

**Newfoundland and Labrador
Practice Education Guideline:**

**Student Pre-Placement
Immunizations and
Communicable Diseases Screening (2022)**

Pre-Placement Requirements Working Group

Initial Implementation Date: September 1, 2021

Revision Date: May 24, 2022

Student Pre-Placement Immunizations and Communicable Diseases Screening (2022) Guidelines

Table of Contents

Background	3
Purpose	3
Definitions	4
Guidelines for Student Pre-Placement Immunizations and Communicable Diseases Screening	5
Stakeholder Roles, Responsibilities and Expectations.....	6
Additional References and Resources	7
Guideline Review History	8
Appendix A: Student Pre-Placement Immunizations and Communicable Diseases Screening Requirements for NL.....	9
Appendix B: NL Student Pre-Placement Immunizations and Communicable Diseases Screening Form.....	12
Appendix C: Student Roles and Expectations.....	22
Appendix D: Health Care Professional (HCP) Roles and Expectations	23
Appendix E: Educational Programs Roles and Expectations.....	25
Appendix F: Regional Health Authority Roles and Expectations	26
Appendix G: Frequently Asked Questions for Students	27

Background

Practice education is the experiential learning component of education that occurs in health service delivery or simulated settings.¹ Practice education provides health care students with the necessary skills, attitudes and knowledge required to practice effectively in their field. It is a vital component of education in the health sciences, representing a significant portion of a student's requirement for graduation. Effective practice education requires collaboration between the education and health sectors.

Students who complete their practice education experiences in health care organizations are at risk of exposure to communicable diseases because of their contact with patients or their environment. There is also a risk that students could transmit an undiagnosed vaccine-preventable illness to others.² For these reasons, screening for immunizations is a condition for all placements in regional health authorities in Newfoundland and Labrador (NL). Standardized requirements create consistency and efficiencies for students, educational institutions and health care organizations.

These provincial guidelines are based on provincial and national immunization guidelines. Multiple consultations between the Student Pre-placement Requirements Working Group and other stakeholders informed the development of the provincial screening standards. Representatives from Occupational Health and Public Health within the four regional health authorities, the Communicable Disease Branch of the Department of Health and Community Services (HCS), the Provincial Chief Medical Officers of Health, the Directors of Laboratory Services and representatives from several provincial post-secondary institutions contributed to the development of the guidelines.

The process was initially implemented in September 2021 and was evaluated in early 2022. The evaluation resulted in recommendations for an updated 2022 version with improvements to enhance clarity of the requirements and process.

Purpose

The intent of the Practice Education Guideline is to outline a provincial, consistent approach for implementation of standards for immunization and communicable disease screening for students participating in practice education experiences in regional health authorities in NL. It contains the provincial immunization and communicable diseases screening requirements and related forms and student declarations, descriptions of stakeholder roles and expectations, and a list of frequently asked questions for students.

¹ Practice Education Guidelines for BC. Retrieved January 13, 2020 from <https://hspcanada.net/features/>

² Public Health Agency of Canada. (2018). Canadian Immunization Guide- Part 3 Vaccination of Special populations, Immunization of workers. 7th Edition. Government of Canada. Ottawa. Retrieved May 6, 2019 from <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1>

This Practice Education Guideline will:

- promote clarity, consistency, efficiency and equity of pre-placement immunization and communicable diseases screening processes for post-secondary institutions and health care organizations;
- promote protection of students' personal health information;
- promote adoption of evidence-based practice education processes; and
- align practices in Newfoundland and Labrador with provincial and national standards.

Definitions

Also refer to *Standard Practice Education Terms and Abbreviations*

Communicable Diseases	Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. ³
Exemption	Exemption from a specific immunization requirement for a health condition, or on religious grounds, with adequate documentation from a qualified health care professional. Examples: allergy to the specific vaccine, vaccine or component, or tuberculin: pre-existing compromised immune system; pregnancy. ⁴
Immunization	When a person is made immune to an infectious disease, typically through administering a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection from disease. Immunization is one of the most successful and cost-effective public health interventions. It prevents deaths every year in all age groups from vaccine-preventable diseases. Examples: include cervical cancer, cholera, diphtheria, Hepatitis B, influenza, measles, mumps, pertussis, pneumonia, polio, rabies, rotavirus, rubella, tetanus, typhoid, yellow fever. ⁵

³ World Health Organization: Regional Office for Africa (2017). *Communicable Diseases Overview*. Retrieved January 13, 2020 from <https://www.afro.who.int/health-topics/communicable-diseases>

⁴ The Association of Medical Faculties of Canada (AFMC). AFMC Student Portal Immunization and Testing Guidelines. Retrieved January 13, 2020 from https://www.afmcstudentportal.ca/Content/pdf/AFMC_Immunization_Guidelines_2017.pdf

⁵ World Health Organization: Regional Office for Africa (2017). *Communicable Diseases Overview*. Retrieved January 13, 2020 from <https://www.afro.who.int/health-topics/communicable-diseases>

Guidelines for Student Pre-Placement Immunizations and Communicable Diseases Screening

Pre-placement requirements are outlined in affiliation agreements between regional health authorities (RHAs) and post-secondary education programs. Signed agreements must be in place for all requested clinical placements.

Regional health authorities in Newfoundland and Labrador (NL) have adopted a set of common requirements for pre-placement immunizations and communicable diseases screening. These provincial standards include requirements for screening for evidence of immunizations for tetanus, diphtheria, polio, measles, mumps, rubella, varicella, pertussis, hepatitis B and COVID-19; mandatory screening for tuberculosis; and recommended immunization for influenza (see Appendix A for more information).

Regional health authorities base their requirements for immunization and communicable disease screening on current best practice guidelines. These include:

- Routine vaccines according to the routine schedule (NL Immunization Schedule in the NL Immunization Manual); ⁶
- Guidelines for Pre-placement Communicable Disease Screening of Healthcare Workers (Section 8.4 of the NL Immunization Manual); ⁷
- Vaccines for Health Care Organization Workers (Canadian Immunization Guide-Public Health Agency of Canada); ⁸ and
- TB Screening Guidelines (NL Guideline for preventing the transmission of *Mycobacterium tuberculosis* across the continuum of Care) ⁹.

Screening requirements are subject to change as national and provincial guidance evolves.

When a practice education experience within a RHA is a requirement for credit in an academic health training program, post-secondary institutions should inform prospective students of the expectations for screening for immunizations and communicable diseases, as well as consequences of non-immunity, as part of onboarding into the program, and at other points throughout the program.

All students who wish to complete a clinical placement in a RHA in NL must undergo screening for prerequisite immunizations by a qualified health care professional in accordance with the provincial standards using the ***Student Pre-Placement Immunizations and Communicable Diseases Screening Form (2022)*** and applicable supplementary forms (see Appendix B).

⁶ Government of NL (2015). NL Immunization Manual. Retrieved April 8, 2019 from https://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization

⁷ Government of NL (2015). NL Immunization Manual. Retrieved April 8, 2019 from https://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization

⁸ National Advisory Committee on Immunization (NACI) Canadian Immunization Guide, Evergreen Edition, Public Health Agency of Canada. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

⁹ Newfoundland and Labrador Guideline for Preventing the Transmission of *Mycobacterium tuberculosis* across the continuum of care (2015). Retrieved from https://www.health.gov.nl.ca/health/publichealth/cdc/tuberculosis_management.pdf

For the purposes of this guideline, a qualified health care professional is defined as a health care professional who has received education and/or competency-based training on vaccine administration and immunization practices to enable administration, interpretation and verification of immunization requirements within health practice education settings,¹⁰ for example, physicians, nurse practitioners, and registered nurses (public/occupational/student health). Licensed practical nurses or pharmacists may also have this type of education.

Documentation of immunization and screening status will be submitted to the post-secondary institution and/or to the RHA, as per each RHA policy, before the start of the first practice education experience, or at any time that the student's immunization and/or immunity status changes.

Screening that is conducted upon admission to the educational program will satisfy requirements for any clinical placement throughout the duration of the program, as long as the student remains registered in their program of study. However, students who take a leave of absence from their education program of one year (more than 12 months), will require a one-step TB skin test dated within 12 months prior to the first clinical placement following return to the program.

Students who return to the educational program after having withdrawn will require re-assessment using the full form.

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

- unvaccinated students may be excluded from affected areas within the practice education setting and not permitted to return until the outbreak is declared over by the RHA or following a specific period of time after vaccination, as determined by the RHA medical health officer or designate;
- students who cannot present documentation of proof of vaccine or immunity status if requested could be excluded from the practice education setting until documentation is provided; and
- the RHA and post-secondary institution may work together to find alternate practice education experiences in unaffected settings within the health care organization in order to avoid interruption or suspension of the practice education experience.

Stakeholder Roles, Responsibilities and Expectations

Roles, responsibilities and expectations of each practice education partner in the Immunizations and Communicable Diseases Screening process are outlined in Appendices D,E, and F (pages 27-30).

¹⁰ <https://www.canada.ca/en/public-health/services/publications/healthy-living/immunization-competencies-health-professionals.html#pre>

Additional References and Resources

Association of Faculties of Medicine of Canada (2019). Student Portal Immunization and Testing Guidelines 2019. Retrieved January 13, 2020 from https://www.afmcstudentportal.ca/content/pdf/AFMC_Student_Portal_Immunization_and_Testing_Guidelines_2019.pdf.

Government of Canada (2008). Immunization Competencies for Health Professionals. Retrieved March 23, 2002 from <https://www.canada.ca/en/public-health/services/publications/healthy-living/immunization-competencies-health-professionals.html#appc>

Government of NL (2015). NL Immunization Manual. Retrieved April 8, 2019 from https://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization

National Advisory Committee on Immunization (NACI) Canadian Immunization Guide, Evergreen Edition, Public Health Agency of Canada. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Newfoundland and Labrador Guideline for Preventing the Transmission of Mycobacterium tuberculosis across the continuum of care (2015). Retrieved from https://www.health.gov.nl.ca/health/publichealth/cdc/tuberculosis_management.pdf

Nova Scotia Health Authority (2018) <http://www.nshealth.ca/student-learner-placement>

Practice Education Guidelines for BC. Retrieved January 13, 2020 from <https://hspcanada.net/features/>

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/ccdrmtc/12vol38/acs-dcc-2/index-eng.php>

Public Health Agency of Canada. (2018). Canadian Immunization Guide- Part 3 Vaccination of Special populations, Immunization of workers. 7th Edition. Government of Canada. Ottawa. Retrieved May 6, 2019 from <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1>

World Health Organization: Regional Office for Africa (2017). *Communicable Diseases Overview*. Retrieved January 13, 2020 from <https://www.afro.who.int/health-topics/communicable-diseases>

Guideline Review History

Version	Date	People Responsible	Reason for Change
#1	May 2021	Author: Provincial Pre-Placement Requirements Working Group Patricia Moores, Provincial Practice Education Coordinator (Chair)	Initial pilot
#2	May 2022	Author: RHA Student Services Working Group and Provincial Pre-Placement Requirements working group. Patricia Moores, Provincial Practice Education Coordinator (Chair)	Evaluation and update

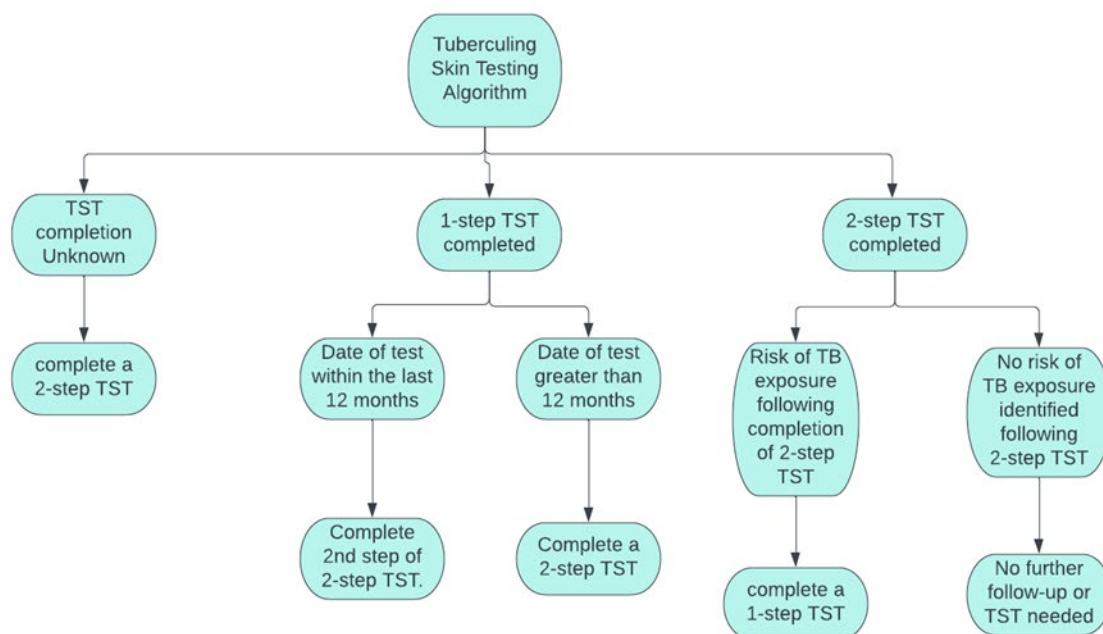
Appendix A: Student Pre-Placement Immunizations and Communicable Diseases Screening Requirements for NL

The following contains information regarding each of the immunizations and testing requirements for students completing a placement in any regional health authority (RHA) in Newfoundland and Labrador (NL). For more information, refer to Section 8 of the NL Immunization Manual at www.gov.nl.ca/hcs/publichealth/cdc/immunizations/

Communicable Disease	Screening Requirements	Notes
Tetanus, Diphtheria and Polio (Primary Vaccine Series)	Documented evidence of a primary vaccination series of three doses of a combined tetanus toxoid-reduced diphtheria toxoid and inactivated polio vaccine	For those receiving more than a 3-dose series, the most recent 3 doses are acceptable.
Measles, Mumps and Rubella (MMR)	Documented evidence of immunization with two doses of measles/mumps/rubella-containing vaccine administered at least four weeks apart (first dose given on or after the first birthday)	If student has only had one dose, give the second.
Varicella	Documented evidence of one of the following: -Immunization with two doses of varicella-containing vaccine administered at least four weeks apart (first dose given on or after first birthday, or -Laboratory evidence of immunity, or -History of a laboratory confirmed varicella infection, or -Health care provider diagnosis of varicella or herpes zoster or a reliable self-reported history of varicella, if infection occurred prior to the implementation of a one-dose immunization program (2005 in NL).	If a self-reported history of varicella occurred prior to the start of a one-dose immunization program, laboratory confirmation of immunity is not necessary. A second dose of varicella vaccine should be offered to students who have received only one dose of vaccine. These students do not need to have serology performed to determine immunity either prior to or following the immunization.
Tetanus, Diphtheria and Pertussis (Tdap)	Documented evidence of one dose of Tdap vaccine within the past 10 years	
Influenza	Documented evidence of influenza vaccine if administered.	Strongly recommended yearly.
COVID-19	Documentation of two doses of a two-dose series or one dose of a one-dose series	COVID-19 vaccine guidance is evolving. At the time of this revision, two doses are required.
Hepatitis B	Documented evidence of complete primary series of Hepatitis B immunization and laboratory evidence of immunity (HBsAB greater than or equal to 10 IU/L)	If exact dates of HepB vaccines are not available, a titre indicating immunity is acceptable. Students born between 1986 and 2000, and immunized in school in NL, would have received 3 doses of Hepatitis B vaccine in Grade 4. Those born 2001 and after in NL would have received 2 doses of Hepatitis B vaccine in Grade 6. Adults not previously immunized require 3 doses.

		<p>Hepatitis B Booster Doses and Re-Immunization</p> <p>If laboratory evidence of immunity is confirmed, serologic testing should not be repeated and further HB immunization is not needed.</p> <p>If testing for immunity is conducted 1-6 months after vaccination and titre level is inadequate, the student should be given a second HB vaccine series, followed by post-immunization serology at least 4 weeks after the last dose.</p> <p>If testing for immunity is conducted more than 6 months after vaccination and found to be inadequate, the student should receive one booster dose of HB vaccine, followed by post-immunization serology in 1 month. If the titre level is still inadequate, a second HB series should be completed followed by post-immunization serology at least 4 weeks after the last dose.</p>
Tuberculosis	<p>Documented baseline 2 step Tuberculin Skin Test (TST) (second step administered between 1-4 weeks up to one year after the first).</p>	<p>One step of the most recent TST should be administered no longer than 12 months prior to the student's start date with the educational program.</p> <p>Students who take a leave of absence from their educational program for one year or more (more than 12 months) will require a one-step TST dated within 12 months prior to the first clinical placement following return to the program.</p> <p>BCG (Bacilli Calmette-Guerin) vaccination is still available in some areas of Canada but was discontinued in NL in 1978. Some international students or students from high risk groups would have received BCG vaccination.</p> <p>Assessment of recent exposure to TB or symptoms will be carried out through RHA contact tracing, if applicable.</p> <p>No need for further testing unless risk is identified.</p> <p>For more information refer to the Tuberculin Skin Testing Algorithm in Table 1 below and the Newfoundland and Labrador Guideline for Preventing the Transmission of Mycobacterium tuberculosis across the Continuum of Care, Appendix 5 and 7b: TST baseline screening.</p>

Table 1: Tuberculin Skin Testing Algorithm



Appendix B: NL Student Pre-Placement Immunizations and Communicable Diseases Screening Form

STUDENT INFORMATION Must be completed in full by students		
Student Name (Last)	Student Name (First)	Middle Initial
Date of Birth (mmm/dd/yyyy)	Student Number	
School-issued Student Email	Telephone Number ()	
Education Program	Start Date with Program (mmm/dd/yyyy)	

NOTES TO STUDENT AND HEALTH CARE PROFESSIONAL (HCP)

This form should not be completed by a close contact/friend/relative.
Questions about this process should be directed to the clinical placement coordinator or designate at the educational program.

Completion of this document is a pre-requisite for student placements in a regional health authority (RHA) in Newfoundland and Labrador (NL). The requirements are based on provincial and national immunization standards. Completion of this form promotes student, staff and patient safety during placements in health care settings, and fulfills legal obligations between placement partners.

The immunizations process can be lengthy so it should be started early. Students are advised to obtain a copy of their immunization records from their local Public Health office, and bring these, along with the **full screening package (all 10 pages)**, to the screening appointment. Students can visit <https://www.gov.nl.ca/hcs/publichealth/cdc/immunizations/> to obtain the contact information for the Public Health Offices within RHAs in NL.

The information provided on this form is confidential. It is intended for the educational program and the RHA to ensure that TB testing and immunization requirements are met. Students must keep the completed document in a safe and accessible location as they may be asked for proof of completion of screening requirements at any time. Section 6 provides more information on student responsibilities in relation to this process.

The screening requirements are as follows:

- ✓ Proof of a 2-step TB skin test with one TB skin test completed no longer than 12 months prior to the student's start date with the educational program. If a test is positive, a subsequent chest X-ray, bloodwork and medical assessment are required.
- ✓ Proof of primary vaccine series for Tetanus, Diphtheria and Polio.
- ✓ Proof of Tetanus, Diphtheria and Pertussis (Tdap) vaccine in the past 10 years.
- ✓ Proof of 2 doses of Measles, Mumps and Rubella (MMR) vaccine.
- ✓ Proof of 2 doses of Varicella vaccine **or** blood work confirming immunity **or** history of lab confirmed infection, **or** health care provider diagnosis or a reliable self-reported history of varicella after the age of 12 months.
- ✓ Proof of full series of Hepatitis B vaccines **and** blood work confirming immunity.
- ✓ Proof of 2 doses of a 2-dose series **or** 1 dose of a 1-dose COVID-19 vaccine.
- ✓ Proof of yearly influenza vaccine (strongly recommended).

Screening that is conducted upon admission to the educational program will satisfy requirements for any clinical placement in any RHA for the duration of the program, as long as the student remains registered in their program of study. Students who take a leave of absence from their educational program for 12 months or more will require re-assessment using the full form. In this case, a one-step TB skin test dated within 12 months prior to the start date of the first clinical placement following return to the program is required.

For the purposes of this screening, a **qualified HCP** is one who has received education and/or competency-based training on vaccine administration and immunization practices to enable administration, interpretation and verification of immunization requirements within health care settings, for example, physicians, nurse practitioners, registered nurses (eg. public/occupational/student health). Licensed practical nurses or pharmacists may also have this type of education.

HCPs must complete sections 1 and 2 and document their initials when each section is complete and requirements have been met, and also provide full contact information in Section 5. The final confirmation in Section 4(4A or 4B) is signed by the HCP who completes the final steps. **If applicable, Section 1.2 and Section 3 must be completed by a physician or nurse practitioner.**

SECTION 1: BASELINE TUBERCULOSIS (TB) ASSESSMENT**1.1 TUBERCULIN SKIN TEST (TST)**

Documentation of baseline two-step tuberculin skin test (TST) (second step administered between 1-4 weeks after the first, up to one year) with one TST no longer than 12 months prior to the student's start date with the educational program.

If more than 12 months have passed since the baseline two-step, a one-step must also be completed no longer than 12 months prior to the student's start date with the educational program. Students who take a leave of absence from their educational program for one year or more (more than 12 months) will require a one-step TST dated within 12 months prior to the start date of the first clinical placement following return to the program.

To be completed by a qualified HCP (see definition on page 1). HCP must Sign Declaration A or B below upon completion of the two-step TST (and additional testing if applicable).

	Date Administered (mmm/dd/yyyy)	Date Read (mmm/dd/yyyy)	Induration (mm)	Interpretation (positive* or negative)
Step 1				
Step 2				
Additional TST (if applicable)				
Additional TST (if applicable)				

**If there is a current or prior positive TB test, or prior treatment for active or latent TB, further assessment by a physician or nurse practitioner is required.*

HCP TB Declaration A:

This student has tested negative and the TB assessment requirement is met.

HCP TB Declaration B:

As a result of a positive interpretation of the TST, the student has been advised that follow up with a physician or nurse practitioner to complete section 1.2 is required.

HCP Initials**Date (mmm/dd/yyyy)****HCP Initials****Date (mmm/dd/yyyy)****1.2 TUBERCULOSIS HISTORY/FOLLOW UP**

To be completed by a **physician or nurse practitioner** if positive TST or current or prior treatment for active or latent TB is identified. Individuals with a positive TST should be referred for a chest x-ray and Interferon-Gamma Release Assay (IGRA) bloodwork unless they were already completed following a previous positive TST. Any further follow up and interpretation is the responsibility of the health care provider. For more information about medical assessment/follow up, see the "Guideline for Preventing the Transmission of Mycobacterium tuberculosis across the Continuum of Care" (Appendices 5 and 7B) at <https://www.gov.nl.ca/hcs/files/publichealth-cdc-tuberculosis-management.pdf>

	Date Administered (mmm/dd/yyyy)	Result (specify as appropriate)
History of TB disease		Yes/No
BCG (if given)		
IGRA blood test (completed after the date of the positive TST)		Negative/Positive/Indeterminate
Chest X-Ray (completed after the date of the positive TST)		Normal/Evidence of TB
Physician/Nurse Practitioner TB Declaration: Additional follow-up has been completed (as noted above). This student is cleared for clinical placement.	Physician/NP Initials	Date (mmm/dd/yyyy)

SECTION 2: IMMUNIZATIONS AND TESTING SCREENING

The collection of personal information is undertaken pursuant to applicable legislation including, but not limited to, the Access to Information and Protection of Privacy Act (2015), SNL2015, ch.-A-1.2; the Personal Health Information Act, SNL 20019, Ch.-P-7.01 and any other legislation which may apply.

To be completed by a qualified HCP (see definition page 1). Initials provided within each section indicate that the section is complete and requirements have been met. **Do not submit student immunization and blood work records.**

2.1 PRIMARY VACCINE SERIES (Tetanus, Diphtheria, and Polio)

Documentation of primary series completed (most recent 3 doses if 5 dose series was completed)

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
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Requirement Met: HCP Initials

2.2 VARICELLA VACCINE (Chicken pox)

Select one of the following:

☐ Documentation of two doses of varicella vaccine administered **at least four weeks apart (first dose given on or after the first birthday)**

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)
--	--

☐ Documentation of health care provider diagnosis of varicella or herpes zoster **or** a reliable self-reported history of varicella after the age of 12 months, if infection occurred prior to the implementation of a one-dose immunization program (2005 in NL)

☐ Laboratory evidence of immunity

☐ History of a laboratory-confirmed varicella infection

Requirement Met: HCP Initials

2.3 MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

Documentation of two doses of MMR vaccine administered **at least four weeks apart (the first dose given on or after the first birthday)**

Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)
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Requirement Met: HCP Initials

2.4 TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap) VACCINE

Documentation of Tdap vaccine **within the past 10 years**

Date Administered (mmm/dd/yyyy)

Requirement Met: HCP Initials

2.5 INFLUENZA VACCINE (Strongly recommended)

Documentation of one dose administered yearly

Date Administered, if applicable (mmm/dd/yyyy)

Requirement Met: HCP Initials

2.6 COVID-19 VACCINE

Documentation of two doses of a two-dose series <u>or</u> one dose of a one-dose series administered			
One- dose vaccine		Two –dose vaccine series	
Product Name	Date Administered (mmm/dd/yyyy)	Product Name	Date of 1st dose (mmm/dd/yyyy)
		Product Name	Date of 2nd dose (mmm/dd/yyyy)
Requirement Met: HCP Initials			
2.7 HEPATITIS B VACCINE Documentation of complete primary series of Hepatitis B immunization <u>and</u> laboratory evidence of immunity* (HBsAB not HBsAg). *Do not include result if considered non-immune. If exact dates of Hepatitis B vaccines are not available, a titre indicating immunity is acceptable. If immunization series is incomplete, student must complete Student Declaration Form A: Incomplete Immunizations . If student is a non-responder or has not achieved immunity after two series, student must complete Student Declaration Form C: Hepatitis B Non-Immunity			
Series 1	Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
Series 2 (if needed)	Date of 1 st dose (mmm/dd/yyyy)	Date of 2 nd dose (mmm/dd/yyyy)	Date of 3 rd dose (mmm/dd/yyyy)
Laboratory Evidence of Immunity	Date blood work completed (mmm/dd/yyyy)	HBsAB Result _____(IU/L) Document result only when immunity has been achieved	
Requirement Met: HCP Initials			

SECTION 3: EXEMPTION TO IMMUNIZATION(S) To be completed by a <u>physician or nurse practitioner</u> If not applicable, this section can be left blank.		
<input type="checkbox"/> There are indications for exemption for the following immunizations, and the implications of not getting vaccinated have been discussed with the student. _____ (list exemptions that apply) *Note: Student must complete and attach the Student Declaration Form B: Exemption to Immunization(s) (p. 8) and review Student Pre-Placement Immunizations: Information for Students (p.10).	Physician or NP Initials	Date (mmm/dd/yyyy)

SECTION 4: HEALTH CARE PROFESSIONAL FINAL CONFIRMATION

The collection of personal information is undertaken pursuant to applicable legislation including, but not limited to, the Access to Information and Protection of Privacy Act (2015), SNL2015, ch.-A-1.2; the Personal Health Information Act, SNL 20019, Ch.-P-7.01 and any other legislation which may apply.

Select option 4A or 4B below:

4A: Form is incomplete. HCP to sign when immunizations are in progress or incomplete due to extenuating circumstances.

4B: Form is complete. HCP to sign when all outstanding sections have been completed (all requirements met).

4A: Form is incomplete due to **extenuating circumstances**.

** Note: Student must complete **Student Declaration Form A: Incomplete Immunization(s)** (p.9) and submit an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** to the school when outstanding requirements are completed.*

HCP Initials

Date (mmm/dd/yyyy)

4B: Immunization and testing screening is complete and requirements are met.

Note: If applicable, the student must complete the **Student Declaration Form B: Exemption to Immunizations (p. 9) and/or the **Student Declaration Form C: Hepatitis B Non-Immunity** (p.10).*

HCP Initials

Date (mmm/dd/yyyy)

SECTION 5: HEALTH CARE PROFESSIONAL CONTACT INFORMATION

Must be completed in full by all health care professionals who have completed any portion of the screening form.

HCP Name and Professional Designation

Initials

HCP Signature

Telephone ()

Employer/Office Location

HCP Name and Professional Designation

Initials

HCP Signature

Telephone ()

Employer/Office Location

HCP Name and Professional Designation

Initials

HCP Signature

Telephone ()

Employer/Office Location

SECTION 6: STUDENT FINAL DECLARATION

This section must be completed by the student. For incomplete forms, student signature must be updated as requirements are met.

My signature below (_____ (student name)) indicates the following:

- I have reviewed all sections of this form and acknowledge, to the best of my knowledge, that the information provided is accurate.
- I have not completed any part of this form myself, except for the Student Information and Student Final Declaration sections, as well as applicable Student Declaration Forms A, B, or C.
- I understand that it is my obligation, upon acceptance of a placement at a regional health authority (RHA) in Newfoundland and Labrador, to immediately inform my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program, of any exposure to, or infection with, the communicable diseases outlined on this form.
- I provide consent for the educational program to share a copy of this form and/or the information on this form with the RHA for the purpose of clinical placements only.
- I understand that failure to submit a completed form may result in delay or cancellation of a clinical placement, and/or change of placement setting.
- I will ensure that I can readily access a copy of this completed form, for the duration of my program of study, as I may be asked to provide a copy to the educational program and/or RHA at any time.
- For immunizations that are incomplete, I will complete all recommended follow-up immunizations and tests as directed by the health care professional(s) and will provide an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** to my educational program and /or RHA as required.
- If applicable, I have completed and attached **Student Declaration Forms A (Incomplete Immunization(s)), B (Exemption to Immunizations(s)), or C (Hepatitis Non-Immunity)**.

Student Signature(s)

Date (mmm/dd/yyyy)

SECTION 7: TO BE COMPLETED BY EDUCATIONAL PROGRAM STAFF ONLY

This section must be completed by the placement coordinator or designate at the educational program.

☐ **7A:** As per item 4A, components of the immunization requirements are pending. An incomplete form has been received by the educational program. The student has been advised to submit an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** when outstanding requirements are met. **Student Declaration Form A: Incomplete Immunization(s)** has been submitted.

☐ **7B:** As per item 4B, a complete screening form has been received by the educational program, and **Student Declaration Forms B (Exemption to Immunization(s)) and /or C (Hepatitis B Non-Immunity)** are attached, if applicable.

Staff Signature(s)

Date (mmm/dd/yyyy)

Student Declaration Form A: Incomplete Immunization(s)

This form is to be used when immunization series are planned or in progress, but not yet complete, due to extenuating circumstances.

It is not intended for immunization exemptions (use Form B, p.8), or if student has not achieved immunity to Hepatitis B after completion of 2 immunizations series (non-responder) (use Form C, p.9).

Must be completed by student.

I, _____ (student name) have not yet completed all Newfoundland and Labrador (NL) pre-placement immunizations screening requirements. My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following communicable disease(s) as per the NL requirements (list those that are applicable)

- I understand that there are risks of not being immune to the above, should I be exposed to the disease(s) while on a clinical placement in a regional health authority (RHA) in NL. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p.10)
- I acknowledge that I may be excluded from clinical placements in certain locations and may be asked to leave the clinical placement site in the event of an outbreak, or if I develop symptoms of the disease(s) for which I am not immunized.
- I acknowledge that my immunization history related to pre-placement screening requirements may be shared with appropriate RHA staff for the purposes of minimizing risk to myself, patients, and staff.
- I acknowledge that in the event of an exposure to a communicable disease for which I have not been vaccinated, immunization or chemoprophylaxis may be offered.
- I acknowledge that I must immediately report any possible exposure to, or infection with, the above communicable disease(s) to my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program.
- I acknowledge that I may be required to take additional precautions to prevent transmission of communicable diseases, such as the use of personal protective equipment.
- I will complete all recommended follow-up immunizations and tests as directed by the health care professional(s) and will provide an updated **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** to my educational program and /or RHA as required.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by any incomplete immunizations indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

Student Declaration Form B: Exemption to Immunization(s)

This form is to be used for exemption to one or more pre-placement immunizations for medical, personal or religious reasons.

This form is not intended for planned or in-progress immunization series (use Form A, p.7).

Must be completed by student.

I, _____ (student name) have an exemption to one or more Newfoundland and Labrador (NL) pre-placement immunization requirements. My signature below indicates the following:

- I acknowledge that I may be inadequately protected against the following communicable disease(s) as per Section 3 of the Newfoundland and Labrador Student Pre-Placement Immunizations and Communicable Diseases Screening Form (list those that are applicable)

—

- I understand that there are risks of not being immune to the above, should I be exposed to these disease(s) above while on a clinical placement in a regional health authority (RHA) in NL. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p. 10)
- I acknowledge that I may be excluded from clinical placements in certain locations and may be asked to leave the clinical placement site in the event of an outbreak of a communicable disease for which I am not immune or if I develop symptoms of the disease(s) for which I am not immunized.
- I acknowledge that my immunization history related to pre-placement screening requirements may be shared with appropriate RHA staff for the purposes of minimizing risk to myself, patients, and staff.
- I acknowledge that I must immediately report any possible exposure to, or infection with, any of the above communicable diseases to my clinical supervisor/preceptor/instructor at the placement site and the placement coordinator/designate at my educational program.
- I acknowledge that in the event of an exposure to a communicable disease for which I am not immunized, immunization or chemoprophylaxis may be offered.
- I acknowledge that I may be required to take additional precautions to prevent transmission of communicable diseases, such as the use of personal protective equipment.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by my opting out of some or all of the immunization(s) indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

Student Declaration Form C: Hepatitis B Non-Immunity

This form is to be used for students who have not achieved immunity to Hepatitis B after completion of two immunizations series (non-responder).

This form is not intended for immunizations series in progress (use Form A, p.7) or for students who have an approved exemption (use Form B, p.8).

Must be completed by student.

I, _____ (student name) have not achieved immunity to Hepatitis B after completion of 2 immunizations series (non-responder). My signature below indicates the following:

- I understand that the regional health authority (RHA) does not accept any responsibility for the risk of accidental exposure or injury not/caused by the RHA, its servants, agents or employees, which I may incur during this placement.
- I understand there are risks of not being immune to Hepatitis B, should I be exposed to the disease while on a clinical placement in a RHA in Newfoundland and Labrador. I have read the document **STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS** (p. 10)
- I understand that my placement options may be changed to protect my safety, as well as the safety of others, and that I may be excluded from certain placement settings or subject to restrictions if I am not immune to Hepatitis B.
- I acknowledge that I must immediately report any possible exposure to Hepatitis B (e.g., a skin injury, bite or mucosal splash) to my clinical supervisor/preceptor or instructor.
- I hereby release and agree to defend, indemnify, and hold harmless the RHA and its representatives from all losses, costs, expenses, judgment(s) or damages on account of injury to persons including death, in any way caused by my Hepatitis B non-immunity / non-responder status as indicated on the NL Student Pre-placement Immunizations and Communicable Diseases Screening form, as may arise out of my placement with the RHA, together with all legal expenses and costs incurred by the RHA in defending any legal action pertaining to the same.

Student Name
Student Signature
Date (mmm/dd/yyyy)

STUDENT PRE-PLACEMENT IMMUNIZATIONS: INFORMATION FOR STUDENTS (Supplementary to Form A,B,C)

WHY ARE VACCINES IMPORTANT?

The development of vaccines is one of the greatest accomplishments in public health. Vaccines have contributed to the reduction and control of communicable diseases amongst populations and most have proven to be cost effective in healthcare systems. Getting vaccinated prevents and/or lowers one's chances of getting ill from some life-threatening diseases and may prevent spread of the disease to patients and family.

WHAT ARE THE RISKS ASSOCIATED WITH VACCINATIONS?

As vaccines are given to relatively healthy people, the risk of getting ill or injured from a vaccine is low. Side effects and adverse reactions from some vaccinations may include, but are not limited to, flu-like symptoms (fever, nausea and vomiting, malaise, headache), a local reaction at the injection site, Guillain-Barre syndrome, a risk to immune suppressed individuals, risk to fetus, joint pain, febrile seizures, hypotonic-hyporesponsive episodes, oculo-respiratory syndrome, excessive limb swelling and death or morbidity from anaphylaxis.

If you need information specific to your own health risk, consult with your primary health care provider.

WHAT ARE THE IMPLICATIONS IF I AM NOT VACCINATED FOR ONE OR MORE OF THE PRE-PLACEMENT REQUIREMENTS?

Students are at risk of exposure to communicable diseases because of their contact with patients or their environment, so having a vaccine offers protection. There is also a risk that an unvaccinated student could transmit an undiagnosed infectious disease to others. If a student has not completed one or more of the required pre-placement immunizations, or cannot achieve immunity, they should educate themselves regarding implications for placements and other potential risks.

For placements in the regional health authorities, the placement site will need to know if you are not immunized against any of the communicable diseases outlined in the provincial requirements. If there is an outbreak of an illness for which you are not vaccinated, then you may be removed from the clinical site, have your placement delayed or cancelled, or have to wear extra personal protective equipment in order to remain on placement.

As a student, the impact of getting sick and missing time from your program of study can be a significant. If you are unable to complete your clinical placements, this may delay meeting required clinical hours and result in failure to progress in your program of study or to graduate on time.

Exposures to blood and/or body fluids must be reported to your clinical supervisor, but this is especially important if you are not immunized for certain illnesses. If you are exposed to certain communicable diseases on placement, you may be offered vaccination, treatments and diagnostic testing for this disease.

There may be costs associated with missing clinical time, therapy and treatment and/or diagnostics which you will be responsible for. This can include legal costs as well.

Appendix C: Student Roles and Expectations

1. Students should obtain copies of their personal immunization records as early as possible and then schedule an appointment with a health care professional (HCP) for completion of the **Student Pre-Placement Immunizations and Communicable Diseases Screening Form**. Immunization and testing timelines are important, and can be lengthy, so students need to allow sufficient time for testing or follow-up immunizations to be completed. Newfoundland and Labrador (NL) immunization records can be retrieved from the student's local Public Health Nurse. Students can visit www.gov.nl.ca/hcs/publichealth/cdc/immunizations/#records to obtain the contact information for the Public Health Nurse within regional health authorities (RHAs) in NL.
2. There are several options for completion of the screening. Family physicians, nurse practitioners and licensed nurses with applicable training (Public/Occupational/Student Health) are authorized to complete the entire form. Physicians and nurse practitioners are authorized to complete Section 3. Pharmacists are able to administer vaccinations, and sign the applicable section, but are not authorized to sign the Health Care Professional Final Confirmation (Section 4).
3. Students must complete Section 1 Student Information, Section 6 Student Final Declaration, and sign any relevant declaration forms (A,B, or C) . Students must not complete any other sections of the form.
4. The completed form(s) should be submitted to the placement coordinator, or designate, at the student's educational program and to the regional health authority (RHA) if required as per individual RHA policy. **Students should maintain copies of the completed form and other related immunization or testing documentation as these may be requested at any time.**
5. Students must make every effort to ensure that all screening requirements are completed before submitting the form to the educational program and RHA (if required by the RHA). In **exceptional circumstances only**, however, (eg. insufficient time to complete a lengthy immunization series, or lack of availability of a specific vaccine), with HCP approval (Section 4A), an incomplete form may be submitted. In this circumstance, the student must complete the missing immunizations at the earliest possible time. When required immunizations are completed, an updated copy of the form with updated student signature must then be submitted to the educational program and RHA, if required.
6. Students are responsible for any costs associated with completion of the screening and any required immunizations. To find more information about publicly funded vaccines and eligibility, students can consult with their physician or local community health office. For more information about costs associated with vaccines that are not publicly funded, students can consult with their local pharmacist.
7. Students are responsible for reporting to the placement coordinator at their education program, and RHA placement supervisor/preceptor/instructor, any exposure to, or infection with, any of the communicable diseases included in the list of provincial screening requirements.
8. Screening for Tuberculosis is mandatory.
9. If the health care professional authorizes exceptions or contraindications to immunizations or testing in Section 3, the student must complete the **Student Declaration Form B: Exemption to Immunization(s)**.
10. If the student is unable to achieve Hepatitis B immunity despite receiving the necessary vaccinations (Section 2.7), the student must complete the **Student Declaration Form C: Hepatitis B Non-Immunity**. Students without adequate protection may then be excluded from certain clinical placement sites or settings, they may be required to use personal protective equipment, they may be required to leave the clinical placement site or practice setting in the event of an outbreak or they may be subject to other conditions.
11. Individual schools may have additional requirements in addition to those contained in this guideline.
12. More information for students can be obtained in Appendix G.

Appendix D: Health Care Professional (HCP) Roles and Expectations

1. Screening of post-secondary students for pre-placement immunizations and communicable diseases must be completed by a qualified health care professional. For the purposes of this process, a qualified HCP is one who has received education and/or competency-based training on vaccine administration and immunization practices to enable administration, interpretation and verification of immunization requirements within health care settings, for example, physicians, nurse practitioners, and registered nurses (eg. public/occupational/student health). Licensed practical nurses or pharmacists may also have this type of education.
2. Screening requirements are based on national and provincial guidelines. HCPs can consult the NL Immunization Manual for NL Immunization Schedules, if needed, at www.gov.nl.ca/hcs/publichealth/cdc/immunizations/
3. The **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** must be used for all clinical placements in Regional Health Authorities (RHAs) in Newfoundland and Labrador (NL). The purpose of the form is to provide written confirmation that provincial standards for screening of the student for communicable diseases has been completed. Use of this specific form prevents sharing of unnecessary personal health information, prevents the need for interpretation by other practice education partners, assists the school in ensuring that every student is following the requirements, confirms that interpretation is completed by a qualified HCP, and facilitates efficiency in information tracking. Other forms of documentation will not be accepted, for example print-outs of student health records.
4. HCPs are responsible for completing and initialling individual relevant sections of the form. The HCP's initials verify that the individual has provided the service or has reviewed the student's records. HCPs should provide their initials in sections that they have addressed and then provide full contact information in Section 5 of the screening document. Multiple service providers may be involved in completing the screening for an individual student, so more than one HCP's initials may be included in some sections.
5. Students are encouraged to present copies of their immunization records from public health or a previous HCP at the appointment. If records are not available, immunizations should be given. The Canadian Immunization Guide¹¹ states "Routine serological testing to determine the immunity of children and adults without immunization records is generally not practical. The following approach is recommended: Individuals who report incomplete immunization or lacking adequate documentation of immunization should be considered non-immunized and started on an immunization schedule appropriate for their age and risk factors".
6. Two components are included in the TB assessment within this screening process. A 2 step Tuberculin Skin Test must be administered by a HCP and if it is negative, the HCP must sign the TB Declaration A in Section 1.1. If the test is positive, the HCP must document in the TB Declaration B and notify the student that further management is needed for TB- related follow-up. The student will need to be referred to a physician or nurse practitioner to complete the TB History/Follow up section 1.2. Clearance for proceeding to clinical placement must be given by the **physician or nurse practitioner** completing the follow up assessment. The provider and student are responsible to follow up on any associated medical management. For more information on Tuberculosis screening, refer to the "Newfoundland and Labrador Guideline for Preventing the Transmission of Mycobacterium tuberculosis across the Continuum of Care", Appendices 5 and 7b at www.gov.nl.ca/hcs/files/publichealth-cdc-tuberculosis-management.pdf
7. A student may be granted an exemption from a specific immunization requirement by a **physician or nurse practitioner** in the event of an allergy, compromised immune system, pregnancy, other medical condition, or for other reasons deemed appropriate by the health care provider. This exemption is to be documented in Section 3, Exemption to Immunizations. The student then needs to complete **Student Declaration Form B: Exemption to Immunization(s)**.
8. If a student has not achieved immunity to Hepatitis B after 2 immunization series (non-responder), the student must sign the **Student Declaration Form C: Hepatitis B Non-Immunity**.
9. The final confirmation (Section 4B) must be signed by a HCP when all requirements have been met. In certain exceptional circumstances, however, (eg. insufficient time to complete a lengthy immunization series, or a specific vaccine is not available at the time of the screening), an incomplete screening form may be submitted to the school

¹¹ National Advisory Committee on Immunization (NACI) Canadian Immunization Guide, Evergreen Edition, Public Health Agency of Canada. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

and/or RHA, with an updated form to follow as soon as immunizations have been completed. In this case, the HCP must sign option 4A.

10. For assistance in interpretation of a student's immunization record, HCPs can contact Public Health in their region or refer to the Newfoundland and Labrador Immunization Manual at www.gov.nl.ca/hcs/publichealth/cdc/immunizations/#records for Public Health contact information.

Appendix E: Educational Programs Roles and Expectations

1. Pre-placement requirements are outlined in affiliation agreements between regional health authorities (RHAs) and post-secondary educational programs. Signed agreements must be in place for all requested clinical placements.
2. The **Student Pre-Placement Immunizations and Communicable Diseases Screening Form** and relevant **Student Declaration** forms must be completed for all students participating in clinical placements in RHAs in NL. Failure to do so may result in delayed or cancelled clinical placements. Educational programs are encouraged to inform students about the provincial screening requirements as early as possible to allow adequate time for completion of immunizations and testing.
3. The screening can be completed upon admission to the educational program. Confirmation of requirements met, or completed forms, if applicable, must be provided to the RHA at least 6 weeks prior to the start of the clinical placement. Refer to individual RHA policy regarding timeframes and processes for submission of the completed documents, if required.
4. Students should ensure that all sections of the form and applicable declaration forms are completed and submitted. In certain **exceptional circumstances**, however, (eg. insufficient time to complete a lengthy immunization series, or a specific vaccine is not available at the time of the screening), an incomplete screening form may be submitted to the school and/or RHA, with an updated form to follow as soon as immunizations have been completed. In this instance, the educational program completes item 7A of the form. When updated documentation is provided by the student, indicating that follow up immunizations have been completed, the educational program can indicate same by documenting in item 7B.
5. Students may present **Student Declaration Form B: Exception to Immunization(s) or Student Declaration Form C: Hepatitis B Non-Immunity**, in addition to the completed **Student Pre-Placement Immunizations and Communicable Diseases Screening Form**. When requesting a placement for students who do not have adequate protection, the educational program must consult with the respective RHA placement site, prior to each clinical placement, for recommended management. The educational program and RHA personnel will collaborate to mitigate risk to the student, clients and other staff, which can include delayed or cancelled placement, need for personal protective equipment, change of placement destination, or other accommodations. Each case will be addressed on an individual basis.
6. If a student reports an exposure to any of the communicable diseases contained in the NL Student Pre-Placement Immunizations and Communicable Diseases screening requirements (Appendix A), the educational program will contact the respective RHA where the student is attending, or planning to attend, to consult regarding the need for accommodations or modifications to the placement.
7. Screening that is conducted upon admission to the educational program will satisfy requirements for any clinical placement throughout the duration of the program, as long as the student remains registered in their program of study. However, students who take a leave of absence from their educational program of one year (more than 12 months), will require re-assessment using the full form. In this case, a one-step TB skin test dated within 12 months prior to the start date of the first clinical placement following return to the program is required.
8. International or out-of-province students can have the screening completed by a health care professional at their current place of residence.
9. Questions about individual pre-placement requirements can be directed to the respective RHA where the clinical placement has been requested.
10. Schools may have additional requirements in addition to the provincial requirements.

Appendix F: Regional Health Authority Roles and Expectations

1. Pre-placement requirements are outlined in affiliation agreements between regional health authorities (RHAs) and post-secondary educational programs. Signed agreements must be in place for all requested clinical placements.
2. Pre-placement immunizations and communicable diseases screening must be completed prior to the start of any student placement within the RHAs. In **extenuating circumstances**, with authorization in Section 4A from the HCP that recommended immunizations are in progress, students may be permitted to start placement prior to receiving all immunizations. In this situation, updated documentation must be provided to the educational program and RHA (if required) when completed.
3. Screening completed by a qualified HCP in another province or country is acceptable, as long as a signed affiliation agreement is in place between the school and the RHA.
4. If a HCP authorizes exceptions or contraindications to immunization or testing, indicating that the student is unable to meet prerequisite immunization(s) or has not achieved Hepatitis B immunity, the RHA and educational program will collaborate in identifying any restrictions on student placement opportunities. The RHA will consult with Occupational Health at the RHA. Each scenario will be addressed on an individual case basis, in consideration of operational requirements in each RHA.
5. If a student reports an exposure while on placement, the RHA will consult with Occupational Health for recommended management.

Appendix G: Frequently Asked Questions for Students

Please refer to *Appendix E: Student Roles and Expectations* for more information.

1. Are immunizations mandatory?

Aside from the TB test, the individual immunizations described in this guideline are not mandatory, but the **screening by a health care professional (HCP)** is. For students without adequate protection, extra precautions are put in place to safeguard the student, other staff and the patients/clients that are served by the organization.

2. Do I need to take the form and waivers with me to my clinical placement site?

It is recommended that you maintain quick access to your documents while you are on placement. You do not need to have a copy of the documents on your person at all times, but in the event of an outbreak or exposure, you may need to present them within a short timeframe.

3. Do I need to submit the actual form, or can I just hand in copies of immunizations to the school?

The actual form must be completed and submitted to your school and/or RHA if required. This prevents you from sharing unnecessary personal health information; it helps the school to determine that every student is following the requirements; it ensures that interpretation is completed by a qualified HCP; and, it enables the school and regional health authority (RHA) to track information more efficiently and consistently.

4. If I have records of previous immunizations, do I need to have these immunizations repeated?

Discuss this with the HCP(s) who is assessing your immune status. In general, previous records are sufficient as long as the immunization has been properly documented and follows the minimal age and spacing intervals of that particular immunization series.

5. I have had immunizations administered previously, but I can't find my records. What should I do?

You should try to locate your immunization records by contacting the Public Health office in the community where you reside(d). If this is not successful, then, in general, immunizations should be repeated. Discuss this with the HCP who is assessing your immune status and completing your forms. If you are missing immunizations, it is recommended that you have this addressed early enough so that there is adequate time to complete a series of immunizations prior to commencement of your placement. Some full series can take seven months or more to complete.

6. I have an allergy and therefore I am unable to receive certain vaccinations. Can I still do a placement in a RHA?

Yes. If you are unable to have the required immunizations you must be screened by a **physician or nurse practitioner** and your status must be documented by them in Section 3 on the **Pre-Placement Immunizations and Communicable Diseases Screening Form**. You must also review and sign the **Student Declaration Form B: Exemption to Immunization(s)**. This is to acknowledge that you understand that you may not be fully protected, and also that you may be subject to additional precautions or restrictions during your placement. Students have the right to refuse immunizations for medical, personal and religious reasons, however, students that do not receive recommended immunization(s):

- May be excluded from certain clinical placement sites and settings;
- May be asked to leave their clinical placement site or practice education setting in the event of an outbreak of a vaccine-preventable disease for which they are not immune, for the duration of the outbreak; and/or
- May be required to wear personal protective equipment.

The collection of personal information is undertaken pursuant to applicable legislation including, but not limited to, the Access to Information and Protection of Privacy Act (2015), SNL2015, ch.-A-1.2; the Personal Health Information Act, SNL 20019, Ch.-P-7.01 and any other legislation which may apply.

7. I am a HepB non-responder. Can I still do a placement in a regional health authority?

Yes, as long as you have been screened by a qualified HCP and your status has been documented on the **Pre-Placement Immunizations and Communicable Diseases Screening Form**. You must also review and sign the **Student Declaration Form C: Hepatitis B Non-Immunity**. This is to acknowledge that you understand that you may not be fully protected, and also that you may be subject to additional precautions or restrictions during your placement.

8. If my health care professional indicates on the form that I have an exclusion or contraindication, does that mean that I meet the requirements?

Yes. You are deemed to meet the requirements for pre-placement screening as long as you have been assessed by a physician or nurse practitioner (Section 3), the **Pre-Placement Immunizations and Communicable Diseases Screening Form** has been completed, and that you have signed **Student Declaration F B: Exemption to Immunization(s)**.

9. How can I find out about the cost of immunizations?

To find more information about publicly funded vaccines, consult the NL Immunization Manual at www.gov.nl.ca/hcs/publichealth/cdc/immunizations/#records. For more information on costs associated with vaccines that are not publicly funded, consult your local pharmacist.

10. Where can I go to have the form completed?

There are several options for completion of the form. Family physicians, nurse practitioners and registered nurses (public health, community health, or private agency) are able to complete the entire form, unless you have a positive TB test or TB history, if you require an exemption (physician or nurse practitioner assessment is required in these instances). Pharmacists are able to administer vaccinations, but are not able to sign the final declaration. Your educational program may also be able to suggest options for completion.

11. How will I know if the pre-placement immunizations and communicable disease screening requirements change?

Any updates to the provincial requirements will be communicated to educational programs, so your program can advise you. The screening completed at the beginning of your program will remain valid for the duration of your program, unless you take a leave of absence longer than 12 months. In this case, a one-step TB skin test dated within 12 months prior to the start date of the first clinical placement following return to the program is required.

12. Who can I contact if I have additional questions or concerns about pre-placement occupational health screening?

Questions about the specific immunizations should be directed to your HCP. Questions about the screening form or the process can be directed to the placement coordinator or designate at your educational program.

13. Where can I find more information about protection from infectious diseases and vaccines?

More information is available by visiting <https://www.gov.nl.ca/hcs/publichealth/cdc/immunizations/>