



School of Rehabilitation Therapy Procedures On: Immunization Screening Process and Clinical/Fieldwork Requirements

Immunization Screening Process

The following document provides information on immunizations and tests that are required or recommended for students enrolled in the School of Rehabilitation Therapy (SRT) OT and PT students. Students who cannot be immunized due to allergies or family planning reasons must provide a physician's note, and speak to their Clinical Placement Coordinator.

Each section must be signed by a health professional. For students entering their first year of rehabilitation therapy programs, copies of this documentation is required during orientation in September. It is the responsibility of each student to maintain their health records and to take a copy to the institution where they will do their placements. The absence of documentation will result in the student being deemed ineligible for clinical placements. The only exceptions to this are: Influenza shots and the third Hepatitis shot with serology. Influenza immunization is not usually available until October and takes two weeks to become effective, and should be done as soon as the vaccine becomes available. It is understood that Hepatitis B immunization may not be complete at orientation but students must have completed the first and second shot.

****INDETERMINATE RESULTS ARE NOT SUFFICIENT. A REPORT FROM A HEALTH PROFESSIONAL WILL BE NEEDED TO CONFIRM IMMUNOLOGICAL STATUS**

1. Tuberculosis (TB)

Tuberculin skin test (TST): Most students will require a two-step TST upon admission to the School of Rehabilitation. Students with a previous two-step TST **documented** will usually only require a single TST on admission.

Providers of TSTs must be familiar with TST technique, contraindications to testing, and the various clinical situations where a particular TST result would be considered significant; for most (but not all) situations involving healthcare providers, a TST of **10 mm or greater** is considered significant. All TSTs must be read 48-72 hours after administration by a healthcare provider trained in reading TSTs, **with results recorded as millimetres of induration (NOT "positive" or "negative")**. Self-reading of TSTs is not acceptable.

Annual tuberculin skin testing: Annual TSTs **ARE** required for SRT OT and PT students.

Chest x-rays to screen for tuberculosis: Routine chest X-rays are NOT required for students. A chest x-ray report is only required in the following situations:

- A student has a newly-discovered significant TST
- A previously-documented TST was significant, and a chest x-ray was not done at the time, or the report is unavailable (if the report is available, submit this report, and a repeat chest x-ray is not required), or if the last x-ray was taken more than 3 years prior to the start of the program.
- There is a suspicion of active tuberculosis disease (involvement of a TB expert is recommended)

Students with a documented significant (positive) TST; positive IGRA; previous diagnosis of latent TB infection (LTBI) or active TB disease: Students must submit details of all follow-up measures taken.

2. Tetanus, diphtheria, and pertussis

Tetanus and diphtheria primary series: All students are required to provide the dates of a primary immunization series for both diphtheria and tetanus (usually completed in childhood). Students who have not had a primary series must complete a primary adult immunization series.

Pertussis booster: All students are required to provide the date of a pertussis booster (usually given as an adolescent). This should have been given as tetanus/diphtheria/acellular pertussis (Tdap).

Tetanus and diphtheria booster: All students are required to provide the date of a booster given within the previous 10 years;

3. Varicella (chickenpox)

A history of disease alone is not sufficient evidence of immunity to varicella.

Students require one of the following:

- a. Documentation of positive varicella serology;
- OR
- b. Documentation of varicella vaccine, given as two doses at least a month apart for adults.

Those with negative serology should be vaccinated as outlined above.

4. Measles

A history of disease alone is not sufficient evidence of immunity to measles. One of the following two items is required for evidence of immunity:

- a. Documented evidence of vaccination with two doses of measles-containing vaccine, given at least a month apart, starting on or after the first birthday;
- OR
- b. Documentation of positive measles serology.

Suggested approaches to specific clinical scenarios involving measles and/or mumps:

Only one dose of measles and/or mumps vaccine is documented after the first birthday:

Serology can be drawn to check for immunity. Alternatively, without checking serology, another dose of measles and/or mumps vaccine, given as MMR, can be administered at least one month after the first. **In general, vaccination is preferred over serological testing.** It is not necessary to do serological testing after immunization requirements have been met.

No measles and/or mumps vaccinations are documented after the first birthday: If a series was *likely* given in childhood, serology should be drawn. If this fails to show immunity, or if childhood vaccination was *unlikely* to have been given, two doses of vaccine, given as MMR, should be administered at least a month apart. It is not necessary to do serological testing if immunization requirements have been met.

5. Mumps

A history of disease alone is not sufficient evidence of immunity to mumps. One of the following two items is required for evidence of Immunity:

- a. Documented evidence of vaccination with **two doses** of mumps-containing vaccine, given at least a month apart, starting on or after the first birthday;
- OR
- b. Documentation of positive mumps serology.

Suggested approaches to specific clinical scenarios involving measles and/or mumps:

Only one dose of measles and/or mumps vaccine is documented after the first birthday:

Serology can be drawn to check for immunity. Alternatively, without checking serology, another dose of measles and/or mumps vaccine, given as MMR, can be administered at least one month after the first. **In general, vaccination is preferred over serological testing.** It is not necessary to do serological testing if immunization requirements have been met.

No measles and/or mumps vaccinations are documented after the first birthday: If a series was *likely* given in childhood, serology should be drawn. If this fails to show immunity, or if childhood vaccination was *unlikely* to have been given, two doses of vaccine, given as MMR, should be administered at least a month apart. It is not necessary to do serological testing after immunization requirements have been met.

6. Rubella

A history of disease alone is not sufficient evidence of immunity to rubella unless accompanied by laboratory confirmation. One of the following two items is required for evidence of immunity:

- a. Documented evidence of vaccination with **two doses** of rubella-containing vaccine on or after the first birthday;
- OR
- b. Documentation of positive rubella serology.

If serology is drawn and fails to show immunity to rubella, a single dose of rubella vaccine, given as MMR, should be administered. Serological testing after immunization is not necessary.

7. Polio

Primary series: All students are required to provide documentation that a primary immunization series for polio has been given (usually completed in childhood). Students who have not had a primary series must complete a primary adult immunization series (3 doses).

Polio booster: All students are required to provide the date of the last dose of polio. A repeat polio booster is not required for students who have received a complete primary series, unless work is expected in a high-risk area.

8. Hepatitis B

Students must have documented immunity to hepatitis B virus (HBV), demonstrated as a protective level of antibody to hepatitis B surface antigen (anti-HBs ≥ 10 mIU/mL). For the majority of new healthcare students in Canada this will be achieved through a complete series of three hepatitis B immunizations, and post-vaccination serology being drawn 1-2 months after the final dose of the series. The following recommendations are made for various clinical scenarios:

Students without a prior history of HBV vaccination: pre-vaccination serology is not necessary, unless the student hails from a background with a high likelihood of previous hepatitis B infection. A three-dose series should be given, at **0, 1, and 6 months**, with at least 1 month between the first and second dose, 2 months between the second and third dose, and 4 months between the first and the third dose. The rapid-dosing schedule for hepatitis B is not required for students. Post vaccination serology should be drawn 1-2 months after the final dose of the series.

Students with a history of an *incomplete* HBV vaccination series: The vaccination series does not need to be re-started; the final dose(s) of the series should be completed, regardless of how long ago the initial dose(s) were given, as long as the minimal intervals between vaccines are respected (see above). Post-vaccination serology should be drawn at 1-2 months after the final dose. Vaccines produced by different manufacturers can be used interchangeably, provided that the age appropriate dosages are used.

Students with a history of a *complete* HBV vaccination series: Serology should be drawn for anti-HBs immediately, although it should be recognized that serology can be falsely negative if drawn > 6 months after the initial vaccination series was completed. If protective levels are shown (anti-HBs ≥ 10 mIU/mL), no further work-up is indicated. If anti-HBs levels are lower than this or absent, a single hepatitis B vaccination should be given immediately, and repeat serology drawn one month later. If anti-HBs levels are still not protective, the second and third dose of vaccine should be given at the appropriate times to complete the second series, with post-vaccination serology for anti-HBs drawn 1-2 months after the final dose.

Hepatitis A: Hepatitis A vaccination is neither required nor recommended for the majority of healthcare providers practicing within Canada at this time. However, some students may wish to be vaccinated against hepatitis A at the same time as hepatitis B, using a combination hepatitis A and B vaccine.

9. Influenza (TO BE SUBMITTED OCT/NOV ANNUALLY)

Annual influenza immunization is strongly recommended for all healthcare providers, including students in healthcare disciplines. All healthcare providers including students receive influenza vaccine at no charge. Influenza immunization should be completed and documentation submitted to The School of Rehabilitation Therapy's main office in October/November. Students who wish to decline influenza vaccination for whatever reason must understand that this means they may not be allowed to participate in clinical activities involving patients.

Students may access Student Wellness Services at
<http://www.queensu.ca/studentwellness/health-services>

Standard First Aid and Cardiopulmonary Resuscitation (CPR) Training

St. John's Ambulance Standard First Aid & Cardiopulmonary Resuscitation (CPR) Training at the [Standard First Aid with CPR HCP](#) (or equivalent eg Red Cross, Lifesaving Society) must be complete by orientation week in September. A copy of this certificate must be provided to the School and the student must take copies to each clinical placement. Current certification must be maintained throughout the 24-month program.

- **CPR/First Aid must be recertified every 2 years regardless of the expiry date on the card.** This recertification must occur **prior to the assignment** of clinical placements (not for the placements themselves).

Criminal Record Checks

The School of Rehabilitation Therapy requires that all students complete a Criminal Record Check **including vulnerable sector screening**, as it is a mandatory requirement for placement within many of our clinical placement facilities. Please refer to the Faculty of Health Sciences (FHS) Police Records Check Policy <http://rehab.queensu.ca/programs/policies/prc>

Many cities can take several weeks to complete the screening, charge a large amount, or make it difficult to receive the vulnerable sector screening. For this reason, we recommend that students obtain their check through the Kingston Police (**unless you are living in Alberta or Manitoba**). This can be done online as soon as you know your Kingston address by using the Kingston Police eBackground Check at: <https://policechecks.kpf.ca/>

This check can usually be processed in as little as one to two weeks. It costs approximately \$30 payable by Visa or Mastercard. If students complete the online form two weeks before coming to Kingston (or as soon as you have an address), it should be ready to pick up on arrival. **All criminal record checks for incoming students must be submitted by the end of the third week in September. Failure to do so will result in delayed placement selection. PLEASE NOTE: Toronto may not complete a vulnerable persons check and the OPP requires that we complete a form for each one processed so it is not recommended. If you live in Alberta or Manitoba you must complete your check in that province as they will not supply information to other provinces.**

Please note that Part 3, ***Consent for a Criminal Record Check and Disclosure for a Sexual Offense for Which a Pardon Has Been Granted or Issued*** is listed as OPTIONAL. The School of Rehabilitation Therapy **DOES REQUIRE** students to complete this section. The following information should be entered:

- Description of Position: **Physical Therapy or Occupational Therapy student**
- Name of Organization: **School of Rehabilitation Therapy, Queen's University, 31 George St., Kingston ON K7L 3N6**
- Details: **Will be providing physical therapy assessment and treatment to young children, adults with communication and intellectual disabilities, and the frail elderly.**

Because many placement sites will require a check that is less than one year old, it is best that to wait until at least July before obtaining one. All students are required to have a new criminal record check completed for second year.

If your Criminal Record Check is "not clear", please refer to the Police Records Check policy with the Faculty of Health Sciences. <http://rehab.queensu.ca/programs/policies/prc>

Health and Safety Training

Queen's University requires all Graduate students to complete Environmental Health and Safety Awareness training. Environmental Health and Safety training is mandated under the Occupational Health and Safety Act. It will be completed online, and consists of four modules and a final quiz. Approximately five (5) business days after completing the training a certificate of completion will be sent via email for submission to the School of Rehabilitation Therapy. Further information will follow which will include instructions and links to complete this training.

Accessibility for Ontarians with Disabilities Act (AODA) Training

Accessibility is about giving people of all abilities opportunities to participate fully in everyday life. Queen's is committed to fostering a campus community that is accessible and inclusive for all individuals.

The School of Rehabilitation Therapy requires that all students complete Accessibility for Ontarians with Disabilities Act (AODA) training. This training is a mandatory requirement for placements within many of our clinical placement facilities. Training can be completed online and will consist of the following three (3) modules; Accessible Customer Service, Human Rights 101 and Access Forward. After completing each module, you will receive a confirmation email. Do not delete these emails, as proof of completion must be submitted to the School of Rehabilitation Therapy. Further information will follow which will include instructions and links to complete this training.

Workplace Hazardous Materials Information System (WHMIS) Training

The School of Rehabilitation Therapy requires that all students complete Workplace Hazardous Materials Information System (WHMIS) training. This training is also, a mandatory requirement for placements within many of our clinical placement facilities. WHMIS training will be completed through an online module. Proof of completion must be submitted to the School of Rehabilitation Therapy. Further information will follow which will include instructions and links to complete this training.

Non-Violent Crisis Intervention (NVC) Training

In accordance with partner sites' policies, all students will be required to complete NVC training and maintain their certification throughout the duration of their studies. All first year students must complete the full day of training and in second year will be required to complete a ½ day of training. The training follows the curriculum outlined by the Crisis Prevention Institute (CPI). The focus will be on the preventing and defusing situations in clinical settings. Training will be offered within the School of Rehabilitation Therapy as part of fieldwork/clinical placement preparation. Students will be required to purchase a manual to participate in the training. Students will be required to pay for their course manual via the SRT online store prior to the training, as per the deadline set by the Fieldwork/Clinical Education Coordinator. Students who do not pay for their course manual or who are absent from the provided training, will be required to access training through a publicly available source (e.g. the CPI, a community college or community organization) at their expense.

Students can access information about NVC at: <http://www.crisisprevention.com/Specialties/Nonviolent-Crisis-Intervention>.

In the event that a student has previously completed NVC training, the student will be required to provide proof of certification to the SRT main office. A student with a valid certification should note that recertification will be required annually and will only be offered by the School of Rehabilitation Therapy at designated times during the academic blocks.
