



## **NURSING STUDENTS HEALTH REQUIREMENTS**

General health requirements: In accordance with CCHMC policies, all individuals are expected to be in good health and free from ANY infectious diseases that they might transmit to others in the performance of their duties. Individuals with conditions that prevent practicing adequate hand hygiene must not participate in patient care. All individuals are expected to practice STANDARD PRECAUTIONS for all care and Transmission Based Isolation Precautions as applicable to the patients with whom they are involved. In addition the following requirements must be met:

- I. Tuberculosis screening. All individuals are required to provide documentation of screening for tuberculosis.
  - (1) Pre-placement assessment shall include documentation of tuberculin skin test (TST) by the Mantoux method (0.1 mL of 5TU of PPD given intradermally) within 12 months of their start date. Pregnancy or prior histories of Bacille-Guerin (BCG) vaccination are NOT exclusions to such testing.
  - (2) Individuals participating in direct or indirect care activities must have had an additional TST within the 12 month period prior to the TST being reported. This may have been as part of a 2-step TST screening in the current year or as a part of an annual TST program in which they have one TST each of 2 successive years.
  - (3) Individuals with a history of reactive (positive) tuberculin skin tests must provide documentation that they have been evaluated and determined not to have communicable tuberculosis. A copy of the report from chest radiograph within 12 months of anticipated start date at CCHMC must be included. Additional information may be required of these individuals before being assigned to care activities at CCHMC.
  
- II. Immunity to Measles (Rubeola): All individuals are required to provide documentation of immunity to measles. Immunity is defined by any one of the following criteria:
  - (1) A positive antibody titer to measles (rubeola) on serologic testing
  - (2) Receipt of two (2) measles-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart, one dose of which was administered in 1980 or later.
  
- III. Immunity to Mumps: All individuals are required to provide documentation of immunity to mumps. Immunity is defined by any one of the following criteria:
  - (1) A positive antibody titer to mumps virus on serologic testing
  - (2) Receipt of two (2) mumps-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart.
  
- IV. Immunity to Rubella: All individuals are required to provide documentation of immunity to rubella. Immunity is defined by any one of the following criteria:
  - (1) A positive antibody titer to rubella on serologic testing

(2) Receipt of one (1) rubella-containing vaccine (e.g., MMR) after 12 months of age.

V. Immunity to Varicella Zoster Virus (VZV): All direct providers, as well as those who will be working in the immediate patient care environment, are required to provide documentation of VZV immunity. Immunity is defined by any one of the following criteria:

- (1) A history of varicella (chicken pox) or zoster (shingles)
- (2) 2 doses of VZV vaccination 4-8 weeks apart  
Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose
- (3) Serologic testing for antibody to VZV that demonstrates a positive titer
  - a. In individuals who have never received VZV vaccine, positive serology will be considered proof of durable immunity.
  - b. In individuals with a history of VZV vaccine before serologic testing, positive serology cannot be assumed to be proof of durable immunity.

Those individuals meeting criteria 3b must inform the Infection Control Program of any confirmed exposures to active VZV infections (e.g., zoster or shingles) while participating in CCHMC clinical activities. Post exposure serologic testing may be required.

Individuals who develop active VZV infections (e.g., zoster or shingles) shall be restricted from contact with CCHMC patients from the time the lesions appear until all lesions are dry and crusted. These individuals must inform the Infection Control Program if the illness begins within 48 hours of contact with CCHMC patients or staff.

VI. Immunity to Hepatitis B Virus: All individuals with potential exposure to human tissues (e.g., biopsy or pathology specimens), human blood or human body fluids must have documented immunity to or be immunized against hepatitis B virus. The standard is defined by meeting at least one of the following criteria:

- (1) A positive serologic test for hepatitis B surface antibody at 10 IU (international units) or greater
- (2) Documentation of vaccination with three doses of hepatitis B vaccine; the first 2 doses given at least 1 month apart, and the 3rd dose given at least 4 months after the 2nd.

***Regardless of hepatitis B immune status, all percutaneous or mucous membrane exposures to human blood or body fluids that are sustained in the performance of duties while at CCHMC must be reported to the Exposure Line at 513-803 OUCH at CCHMC, in addition to any reporting that may be required by the sponsoring institution.***

VII. Annual Season influenza vaccination: All persons entering the various campuses of CCHMC must have documented proof of the season flu vaccine. A new vaccination is required each October. A declination can be presented to the Department of Employee Health for the following reasons: allergy to eggs or allergy / sensitivity to the influenza

VIII. Immunity to Pertussis: All clinicians providing direct care should be immunized against Pertussis. The standard is defined by meeting the following criteria:

- (1) Previous primary vaccine series as a child (DTP or DTaP) and 1 dose of Tdap as an adolescent or adult. Tdap can be given 2 years post Td and currently is a one-time, adult dose. Further tetanus immunization should be completed in the form of a Td every 5-10 years. PLEASE NOTE: Tdap was not available prior to Sept 2005!

- IX. Exposure management: In the event a student sustains a percutaneous or mucous membrane exposure to blood or body fluids, first aid should be provided and the clinical preceptor and individual in charge of the unit should be notified immediately.

***CCHMC Employee Health Blood Borne Pathogen Hotline must be notified immediately in order to facilitate source patient testing.***

The clinical preceptor is responsible for assuring that the student reports immediately to their student health facility approved by their school for post exposure management including testing, treatment or prophylaxis, and counseling.

- X. ***Fitness for Duty: It is the policy of CCHMC to maintain a drug-free workplace as required by the Drug Free Workplace Act of 1988 (Public Law 100-690, title 5, Sub-Title D; 41 U.S.C. 701 to 707). The unlawful manufacture, distribution, possession or use of a controlled substance by students is prohibited in and on CCHMC's owned or controlled property.***

***Consistent with the CCHMC Fitness for Duty policy (F-12), no student shall be under the influence of a drug during any part of the educational experience. (For purposes of this policy, alcohol is considered a drug.) Further, no student shall be under the influence of a legally obtained drug while on duty to the extent that such use or influence may impair the ability of the residents; affect the safety of employees, patients, or visitors; impair the job performance; or the safe and efficient operation of the medical center equipment. Violation of this policy by a resident will be reason for removal from the education experience at CCHMC.***