



MONASH University
Medicine, Nursing and Health Sciences

**SCHOOL OF NURSING AND
MIDWIFERY**

Immunisation Policy
2009

**Notice to all Students entering
Monash University, School of Nursing & Midwifery**

RE: IMMUNISATION AND INFECTION RISK

As you are about to embark on an educational program to prepare you for nursing or midwifery practice, it is important that steps are taken to ensure appropriate information is available to you regarding infection related matters which apply to all health care workers in this country. This is relevant with respect to all infections in which the opportunity exists for cross infection to occur between health care workers and the public with whom they interact.

Whilst you must be aware that this risk cannot be eliminated, it is most important that all possible steps are taken to minimise its occurrence. We have a number of recommendations and procedures that you will be required to comply with in order to proceed through the course with an acceptably low level of risk in this regard.

Firstly, it is important for your own protection that all routine immunisations normally carried out during infancy and throughout your school years, have been completed including booster doses as appropriate. A normal immunisation schedule is attached (Appendix A) and you are asked to check your own immunisation record against this. If your parents or family doctor are not able to provide this information for you and if you were born in Victoria, the relevant local government office will have a record of your childhood immunisations.

Your immunisation record will need to be available for the infectious disease consultation, which will take place during your first semester in the course. Immunisation status may need to be updated at that time but you are asked to begin updating prior to commencing the course, if possible.

Over time the immunisation schedule has changed and may include vaccines not available when you were a child. Depending on your individual circumstances it may be appropriate to undergo antibody testing for some of these vaccine preventable diseases, and, if antibody negative, receive vaccination.

Secondly, preventing transmission of infectious diseases to either yourself or the public will depend on appropriate precautions being taken at all points of clinical contact during the course. These are known as "**standard precautions**" and it will be necessary for you to be in a position to apply these to your clinical and laboratory activities from early on in your course. Lectures and written material will be used to address these issues, **and you will be required to sign that you have received and understood the information involved. (Appendix B)**

The third requirement is for you to attend a consultation with a Medical Practitioner who is experienced in Infectious Diseases, soon after you join the course. You will need to arrange an appointment with University Health Services, or you may arrange your own appointment outside the University. The doctors concerned will **not** be members of the School and all information in relation to this consultation will be kept, in confidence, by the Health Service. The level of confidentiality will be equivalent to any other consultation you might undertake with a medical practitioner, and third party access will only be available with your consent. It is expected this information will be stored for at least the duration of your undergraduate training. You will be notified in due course of any further requirements.

The purpose of this consultation will be to:

- (i) review your immunisation status and update this as required;
- (ii) discuss and follow through with you appropriate testing for blood-borne viruses which may be transmitted, in the course of normal duties between health care workers and patients;
- (iii) discuss implications for you as a student and subsequently as a practitioner, should you be a carrier of a particular blood-borne virus;
- (iv) discuss any risk factors you might have for blood-borne viral infections outside of normal student duties, and how these risks may be minimised.

You will be required to sign a statement on your preferred action during your first semester in the course (see Appendix C).

NB If you select option ii) you should ask your medical practitioner to provide you with a copy of your records stating that he/she has seen you for this purpose – detailing immunisations given, results of TB testing, serology test results and follow up. The letter should be forwarded to the University Health Services c/o Diana Schumacher, RN or handed in to the Reception Desk (Health, Wellbeing and Development), Ground Floor, Building A.

There will be an opportunity to discuss your hepatitis B immunisation and pathology results, other issues including the diagnostic testing and subsequent advice in relation to tuberculosis immunisation and potential infection and the availability of testing relating to hepatitis C, HIV and other infectious diseases. Conflicting advice is likely to be obtained from various other sources in the community regarding this complex issue and it is important to obtain an appropriate and consistent view on this matter. This documentation may have particular importance for the later years of your course.

Further consultation with the Medical Practitioner concerned will be available throughout the duration of the course and thereafter. In this way, it will always be possible for you to obtain appropriate assessment, advice and/or counselling in relation to infection issues that may arise during your course.

All steps taken by the School in relation to infectious diseases and their transmission are to ensure that you become fully informed about them and to minimise risks involved throughout the duration of your course and beyond. The availability of counselling that is based on infectious diseases related facts and a clear understanding of the School policy is also fundamental to this process.

The School wishes to emphasise that **no** student will be excluded from the nursing course on the basis of his or her infection status. At all times, appropriate information and counselling

will be available and students will be free to make their own decisions regarding their nursing course and careers once they have become fully informed about all the issues involved.

You should have a clear understanding that it is not possible to become a trainee health care worker in the new millennium without incurring an infection transmission risk but that it is possible to minimise the risk to acceptable levels. Whilst the School accepts responsibility for providing information and some training in relation to these matters, the learning and understanding of relevant information and the implementation of safe practices in relation to all aspects of your training and the completion of the immunisation program, will be entirely your responsibility.

Professor Karen Francis

*Acting Head, School of Nursing & Midwifery
Faculty of Medicine, Nursing and Health Sciences
Gippsland & Peninsula Campus*

**FACULTY OF MEDICINE, NURSING AND HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY**

POLICY REGARDING STUDENTS AND INFECTION

1. All students entering the Bachelor of Nursing or Bachelor of Midwifery programs will be provided with comprehensive information, including written information outlining:
 - (i) the significance for students of infectious disease risks throughout the course and thereafter;
 - (ii) broad infection control procedures they will be required to become familiar with;
 - (iii) faculty policy regarding student immunisation, testing and follow-up procedures.

2. All new entrants into the course will be requested to make an appointment with a medical practitioner soon after the course begins and at least 4 weeks prior to their first clinical placement. The Faculty recommends students make use of the group of practitioners in the Monash University Health Service for this purpose, as they are familiar with the Faculty's requirements in relation to this policy and are able to provide students with all immunisations on site. They are located in Building A, Ground Floor. If students wish, they may involve alternative medical practitioners in the consultation and immunisation process. In this situation, you must provide the practitioners name to the School office to ensure he or she has full understanding of the Faculty policy and its implications in relation to individual students' undergraduate training and their subsequent careers. Please make arrangements for your immunisation records to be forwarded to the Monash University Health Service.

Students will not be permitted to use the services of a relative for this consultation.

This consultation will:

- (i) provide further information regarding the importance of following infection control guidelines throughout the course, in all teaching environments;
- (ii) provide advice about immunisations that are required and administer these if necessary. Immunisation advice will follow Faculty guidelines, (Appendix A);
- (iii) arrange appropriate hepatitis B for all students in association with hepatitis B immunisation.; Blood may be stored for future testing if required, in which case consent will be obtained;

- (iv) arrange appropriate hepatitis C and HIV serology (medical records related to this consultation will be held in confidence by the medical practitioner involved);
- (v) provide advice regarding Faculty requirements in relation to subsequent risk behaviour or events in relation to blood-borne viruses, as follows:

(a) *Recreational risk*

Where this occurs, appropriate consultation with the medical practitioner involved in the initial consultation and, if appropriate, an Infectious Disease Physician.

(b) *Training related risk*

Action following any potentially infectious incident involving blood and/or body substances (BABS) should follow existing guidelines for all health care workers (HCW) in the teaching institution concerned. Any incidents falling outside the jurisdiction of the teaching institution will be subject to Faculty guidelines and as such must be reported to the CMO for appropriate advice and action.

3. Change in blood-borne infection status

It is important for all students to clearly understand and acknowledge their responsibility in following up any situation that may have led to a change in blood-borne infection status in particular. Appropriate follow up should include contact with the medical practitioner involved in your initial consultation after entering the Faculty, or a suitable alternate. It is important to emphasise again that the Faculty does not consider that a relative is an appropriate person to be involved in this consultative process:

4. Infection status and clinical exposure

(No student will be excluded from the course on the basis of infection status)

- i) The Faculty expects each student to understand that at all times they have a duty of care to minimise the risk of spreading infectious or blood-borne diseases to patients. The Faculty therefore expects that all students will make themselves aware of their infection status through the consultative process recommended previously and take appropriate action.

ii) Policy on Students Carrying Blood-borne Diseases

It is possible that students may enter the course carrying blood-borne diseases or may acquire these diseases whilst in the course.

Whilst it is inappropriate to discriminate against such students, it is essential that in the public interest their risk of transmission of blood-borne infections is eliminated. On this basis such students are precluded from participating procedural activities which might result in the transmission of disease. These activities may include surgical or obstetric activities. The most common blood-borne diseases referred to in this policy are Hepatitis B, Hepatitis C, and HIV. Counselling will be available either through the initial medical practitioner contacted, or an appropriate member of the Faculty.

There is an obligation on the part of students who are carrying blood-borne diseases to meet with the Dean or Deputy Dean so that an appropriate course of study can be mapped out which does not preclude the student from completing the course. The Faculty will not direct career changes, however career counselling will be provided to ensure that the student does not have unrealistic expectations. All relevant issues will be openly and fully discussed.

All student teaching will adhere to the following clinical exposure guidelines:

- (i) Relevant first aid training will be given in first and subsequent years.
- (ii) 2nd and 3rd year students will practise barrier breaching procedures on laboratory models, under close supervision, to ensure an appropriate level of competence is reached prior to contact with patients. Instruction over these two years will include venipuncture, use of glucometers, injections IM/SC, removal of drain tubes, sutures and clips, nasopharyngeal and tracheal suction, etc.

During the clinical placements and while psychomotor skills are being refined, students should take appropriate care using standard precautions while carrying out these procedures on **all patients**.

No practical classes within the undergraduate curriculum will include the taking of blood from other class members.

Information regarding infection status at the completion of the course is not currently made available to the Nurses Board of Victoria. Unless changes to legislation occur, this information will remain confidential.

5. **Student declaration**

Each student is required to sign a declaration confirming their understanding of this policy and information discussed during the medical consultation including

- (i) the need for appropriate immunisation,
- (ii) details regarding standard precautions and infection risk;
- (iii) importance of testing and appropriate follow-up for potentially infectious diseases;
- (iv) appropriate procedures;
- (v) reporting requirements and follow-up in relation to course-associated or other incidents or behaviours which carry an infection risk.

Any student unwilling to comply with these guidelines will be asked to sign part (iii) of the student declaration (appendix C) and to discuss their specific concerns with the Deputy Dean of the Faculty. Forms should be returned directly to the Deputy Dean (or his personal assistant) in a sealed envelope with contact details, so an appropriate appointment can be arranged.

6. Tuberculosis screening and immunisation

Contact with active, open tuberculosis (TB) is quite likely to occur during the course of current undergraduate training. Many changes are occurring in the epidemiology and biology of this disease locally, nationally and internationally, and appropriate screening prevention and management strategies for undergraduate students have been widely discussed.

In 2002, the Victorian Department of Human Services (DHS) published updated guidelines for the management, control and prevention of tuberculosis. This includes a section outlining current recommendations in relation to screening and immunisation of all health care workers, including students in relevant disciplines. These guidelines were developed by a widely representative panel of experts and the Faculty will follow these in relation to all undergraduate students. The aims of the strategies being implemented are to:

- (i) address the Faculty's obligation to minimise the risk of TB to all students;
- (ii) identify any students who may be infected with TB and initiate appropriate care.

The Faculty's guidelines in relation to this are outlined in appendix D.

APPENDIX A
FACULTY OF MEDICINE, NURSING & HEALTH SCIENCES

Contraindications to the vaccination of adults do exist but they occur infrequently.

- eg:
- live vaccinations and immunodeficiency or pregnancy
 - vaccination being given at the time of acute illness

RECOMMENDED CHILDHOOD IMMUNISATION SCHEDULE

(9th Australian Immunisation Guideline)

(immunise.health.gov.au/schedule.pdf)

Age	Disease	Vaccine
Birth	Hepatitis B	Hepatitis B ¹
2 months	Hepatitis B Haemophilus Influenzae Diphtheria-tetanus-pertussis Poliomyelitis Pneumococcus Rotavirus	Hepatitis B ^{2,3} Hib ^{1,2} DTP _a IPV 7vPCV Rotateq
4 months	Hepatitis B Haemophilus Influenzae Diphtheria-tetanus-pertussis Poliomyelitis Pneumococcus Rotavirus	Hepatitis B ^{2,3} Hib ^{1,2} DTP _a IPV 7vPCV Rotateq
6 months	Hepatitis B Haemophilus Influenzae Diphtheria-tetanus-pertussis Poliomyelitis Pneumococcus Rotavirus	Hepatitis B ² Hib ¹ DTP _a IPV 7vPCV Rotateq
12 months	Hepatitis B Haemophilus Influenza Measles/mumps/rubella	Hepatitis B ² Hib ^{1,2} MMR
18 months	Varicella	VZV
4 years	Diphtheria-tetanus-pertussis Poliomyelitis Measles/mumps/rubella	DTP _a IPV MMR
10-13 years	Hepatitis B Varicella HPV	Hepatitis B ⁴ VZV ¹ Gardasil (females only)
15 – 17 years	Diphtheria-tetanus-pertussis	dTpa (adult)
50 years and over	Diphtheria-tetanus-pertussis	dT (adult vaccine)
65 years and over	Pneumococcus Influenza	23vPPV Annual Influenza

FACULTY OF MEDICINE, NURSING & HEALTH SCIENCES**PLEASE RETURN TO:****CLINICAL OFFICE
SCHOOL OF NURSING & MIDWIFERY****STUDENT DECLARATION REGARDING INFECTION RISK AND
IMMUNISATION****SECTION 1**

This is to confirm that I have received and understood information provided by the Faculty of Medicine, Nursing & Health Sciences regarding immunisation and infection risk during the undergraduate training program.

I understand the concepts and significance of observing 'standard precautions' at all times during my undergraduate training where contact with blood and body substances occurs and take responsibility for complying with these.

Signature.....

Name.....

Student ID

Date.....

FACULTY OF MEDICINE, NURSING & HEALTH SCIENCE

PLEASE RETURN TO:
CLINICAL OFFICE
SCHOOL OF NURSING & MIDWIFERY

You are required to sign one of the following statements: -

- (i) I will undertake to discuss my immunisation status and relevant related matters with an appropriate medical practitioner, as identified with the Faculty. I will ensure that the practitioner concerned is not a relative of mine.

Signature.....

Name.....

Student ID.....Date.....

- or
- (ii) I will undertake to discuss my immunisation status and relevant related matters with an appropriate medical practitioner of my choosing. I will ensure that the practitioner concerned is not a relative of mine.

Signature.....

Name.....

Student ID.....Date.....

- or
- (iii) I am **not** willing to see such a medical practitioner or to follow through the recommended immunisation or blood testing program, and undertake to discuss this at an appropriate time with the Deputy Dean, Faculty of Medicine, Nursing & Health Sciences.

Signature.....

Name.....

Student ID.....Date.....

VACCINATION MANAGEMENT PLAN

1. Diphtheria, Tetanus and Pertussis

This would normally have been given as part of the triple antigen course in early childhood and then as combined Diphtheria and Tetanus around year 9 or 10 (i.e. approx 15 years of age).

- If you received both the early childhood immunisation and the adolescent booster, no further boosting is required now.
- If you received your childhood course (triple antigen) but failed to have a booster in secondary school, the booster should be given at this stage.
- If you did not receive the early childhood course, it is very important that you have a primary immunisation course of 3 injections, at not less than two-month intervals.

If there is sufficient doubt as to the timing of tetanus and/or diphtheria boosters, this should be discussed with the medical practitioner during your consultation.

2. Polio

The risk of polio infection occurring in the Australian community is considered too low to routinely recommend a polio booster to health science students. However, a primary course of immunisation is recommended (3 doses) if not done in early childhood.

3. Measles, Mumps and Rubella

i) Measles, Mumps and Rubella

A Measles Mumps Rubella (MMR) vaccine had been part of the childhood immunisation since June 1989. It remains a very important vaccine as outbreaks of these infections continue to occur in this country. Adult infections with these diseases may be associated with serious complications. You must show documentation of 2 doses of MMR, given at least 4 weeks apart.

If you have not had this vaccine in infancy or since, the importance of having a booster now must be emphasised.

Note: A past history of measles and rubella is very unreliable, either one being readily under diagnosed or over diagnosed. As past infection occurring without the individual's knowledge is not a contraindication to vaccination, we strongly recommend a single dose of MMR vaccine now for all students not previously vaccinated twice against measles, mumps and rubella.

If past infection has occurred without your knowledge, vaccination now will not be harmful. A history of mumps is more reliable than either measles or rubella.

4. Tuberculosis

As outlined previously, these recommendations are based on current guidelines provided by the Department of Human Services in 2002, as they pertain to all health care workers. To best

comprehend these guidelines, students need to understand the nature of the Mantoux test (Tuberculosis Skin Test) and Tuberculosis (BCG) vaccination:

- (i) The Mantoux test is a simple skin test used to establish the existence or otherwise of antibodies to TB. This is equivalent to serological blood tests used, for instance, to determine immunity to specific viral infections;
- (ii) BCG is an actual vaccination which is administered to the skin of the upper arm and leaves a small round scar thereon. Some students will have had this vaccination in their earlier years, but others may not. Routine BCG vaccination in Australian schools ceased in 1985.

A Mantoux test will be offered by way of a screening test to students entering the Faculty.

A Quantiferon Gold blood test for TB antibodies will be offered to students who have had a previous BCG vaccination.

Students are required to be screened / tested every two years.

This will involve: On commencement of university (first year student) and again at the commencement of the third year of study. If studying part time there will be a need to have it repeated again after two years at the commencement of the 5th year etc....

The purpose of that is to:

- (i) promptly identify students who may have been exposed to TB;
- (ii) prevent those infected with TB from progressing to TB disease;
- (iii) establish a baseline for reference if further Mantoux testing is required (eg. following exposure to a patient with TB);
- (iv) provide an information base which may be used to determine the TB immunity and infection status of students at the time of entry into the Faculty.

Using the guidelines, some students with positive Mantoux tests will be referred for further investigation and management. Those with negative tests will **not** be offered BCG immunisation at this time. (This policy is in accordance with DHS guidelines.)

Students may review the DHS guidelines at the following address:

http://www.health.vic.gov.au/immunisation/general/guide_hcw

Following exposure to active TB at any time during undergraduate training, appropriate advice regarding any necessary further steps, particularly in relation to repeat Mantoux testing, should be sought either from an appropriate consultant in the environment when this occurs or an appropriate senior School staff member.

5. Chicken Pox (Varicella), shingles (Varicella-zoster)

You should find out, if possible, whether you have had either of these diseases. A positive clinical diagnosis is very reliable although mild clinical infections may be missed or misdiagnosed (the disease is therefore more likely to be under-diagnosed rather than over-diagnosed).

The Faculty recommends that students who have not had either disease should now be immunised, as an effective vaccine is available, and they may choose to do this **at their own cost**. If you have not been immunised, it is important to avoid, if possible, contact with patients (or others) with chicken pox or shingles. This is to protect individual students as well as patients. In adults in particular, this infection may be severe and any individual whose immune system is at all compromised is at significant risk from the illness. As there are many such patients in our health care settings, all health care workers must be aware that they are at risk of transmitting the disease to them. This may occur at any time after the worker has had contact with the virus, through to the time when all skin sores have dried up. However, this will not occur if you have had immunisation or past infection with the virus.

6. Hepatitis B

Immunisation against hepatitis B is becoming increasingly important for all health care workers in the community.

An initial course of three vaccinations is required. Testing prior to vaccination is appropriate but not critical, as no harm can come from vaccination if you have had the infection before. This only means therefore, that without testing, a very small number of individuals will be vaccinated unnecessarily. Response to this vaccine course must be checked 4-6 weeks after the third dose. **Evidence of seroconversion (presence of adequate antibodies) must be provided.** If protective levels of antibodies can not be demonstrated, immunity has not developed and a further dose will be required. If you have previously been vaccinated your antibody status will be checked.

Students who are found to be carriers of the Hepatitis B virus will be counselled by the medical practitioner and may be referred to appropriate specialist care. It is important at this time to address the implications of this infection, not only for your own health, but for patients with whom you will have contact during the course and beyond and for your long term clinical practice, in the public hospital system or elsewhere.

7. Hepatitis C

Hepatitis C is another virus contracted and transmitted through BABS contact. You will be tested for this virus and counselling offered in the same manner as for Hepatitis B. If appropriate you may be referred to specialist care.

8. Human Immunodeficiency Virus (HIV/AIDS)

HIV infection carries health risks and implications, shared in part with Hepatitis B and C infections. Issues relating to this infection will be discussed at your initial consultation with the medical practitioner where testing and further counselling will be offered. Further referral will be offered if appropriate.

9. Haemophilus Influenzae

In recent years vaccination against Haemophilus type B infection has been offered as a routine childhood vaccination. Re-vaccination is not appropriate in adults and will therefore not be offered to you.

10. Influenza

Influenza vaccination is *highly recommended* for all health science students each year.

11. Meningococcus

The risk of acquiring meningococcal infection in the Australian health care setting is still considered too low to routinely recommend meningococcal vaccination to health care students. However this may be recommended for specific electives during the course that involve high risk areas. Students may choose to be vaccinated **at their own cost**. (Students living in communal settings such as Halls of Residence may wish to consider vaccination)

12. Pneumococcus

Pneumococcal vaccination will not be routinely recommended for health science students.

13. Hepatitis A

Hepatitis A vaccination is *highly recommended* for all students

Hepatitis A is a viral infection predominantly transmitted by the faecal-oral route and in Australia there are three broad patterns of outbreaks:

- Large slowly evolving community wide outbreaks
- Certain concentrated gatherings or groups of people prone to the spreading of infection amongst themselves:
 - Child day-care centres and pre-schools
 - Communities of men who have sex with men
 - Schools and residential facilities for the intellectually disabled
 - Communities of injecting drug users
- Point-source outbreaks from contaminated food or water.



MONASH University

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