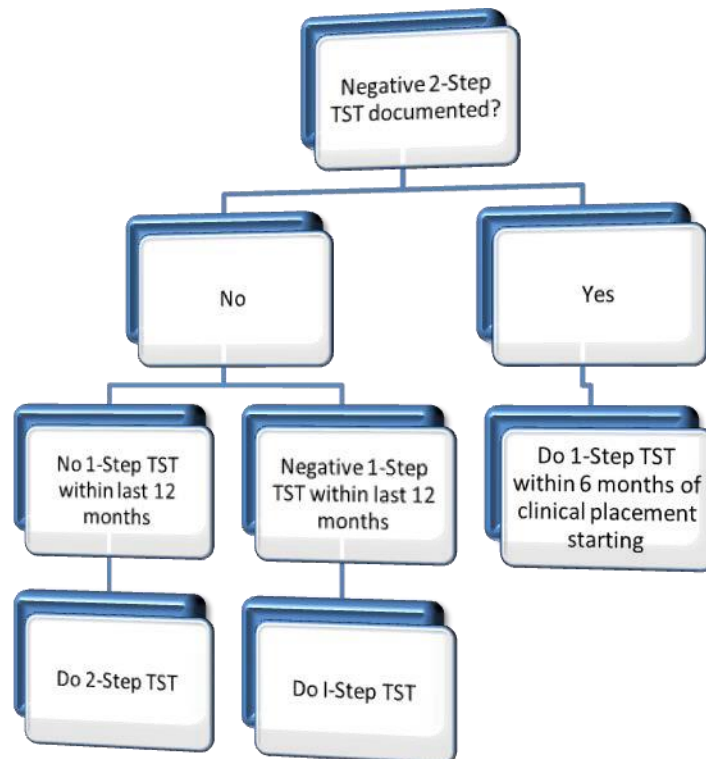
- Placing agencies will outline expectations that Students/Learners acquire Hepatitis B vaccinations and document results of immunity status during their academic study.
- If a Student/Learner has not achieved Hepatitis B immunity prior to starting their learning placement, the Placing Agency will be responsible to ensure the student/learner is well informed of the risks associated with working in a health care setting.
- The Placing Agency will ensure the Student/Learner is not placed in a setting or undertake procedures that puts the Student/ Learner at high risk of exposure to Hepatitis B.
- If Students/Learners sign the Hepatitis B Waiver – the waiver is kept on file at the Placing Agency.

Tuberculosis:

In confirming this requirement, the Placing Agency is confirming that the Student/Learner does not have tuberculosis as evidenced from a negative TST or if applicable a chest X-ray.

Within 6 months of the placement start date or collected as a pre-requisite / condition of the learning program:

- If no history of a negative 2-step Tuberculin skin test (TST): a 2-step Tuberculin skin test must be completed and must be negative.
- If there is documentation of a prior negative 2-step TST, a 1-step TST test is completed.
- If there is a documented prior positive TST or any prior treatment for active or latent TB, or previous treatment for latent TB, a TST is not required.
- The BCG vaccination is not accepted. A TST test is required. If a TST reads positive, a chest X-ray is required.
- Please refer to the following algorithm



Performing a 2-Step TST:

- A TST is applied and read within 48-72 hours of being administered.
- The measurement of induration (not erythema), in mm, must be recorded.
- If the first test is negative, a second test is applied 7-21 days later.
- If either the 1st or 2nd step TST is positive, the individual is considered positive.

Hepatitis B Immunity Waiver

This Waiver is to be used for Students/Learners who are considered Hepatitis B non-responders or Students/Learners who have not yet completed the full Hepatitis B vaccination series, nor achieved immunity to Hepatitis B. This waiver is to be kept on file at the Student's/Learner's Placing Agency (University, College, Employer).

I, _____ (Student/Learner name), have been provided with information including the risks and benefits of Hepatitis B vaccination. I understand the risk of not being immune to Hepatitis B immunizations should I be exposed to the disease while on a learning placement at Nova Scotia Health.

As a Student/Learner, I understand that Nova Scotia Health does not accept any responsibility for the risk of accidental injury not caused by Nova Scotia Health, its servants, agents or employees, which I may incur during this placement.

I understand that my placement options may be changed to protect the safety of others, and that I may be excluded from areas or subject to restrictions if I am not immune to Hepatitis B.

Student/Learner name

Student/Learner signature

Placing Agency Contact name (i.e. placement coordinator, or delegate)

Placing Agency signature

Date signed