

University of Prince Edward Island	Policy No. admhrdohs0006	Revision No. 1
Policy Title: Infectious Disease Policy		Page: 1 of 18
Creation Date: April 1, 2008	Version Date: March 15, 2012	
Authority: Board of Governors	Review Date: March 15, 2017	
Responsibility: UPEI Emergency Operations Team		Access: W

1. Policy Statement

The University is committed to supporting and protecting students, employees and others on campus who have an infectious disease from discrimination, harassment or vilification. Refer to *Appendix “B”* for further information on duty of care, confidentiality and discrimination. This policy respects the *Personal Health Information Act (PHIA)*.

The University is required to comply with the *PEI Public Health Act* (including the *Notifiable and Communicable Disease Regulations*), in relation to dealing with infectious diseases. UPEI will seek the guidance of Public Health Services if there are notifiable infectious diseases of concern. (Refer to *Appendix “A”* for definitions.)

2. Purpose

The purpose of this policy is to minimize the risk and impact of infectious diseases such as defined in *Appendix “A”* that may pose a threat to campus users.

3. Scope

Everyone who works, studies or visits the UPEI campus is covered by this policy, as well as situations off-campus involving member(s) of the University community where activity is directly related to University business.

4. Responsibilities

Role	Responsibility
Board of Governors, President	<ul style="list-style-type: none">• ultimate responsibility to ensure to protect the UPEI campus community and guests from infectious diseases and that UPEI meets its legislative requirements
VP's, Deans, Directors and Managers	<ul style="list-style-type: none">• ensure compliance with procedures from the risk control program• ensure staff and students have access to relevant information• communicate relevant information to heads of departments
Area Leaders (Deans/Chairs/ Directors, etc.)	<ul style="list-style-type: none">• assess risks and controls within area of responsibility• ensure site specific training is provided for those with risks of contact with blood or other potentially infectious materials (lab staff, athletes, trainers, residence life staff, custodial/cleaning staff, etc.)• ensure persons in health related and professional programs (e.g. Nursing, Veterinary Medicine, Radiology, Nutrition, Education, etc.) will be provided with training and that appropriate immunizations have been taken (clinical and practicum settings)• ensure University and appropriate associations' standards and policies are followed
Director of Student Services/Health Centre	<ul style="list-style-type: none">• works closely with Public Health Services for guidance when cases of an infectious disease are confirmed• coordinates (and communicates) and/or provides immunization clinics, as necessary• document and report all cases of infectious diseases and ensure proper follow up• provide educational information on infectious diseases.• ensure provision of documentation of immunization to students.

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Role	Responsibility
Coordination Team	<ul style="list-style-type: none"> • consists of: Director of Student Affairs, Health and Safety Advisor, Director of Ancillary Services, AVC External Relations Officer • coordinate all communications via the UPEI Integrated Communication Office related to infectious disease policy and its implementation • manages event until it is defined as a Level 1 emergency (<i>Appendix “D”</i>)
Health and Safety Advisor	<ul style="list-style-type: none"> • assists with information gathering and internal communications • receives incident reports involving infectious diseases
Human Resources	<ul style="list-style-type: none"> • for new employees, include Policy in HR Orientation Checklist • communicate Policy to employees
Emergency Management Team	<ul style="list-style-type: none"> • team will be activated based on the severity of circumstances for the various diseases
Faculty, Staff, Students and Others	<ul style="list-style-type: none"> • follow safe work instructions and policies of the University • act in a manner which does not place others at risk of contracting infectious diseases

5. Communication and Reporting

5.1 Internal Procedure for Reporting Concerns

- 5.1.1 Any member of the University Community concerned for their personal health because of an infectious disease (refers to infectious diseases such as listed in *Appendix “A”*), or is aware that someone at the University has an infectious disease should report, in confidence, this concern to his or her supervisor, department head or any other person in authority.
- 5.1.2 The person in authority shall report, in confidence, the concern to the Student Health Centre, who in consultation with the Director of Student Services, will notify Public Health Services (Chief Health Officer or designate).
- 5.1.3 If it is confirmed that a member of the University community has contracted a

reportable infectious disease, as per the *PEI Public Health Act* - Notifiable and Communicable Disease Regulations, the Chief Health Officer and/or designate staff will advise the University as to what action is required to be taken. The University will comply with such directives.

5.1.4 For reportable animal diseases, refer to the Health of Animals Act: Reportable Diseases Regulations.

5.2 External Communications

Further communication potentially involving media or information to the greater community will be determined in consultation with the Chief Health Officer and /or designate and the UPEI Emergency Operations Team.

6. Prevention & Risk Control

The University adopts Universal Precautions (see *Appendix "E"*) in that primarily blood and blood products and all body substances are treated as potentially infectious. Safe work practices and protective barriers are used to minimize the spread of infectious diseases.

6.1 Risk Control Program

The risk of exposure to infection and strategies for control vary in different settings and are determined by the nature of the contact with infectious agents. Academic, research, diagnostic, and administrative units are responsible to review elements related to risk control of infectious diseases in their areas. There are two aspects to risk control, these being:

6.1.1 Preventative - this includes assessment of the level of risk and the development of safe working practices irrespective of the setting; and

6.1.2 Reactive - this requires immediate action and communications in accordance with this policy.

6.2 Immunizations

Public Health Services recommends that everyone has the generic immunizations. Individuals can contact the Public Health Office to set up an appointment for immunizations such as MMR (measles, mumps, rubella), tetanus, influenza, chicken pox, etc. It is recommended that individuals who work in health care should have the influenza vaccination.

UPEI and the Public Health Services have been and will continue to be proactive by providing MMR vaccination clinics.

Academic Programs

6.2.1 Nursing

It is the responsibility of the Dean for the School of Nursing to ensure students abide by this policy.

6.2.1.1 The School of Nursing requires that all applicants provide a completed immunization record. Students who fail to submit the information will not be permitted to participate in clinical practice until the record is complete.

6.2.1.2 A Mantoux test within the previous 12 months is required on admission. Results should be recorded on the immunization record. If results are positive, or history of positive reaction, a chest x-ray will be required.

6.2.1.3 Students are required to provide proof that they are immune to rubella. They must attach a copy of the lab report.

6.2.1.4 The influenza vaccine is recommended for those who work in health care.

Depending on the age of the student, he/she may or may not have received Hepatitis B vaccination as a child. For those students who have not been vaccinated previously against Hepatitis B, a vaccination series will be offered in September of the year of admission to the School of Nursing.

6.2.2 AVC

Students in Veterinary Medicine are required to have rabies immunization. An immunization history is required for each student applicant in order to identify those who may require vaccination. For students who have not received a primary Rabies immunization, a series will be offered in January of their first year of study. It is the responsibility of the Dean of the Atlantic Veterinary College to ensure students abide by this policy.

6.2.3 Applied Human Sciences (see Appendix "F" for Immunization Form)

In accordance with the Applied Human Sciences policy:

Students in the accepted into the UPEI dietetic internship program must have all immunizations up to date, and submit a current criminal record check at the beginning of the program.

Students in the Family Science and Child and Family Studies programs must have all immunizations up to date before starting their field placements in third year.

Procedure:

6.2.3.1 Students accepted into the internship program will be provided with a Pre-placement immunization form which must be completed and returned to the coordinator prior to the date of the first work placement.

6.2.3.2 The completed immunization form and police check record will be retained in the intern's file in the coordinator's office.

6.2.4 Education

Students accepted into the UPEI Education program must have the mumps immunization and all immunizations up to date at the beginning of the program.

Procedure:

6.2.4.1 Students accepted into the program will be provided with a Pre-placement immunization form which must be completed and returned to the coordinator prior to the date of the first work placement.

6.2.4.2 The completed immunization form will be retained in the student's file in the coordinator's office.

Non-Academic Programs

6.2.5 Athletics

A UPEI student athlete who participates in varsity athletics, club or intramural sports is required to report any suspicion or confirmation of an infectious disease pertaining to him or her to the immediate coach and/or Director of Athletics. Athletes and coaching staff are responsible for:

6.2.5.1 following universal precautions when responding to bleeding injuries,

6.2.5.2 ensuring immunizations are up-to-date: recommended immunizations include - MMR, Tetanus, Hep B series; and,

6.2.5.3 being appropriately certified to deal with the prevention of and response to blood-borne diseases.

6.2.6 Residence

Residence Services will work in conjunction with Student Services to ensure students in residence and elsewhere on campus are educated about infectious diseases. In the event of concern or an actual outbreak of an infectious disease, and in addition to the protocol outline in this policy, the following requirements apply (see *Appendix “C”* for an outbreak checklist):

- 6.2.6.1 Facilities Management will review its normal cleaning standards within the residences and make any necessary adjustments to help prevent the spread of such disease;
- 6.2.6.2 Waste disposal will also be reviewed and adjusted accordingly, and
- 6.2.6.3 Operational standards will be reviewed with the Food Services contractor and adjusted accordingly, recognizing that communal areas like dining halls and shared food service equipment create a higher risk for the spread of disease.

6.2.7 Community Programs/Partnerships

Community programs offered via the UPEI campus facilities will be made aware of this policy by the UPEI partner with whom the program is offered.

6.2.8 Travel

It is the responsibility of students, faculty and staff who travel abroad to ascertain what immunizations or other health conditions may apply and to comply with any requirements. These immunizations are available at the Travel Clinic.

UPEI faculty, students and staff abide by the *Risk Management-Study/Work Abroad Policy* which is located at: <http://www.upei.ca/policy/gov/brd/rmt/0002>

AVC students, faculty and staff abide by the *Foreign Animal Disease/Foreign Travel Policy* which is located at:

<http://www.upei.ca/avcpolicies/avc/do/er/0002>

Outward Travel

Students, faculty and staff participating in international travel from UPEI are expected to

consult the Travel Clinic for up to date immunization requirements.

Note: Student travelers can get a rebate for immunizations from the Travel Clinic.

Inward Travel

Student, faculty and staff returning to UPEI from international travel are expected to notify the Travel Clinic and/or appropriate health authorities if they are suspicious of or have confirmation of having contracted an infectious diseases.

6.2.8 International Students

In order to provide International Students with a healthy learning experience, when possible, they shall bring their immunization records to the International Student Office. Immunizations can be arranged through the PEI Public Health Office.

7. Review

This policy shall be reviewed every five (5) years by the UPEI Emergency Operations Team.

8. References/Resources:

- a) Canadian Immunization Guide, Seventh Edition, Public Health Agency of Canada, p.3.
- b) PEI Public Health Act, Chapter P-30, Queen's Printer, December 15, 2006 at:
<http://www.gov.pe.ca/law/regulations/>
- c) For a current list of reportable diseases on PEI, refer to: PEI Public Health Act, Notifiable and Communicable Diseases Regulations, EC2007-287.
<http://www.gov.pe.ca/law/regulations/>
- d) For further information on Infectious Diseases: Public Health Agency of Canada
<http://www.phac-aspc.gc.ca/id-mi/index-eng.php>
- e) Health of Animals Act: Reportable Diseases Regulations
<http://laws-lois.justice.gc.ca/eng/regulations/SOR-91-2/>
- f) UPEI Risk Management-Study/Work Abroad Policy
<http://www.upei.ca/policy/gov/brd/rmt/0002>
- g) AVC Foreign Animal Disease/Foreign Travel Policy
<http://www.upei.ca/avcpolicies/avc/do/er/0002>
- h) Personal Health Information Act (PHIA)
http://www.gov.mb.ca/health/phia/docs/phia_guide.pdf

Appendix "A"

Infectious Diseases and Definitions

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly and transferred from a person or species to another. Transmission of an infectious disease may occur through one or more pathways including physical contact with infected individuals, through liquids, food, body fluids, contaminated objects, or airborne inhalation.

For this policy: Examples of infectious diseases include Mumps, Measles, Meningitis, Hepatitis, Tuberculosis and other types of non-sexually transmitted diseases.

Human Influenza, or the flu, is a respiratory infection caused by the influenza virus. Strains circulate every year, making people sick. Influenza typically starts with a headache, chills and cough, followed rapidly by fever, loss of appetite, muscle aches and fatigue, running nose, sneezing, watery eyes and throat irritation. Nausea, vomiting and diarrhea may also occur, especially in children. Most people will recover from influenza within a week or ten days, but some - including those over 65 and adults and children with chronic conditions, such as diabetes and cancer - are at greater risk of more severe complications, such as pneumonia. More details can be found at: <http://www.phac-aspc.gc.ca/influenza/index-eng.php>

Measles are a highly contagious and infectious disease that is caused by a virus. Symptoms of measles include fever, cough, coryza (runny nose), conjunctivitis, Koplik spots (white spots on the inner lining of the mouth) and rash. Measles are spread through airborne droplets or direct contact with nasal or through secretions from an infected person. The incubation period (no symptoms present) last for approximately 4-12 days. The virus can be spread for approximately four days before and four days after the onset of the rash. The measles mumps rubella (MMR) vaccine can protect against these viruses. There is no treatment for measles and most individuals will recover with rest. More details can be found at: <http://www.phac-aspc.gc.ca/tmp-pmv/info/measles-eng.php>

Mumps is an acute infectious disease caused by mumps virus. Symptoms of mumps involves painful swelling of the salivary glands, and fever is the most typical presentation. Painful testicular swelling and rash/wiki/Testicle/wiki/Rash may also occur. While symptoms are generally not severe in children, the symptoms in teenagers and adults can be more severe and complications such as infertility or sub-fertility are somewhat common. The disease is generally self-limited, running its course before waning, with no specific treatment apart from controlling the symptoms with painkillers. More details can be found at: <http://www.phac-aspc.gc.ca/im/vpd-mev/mumps-eng.php>

Rubella, commonly known as German measles, is a viral disease and the primary symptoms include a rash, low grade fever, swollen glands, joint pain and headache. As symptoms are non-specific, it may be mistaken for infection due to parvovirus, adenoviruses or enteroviruses. Children recover more quickly than adults. Serious complications are rare, and up to 50% of infections are subclinical. Rubella is

transmitted via airborne droplet emission. The virus may also be present in feces, urine and on the skin. The disease has an incubation period of 2 to 3 weeks but often lasts from 1 to 5 days. The measles mumps rubella (MMR) vaccine can protect against these viruses. More details can be found at:

<http://www.phac-aspc.gc.ca/tmp-pmv/info/rubella-eng.php>

Noroviruses are a group of viruses that cause gastroenteritis in people. The symptoms of norovirus illness include nausea, vomiting, diarrhea and stomach cramps. Sometimes, people may have a low-grade fever, chills, headache, muscle aches and fatigue. The illness often begins suddenly, about 24 to 48 hours after exposure. There is no preventive treatment.

ZOONOTIC DISEASES (Not Necessarily Considered As Infectious Diseases)

Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans such as Rabies or Lyme Disease.

Lyme Disease is an illness that is caused by a bacterium, *Borrelia burgdorferi*. It is generally spread through the bite of certain types of ticks. The bacterium is usually carried in mice, squirrels, birds and other small animals. This bacterium is transmitted to ticks when they feed on these animals and then to humans through the bites of the infected ticks. There are three stages to infection of lyme disease. The first stage occurs after a delay of three days to one month and patient most often have a circular rash around the area of the infected bite. Shortly after the onset of the rash signs include headache, fever, chills, fatigue and swollen lymph nodes. The second stage includes heart palpitations, arthritis and arthritic symptoms, multiple skin rashes and extreme fatigue and weakness. If the disease continues to go untreated, long term effects include arthritis and neurological problems. More details can be found at:

<http://www.phac-aspc.gc.ca/id-mi/lyme-eng.php#s1>

Rabies is a viral infection of animals that can be transmitted to humans. It attacks the central nervous system and eventually travels to and affects the brain. The disease is usually found in saliva of the affected animal. The incubation period varies from 5 days to several years, which the average taking 20-60 days. The first symptoms are generally flu-like and include: headache, fever, tiredness. In the acute stages individuals infected with rabies will exhibit anxiety, confusion, insomnia, agitations, hallucinations and hyperactivity (furious rabies) or paralysis (dumb rabies). Within 2 to 10 days of acute symptoms complete paralysis occurs and death follows.

Rabies vaccine is given to people at high risk of rabies to protect them if they are exposed. It can also prevent the disease if it is given to a person after they have been exposed. More details can be found at:

<http://www.phac-aspc.gc.ca/tmp-pmv/info/rage-eng.php>

Appendix “B”

Duty of Care

In the prevention of unlawful discrimination, a duty of care continues to exist for individuals to minimize the exposure to risk of infection to themselves or others. If information is obtained by the University which could expose staff or students to risk of infection, the University will take prompt action. Information relating to infectious diseases will be distributed throughout the UPEI community, as necessary.

Confidentiality

The University recognizes that individuals have a right to privacy and confidentiality regarding their personal health information. Information regarding the health status of students, faculty and staff is confidential and will only be disclosed to those who need to know in order to protect the health and safety of others, as required by law or with the consent of the person. Those persons who receive such information are required to observe the same standards of confidentiality. If a person voluntarily discloses his or her health status to a University employee (e.g., to a coach, professor, supervisor, etc.) the same standards of confidentiality are expected. The University will ensure that processes are in place to safeguard this privacy.

This policy respects the Personal Health Information Act (PHIA)

http://www.gov.mb.ca/health/phia/docs/phia_guide.pdf

Discrimination

The *PEI Human Rights Code* prohibits discrimination on the basis of disability.

- a) The University, through implementation of the *UPEI Fair Treatment Policy* and the *Policy on AIDS*, provide an environment free from unlawful discrimination and harassment of any student, staff or faculty who has an infectious disease
- b) Any person who refuses to teach, attend class with or work with any other person who has or is suspected to have a serious infectious disease (e.g., HIV/AIDS) will be counseled and provided with educational information.
- c) In the event that there is an urgent medical reason for such a refusal, the University will assist in reasonable accommodation in accordance with established practices and procedures

Appendix "C"

Checklist for Noro-Virus Outbreak and Enteric

Day 1

- monitor (hourly) number of reported cases, the number should increase rapidly if Noro virus;
- confirm reports (numbers) and report possible outbreak to the Chief Health Officer or designate;
- convene meeting of the Student Health and Safety Sub-committee (for both employees and students);
- notify Facilities Management to begin cleaning regime (masks and gloves should be worn by cleaning staff in the outbreak areas);
- use disinfecting cleaning solution, emphasize on hand rails, taps, elevator buttons, door knobs/handles, and computer labs;
- faculty, staff, students: forward information to the Student Health Centre to maintain running lists of symptomatic students (names, residence location, contact information, date illness started);
- prepare & send notices to students, faculty and staff - if illness confirmed. Title notice: "...Information";
- prepare web page update;
- prepare and have ready a release to local media. Stress the number of active and recovered students and control methods;
- meet with Residence staff and stress proper hand washing and review cleaning regime;
- Residence: prepare hydration kits - Gatorade, water, soup, etc.;
- make sure others stay away from residences; close or isolate areas;
- source & circulate hand sanitizers throughout Campus, post hand washing signage.

Day 2 (24 hours)

- update and record the number of reported cases (get number of symptomatic students & number recovered from residences);
- contact the Chief Health Officer or designate if the number of cases are increasing rapidly;
- Consult with Chief Health Officer as to cancellation of classes and communicate accordingly to campus community;
- prepare update notice to campus, titled "... Information Update";
- prepare update and release to local media. Stress the number of new and recovered students;
- have food services staff review the number of cases and determine if a server system (or other changes) can be implemented rather than a self-serve method;

- consult Conference Services to determine if events scheduled on campus need to be cancelled/postponed (if # of reported cases are 10-20);
- consider cancelling varsity travel or scheduled games and other extra-curricular events (if # of reported cases are 10-20);
- insure web page is updated;
- provide media updates - report the # of active and recovering cases and control methods.

Day 3-10

- continue to monitor and update on a daily basis;
- consult with the Chief Health Officer or designate regarding when travel and event restrictions can be lifted;
- meeting of the Student Health and Safety Sub-committee to debrief and discuss the aftermath – areas of strength and weaknesses.

Mumps Note: The framework of this checklist can be applied to a mumps outbreak situation, except mumps is more of a quarantine issue and the nature of the disease (incubation period, etc.) is such that outbreaks will occur over an extended period of time.

(Reference: Cape Breton University - Logistics Operation Guide)

Appendix “D”

UPEI Emergency Preparedness

The University of Prince Edward Island is committed to creating a safe and healthy living and learning environment. The health and safety of our employees, students, and the general public are the highest priority of UPEI's Emergency Preparedness plan.

UPEI's emergency plans and procedures are intended to protect people, facilities, and animals.

In Case of Emergency, the following are Types of Emergencies: | **Level 1** | **Level 2** | **Level 3** |

Report an emergency or potential emergency to 9-911. The 911 dispatcher in turn notifies the UPEI Security Services Central Dispatch at 566-0384.

The senior Security Officer on duty will assign personnel to isolate and protect the area of the emergency and, if necessary, begin immediate evacuation.

In the case of Level 1 and Level 2 emergency classifications, notices will be carried on the campus website and screens. In the event of a Level 3 classification, UPEI's website and screens will be overridden by an emergency website that provides up-to-date information to the entire University community.

Types of Emergencies

UPEI has three levels of emergency plans in place, classified as follows:

LEVEL 1 - INCIDENT

An isolated critical incident is defined as an occurrence that affects only a small part of the University community or University physical property, and which does not affect the overall functioning capacity of UPEI. Examples include, but are not limited to:

- * Death or illness of a University community member
- * Small localized fire
- * Small localized hazardous material spill
- * Isolated power outage

Even though an incident may be isolated, it is by no means to be taken lightly. Immediate attention must be given to mitigate the situation as quickly as possible.

LEVEL 2 - MAJOR EVENT

A major critical incident is defined as a serious emergency which completely disrupts one or more operations of UPEI. Examples include, but are not limited to:

- * Fire limited to one building
- * Civil disturbance
- * Widespread power outage or communication system failure
- * Serious crimes (such as assaults or arson)

Outside emergency services, as well as major efforts from various University departments, would be required in a Level 2 emergency. Major policy considerations and decisions would also usually be required. The Senior Management Group would be activated.

LEVEL 3 - CRISIS

A crisis is defined as a University- or city-wide emergency which seriously impairs or halts the operations of UPEI. Outside emergency services would be essential but not always available. Since major policy considerations and decisions would be required, the Senior Management Group and the Emergency Operations Team would be activated. Examples of a Level 3 emergency include, but are not limited to:

- * Major weather event
- * Major fire in more than one building
- * Shooting(s) on campus
- * Major public health crisis

APPENDIX "E"

**Canadian Centre for Occupational Health and Safety
Universal Precautions**

Universal Precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids.

The Laboratory Centre for Disease Control, Health Canada, the Public Health Agency of Canada and the U.S. Centers for Disease Control have developed the strategy of "Universal Precautions" or guidelines on the prevention of transmission of blood-borne pathogens in health care settings to prevent contact with patient blood and body fluids. These precautions stress that all patients should be assumed to be infectious for blood-borne diseases such as AIDS and Hepatitis B.

Note: There are several terms in use when referring to infection control in health care settings, including the terms "routine precautions", and "standard precautions". No one term is consistently used. This document refers to protective steps when workers are exposed to blood and specific other body fluids (as listed below).

In the workplace, Universal Precautions should be followed when workers are exposed to blood and certain other body fluids, including:

- * semen
- * vaginal secretions
- * synovial fluid
- * cerebrospinal fluid
- * pleural fluid
- * peritoneal fluid
- * pericardial fluid
- * amniotic fluid

Universal Precautions do not apply to:

- * feces
- * nasal secretions
- * sputum

- * sweat
- * tears
- * urine
- * vomitus
- * saliva (except in the dental setting, where saliva is likely to be contaminated with blood)

Universal Precautions should be applied to all body fluids when it is difficult to identify the specific body fluid or when body fluids are visibly contaminated with blood.

Barriers are used for protection against occupational exposure to blood and certain body fluids.

These barriers consist of:

- * Personal protective equipment (PPE)
- * Engineering controls
- * Work practice controls

Personal Protective Equipment (PPE) - PPE includes gloves, lab coats, gowns, shoe covers, goggles, glasses with side shields, masks, and resuscitation bags. The purpose of PPE is to prevent blood and body fluids from reaching the workers' skin, mucous membranes, or personal clothing. It must create an effective barrier between the exposed worker and any blood or other body fluids.

Engineering Controls - Engineering controls refer to methods of isolating or removing hazards from the workplace. Examples of engineering controls include: sharps disposal containers, laser scalpels, and ventilation including the use of ventilated biological cabinets (laboratory fume hoods).

Work Practice Controls - It refers to practical techniques that reduce the likelihood of exposure by changing the way a task is performed. Examples of activities requiring specific attention to work practice controls include: hand washing, handling of used needles and other sharps and contaminated reusable sharps, collecting and transporting fluids and tissues according to approved safe practices.

Occupational health and safety is regulated in Canada in each of the fourteen jurisdictions (provincial, territorial and federal). Some jurisdictions may have also developed specific modifications of infection control guidelines. For more information on these, you may wish to contact the departments responsible for occupational health and safety and public health in your province.

Appendix "F"

UPEI Department of Applied Human Sciences

Pre-Placement Immunization Form

Name: _____ Date of Birth: _____

Home Telephone: _____

(Prior to the start of placements, **you must have the following form completed & signed** by your physician's office or Public Health Nursing.)

Tuberculin Testing: 2 Steps required. 2nd step must be given 7 to 21 days after 1st test in opposite arm if 1st test is negative.

Date of test 1: _____ Result (Pos. or Neg.): _____ Induration in mm: _____

Date of test 2: _____ Result (Pos. or Neg.): _____ Induration in mm: _____

Chest x-ray: Required if TB skin test is positive i.e., greater than 10mm induration. X-ray must have been done within the last year.

X-ray Date: _____ Result: _____

Measles: 1 MMR after 1st birthday plus an additional Measles booster or a 2nd MMR

MMR Date : _____ Measles Booster/2nd MMR Date: _____

Laboratory Evidence of Immunity (Titres)

Measles: Date of Test: _____ Result (Pos. or Neg.): _____

Varicella: [Laboratory Evidence of Immunity (Titres)]

Varicella: Date of test: _____ Result (Pos. or Neg.): _____

OR

Varicella Vaccine: 1st Dose Date: _____ 2nd Dose Date: _____

2 doses required

Hepatitis B Immune Status: (*Vaccination highly recommended for students who may have exposure to human blood and body fluids.*)

Have you received Hepatitis B Vaccine? No Yes If Yes, the following must be completed.

Laboratory evidence of immunity to Hepatitis B (Hepatitis B Antibody Titre) Pos.____ Neg.____

Date: _____

Tetanus/Diphtheria: (*Not mandatory but desirable*) Date of Last Immunization: _____

Influenza Vaccination: (*Optional*) Date: _____

Completed by:

Physician//RN (please print) _____ Signature _____

I _____ agree to have the above information released to the (check one):

- UPEI Integrated Dietetic Internship Program and those internship placements requesting this information
- Family Science/Child and Family Studies Program and those field placements requesting this information

Signature of Student _____ Date _____