

Immunization/Testing Requirements for STUDENTS LEARNERS

It is the responsibility of the educational institution to ensure that the individuals attending NBRHC are free of all active communicable illnesses. Students that are ill with communicable respiratory, gastrointestinal or any other communicable illnesses are not to attend to their duties during the contagious period of illness. Details regarding some common restrictions due to illness are outlined in Appendix A. Students should advise their supervisor and educational facility if they are ill in order for the appropriate restrictions to be put in place.

In order to prevent the spread of communicable illness the OHA/OMA has developed Communicable Disease Surveillance Protocols for Ontario Hospitals in compliance with Regulation 865 under the Public Hospitals Act. The immunization/testing requirements below are based on these guidelines.

STUDENT NAME: _____ SCHOOL: _____

START DATE: _____

Tuberculosis Testing

Students who are skin test negative require completion of a two-step TB test at the start of the first year of their program. Annual testing is not required. However, students with known TB exposures or communicable symptoms must be followed by their educational facility to ensure they are free of active tuberculosis before they begin their placement with NBRHC.

I confirm proof of two-step Tb test completion at the start of the first year of program

Signed by GP/NP/RN: _____ Date: _____

Students who are positive TB positive reactors require proof from a health care provider that they are free of active Tuberculosis.

I confirm that this individual who is a positive TB reactor is free of active TB:

Signed by GP/NP/RN: _____ Date: _____

Measles/Mumps/Rubella Immunity and/or Immunization

Confirmation of one of the following is required:

Proof of 2 doses of MMR after first birthday

Lab evidence of immunity to Measles/mumps/rubella

I confirm one of the above:

Signed by GP/NP/RN: _____ Date: _____

Chicken Pox/Varicella Immunity and/or Immunization

Confirmation of one of the following:

Lab evidence of immunity

Verification by Health care practitioner of confirmation of varicella/zoster illness

Documented proof of two varicella vaccinations

I confirm one of the above:

Signed by GP/NP/RN: _____

Date: _____

Tetanus/Diphtheria/Pertussis Immunization

Confirmation of one of the following:

A single adult (18 yrs or older) dose of Tdap (Adacel/Boostrix) is recommended if no previous dose of adult dose:

Received adult dose of Tdap but it has been more than 10 years over the TD requirement

I confirm one of the above:

Signed by GP/NP/RN: _____

Date: _____

Hepatitis B Immunization

Students to provide proof of completed series of Hepatitis B immunization

I confirm receipt of confirmation:

Signed by GP/NP/RN: _____

Date: _____

Influenza Immunization

As per NBRHC Student policy, the influenza vaccine is required annually

I confirm receipt of annual influenza immunization:

Signed by GP/NP/RN: _____

Date: _____

APPENDIX A

Placement restrictions for students with communicable symptoms

Illness	Symptoms	Placement/Work Restrictions
Influenza-like illness	Sudden onset of fever and cough, plus one or more of: <ul style="list-style-type: none"> • sore throat, • muscle aches, • bone aches, • fatigue 	Remain away from NBRHC until 5 days after onset (returning on day 6)
Cold/Respiratory	2 or more of: <ul style="list-style-type: none"> • nasal discharge, • sore throat, • cough, • headache 	Remain away from NBRHC until 3 days after onset (returning on day 4)
Gastrointestinal	Vomiting and/or diarrhea	Remain away until 48 hours symptom free
Conjunctivitis (bacterial)	Redness, discharge	Remain away until 24 hours after effective treatment and showing improvement
Conjunctivitis (adenovirus)	Swollen glands in front of ears, pain, watery discharge, photophobia, blurred vision, low grade fever	Remain away until 14 days after onset
Strep Throat	Sore red throat, white papules, usually absence of cough	Remain away until 24 hours after treatment

*Call your supervisor and school if you are sick and unable to attend your placement

References

[OHA Communicable Diseases Surveillance Protocols](#)

[PIDAC Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition](#)

[Routine Practices and Additional Precautions, Policy No. IPC 005 \(Revised October 2020\)](#)

[Workplace Communicable Illness Protocols for hospital staff, volunteers, contract workers & students, Policy No. OH&S 4 – 07 \(November 9, 2016\)](#)