

Health & Fitness Curriculum Area

Immune Status Policy

CAP Document

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The Health and Fitness Curriculum Area at Nelson Marlborough Institute of Technology (NMIT) is committed to have in place appropriate risk management procedures which support an individual's right to a safe and healthy work environment. This policy has been developed to meet the requirements of the different Health Services policies on Blood Borne Viruses and Standard Blood and Body Fluid Precautions, which all students are required to familiarise themselves with.

All prospective students will be required to provide serology evidence of their immune status, and sign the attached Immune Status Declaration, and Serology Record document, before returning both to the Health and Fitness Curriculum Area.

The Immune Status declaration requires a prospective student to provide evidence of their immune status through serology screening (blood test) for the following: Hepatitis A & B, Measles, Varicella (Chicken Pox), Rubella, and Tuberculosis (TB).

Failure to present the documentation will preclude you from participation in clinical practice.

If laboratory tests indicate that a prospective student is not immune to Hepatitis B, Measles, Varicella (Chicken Pox) and/or Rubella they need to arrange vaccination.

If a prospective student decides against vaccination, they need to be aware that this decision could limit their access to certain clinical practice areas. The clinical practice areas that currently restrict access to non-immunised health care providers are those involving children, pregnant women, and the immune suppressed. This may impact your ability to meet competency as per the Nursing Council of New Zealand requirements for Registered Nurse scope of practice.

All students will be required to sign the declaration indicating their agreement to work within the Immune Status Policy of the Health and Fitness Curriculum Area. They will also agree to abide by the policies and procedures of each clinical placement area in relation to Blood Borne Viruses and Standard Blood and Body Fluid Precautions (Universal Precautions).

Protection against Hepatitis A and Tetanus is strongly recommended, as is a booster vaccination every ten years for Pertussis (Whooping Cough).

It is also recommended that students in clinical placement during the influenza (flu) season (1st May to 30th September) be vaccinated against influenza, as they pose a risk to immune compromised persons such as pregnant women, the elderly, and persons with chronic heart or lung diseases.

All serology tests and vaccinations will be at the prospective student's own expense.

Policy Name:	Date Approved:	Date for Review:
Immune Status Policy	03 June 2021	January 2022

Health & Fitness Curriculum Area

Immune Status Declaration

CAP Application Document

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Please complete and sign this document and return to the Department of Health and Fitness before the start of your programme. Failure to present documentation will prevent you from participating in clinical practice.

1. I have undertaken serology screening Yes ☐ Date:

I have provided evidence of my immune status, as attached Yes ☐ No ☐

Rationale for not attaching evidence:

AND

2. I agree to complete a vaccination course (where laboratory tests indicate necessity) at my own expense. I will provide evidence of my serology results to the Clinical Coordinator for the Health and Fitness Curriculum Area.

Yes ☐

OR

3. I have decided against vaccination. I accept the responsibility for non-vaccination and understand the implications of this choice.

Yes ☐

I agree to work within the Immune Status Policy of the Health and Fitness Curriculum Area at NMIT. I acknowledge I fully understand the risk to myself, and the implications of non-vaccination if I am exposed to contaminated body fluids during the course of my programme. I understand that I am required to work within the policies and procedures of each clinical placement related to Blood Borne Viruses and Standard Blood and Body Fluid Precautions (Universal Precautions).

Applicant name	
Contact number	
Signature and date	
Witness name	
Contact number	
Signature and date	

Health & Fitness Curriculum Area

Serology Record

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Antibody Status - (Documents attached – Please tick) (✓)	
Varicella	
Measles	
Rubella	
Hepatitis A	
Hepatitis B	

Tuberculosis (TB)	
Exposure or diagnosed with TB (please circle)	Yes/No/Unsure
BCG vaccinated (please circle)	Yes/No/Unsure
Quantiferon Gold blood test: (date completed)	Result Attached: (please tick)

Please complete the **Tuberculosis (TB) Questionnaire** on the following page to establish whether or not TB screening is required.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Screening for MRSA, if required, **will be undertaken in class**. Screening for MRSA will be at the student's **own expense** (MRSA current screening cost is \$45.00 X 2 swabs).

Some Clinical Placement Areas require a **further Covid-19 screening swab** prior to starting on clinical placement and the current cost of this is approximately \$300 which will be at the student's **own expense**.

Protection against Hepatitis A & B, and Tetanus is **strongly** recommended, as is a booster vaccination every ten years for Pertussis (Whooping Cough).

It is also recommended that students in clinical placement during the influenza (flu) season (1st May to 30th September) be vaccinated against influenza, as they pose a risk to immune compromised persons such as pregnant women, the elderly and persons with chronic heart or lung diseases.

All serology tests and vaccinations will be at the prospective student's **own expense**.

Applicant name	
Contact number	
Signature and date	

Health & Fitness Curriculum Area

Tuberculosis (TB) Symptom Questionnaire

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Applicant name	
Contact number	
Signature and date	

Please answer all questions by putting a tick in the appropriate box (Yes or No).

If you tick YES please provide more details and consult your GP/Health care provider for assessment. You may be required to have a Mantoux or QuantiFERON-TB Gold test to identify if further treatment is required.

Question	Yes	No	Details
Have you lived or worked outside New Zealand in the last five (5) years?			
Have you had tuberculosis (TB) in the past? If YES when and where did you have treatment?			
Have you been in close contact with anyone who has had TB in the last five (5) years?			
Have you had in the last five (5) years: <ul style="list-style-type: none"> A persistent or recurring cough lasting for more than three (3) weeks? Have you been coughing up blood? Excessive night sweating? Excessive unexplained weight loss? Persistent high fever? 			

GP Health Provider

(This section only needs to be completed if you answered 'Yes' to any of the above questions.)

Name	
Address	
Signature and date	
Notes	