

RED RIVER COLLEGE IMMUNIZATION/TESTING INFORMATION SHEET

It is highly recommended that you start this requirement **before** applying to your chosen course/program. Completing this record will require several appointments, and could take up to **7 months** depending on your vaccine needs, schedule and testing requirements.

Deadlines for this requirement are set by Enrollment Services **only**. Enrollment Services will provide you with email notices regarding the status of this entrance requirement after you have applied to your chosen course/program.

This sheet outlines and explains the immunization and testing requirements.

The purpose of this requirement is to protect patients/ clients/ residents, other workers and students from specific vaccine preventable diseases that may be transmitted within health care practice settings and to comply with host site policies using accepted Canadian Guides and Standards.

Getting Started:

- Print off a copy of this information sheet as well as the Health Services Immunization and Testing Record (below)
- Fully complete the top section of the record, print clearly. Your record cannot be processed without this information.
- Read the information on the back of the record and sign and date on the front that you have read and understand the information.

Preparing for Required Vaccination and Testing Requirements:

- ✓ Gather all information related to your vaccine and testing history, including **from any/all countries and translated to English**, before going to your health provider. This may include old health or family records/baby book notes, nursing station, school records or admission immunization records from a previous program or learning institute. If you had immunizations in Manitoba via school etc, contact your local [Public Health Office](#) and request a copy of your immunizations. (Manitoba has a provincial database of immunizations from 1980 onward.) You will need to provide your Purple Manitoba Health PHIN information so have it handy.
- ✓ Take all information with you to your health provider or clinic of choice so they can complete the record and give any missing vaccine or order required tests.
- ✓ Call and ask for costs of vaccines and tests. Offices/Clinics charge differently and costs can vary significantly. Some vaccines are free if they are part of the publicly funded system.
- ✓ Realize completing immunizations and testing may need to be done over a number of months (**Hepatitis vaccine series and testing can take up to 7 months**) depending on your individual needs, type and number of doses of vaccines being given.

Let your health provider know your deadlines to help plan the best way to complete the requirements in a timely manner.

Once the Record is Completed by your Health Provider:

1. Bring or mail your record to RRC Health Services. It is best, if possible, to bring it in as it will be reviewed for any omissions or concerns, logged into the database and the record issued back to you.
2. If you mail in your record, keep a copy for your record. If, after review, there is any missing or incomplete information, it will be sent back to you indicating what is required for completion.
3. If, after review, your record has met this requirement and you wish it returned you will have to include a self-addressed and stamped envelope.
4. Your Health provider(s) must sign and date your record.

Health Services advises the appropriate program Admissions Officer only when the immunizations and testing requirements are **fully completed**.

****Before you apply to your chosen course/program, Health Services will be happy to review your record to ensure the requirement is complete:**

-In person at NDC from 8am-3:30pm

-By mail-**indicate you are requesting a review** and provide a self-addressed stamped envelope (see locations below)

General Information on Vaccines and Tests

NOTE*

For all immunizations/tests, if it is unknown, or there is no documentation/evidence, the person is considered unimmunized.

• **MEASLES, MUMPS AND RUBELLA (MMR):** Documentation of a total of 2 doses of MMR vaccine or a positive titre (blood test result) indicating immunity for measles, mumps and rubella.

A negative titre for rubella requires a booster dose or 2 doses if no previous MMR vaccine is recorded. No further testing is required after vaccine administration.

• **HEPATITIS B-** (Hep B) Documentation of 3 doses as per the recommended NACI standard schedule (0,1,6 months-must not be less than 16 weeks between dose #1 and dose #3) **and** documented positive Hep B antibody titre (minimum 4 weeks after dose #3 only). **If no proof of vaccination: antibody and antigen test is required-if both are negative-full series is required.** Know if you are getting Hep B only or the combination Hep A/B.

*Note: a Hep B booster is required following a negative antibody result after documented series of 3 doses with a re-titre no sooner than 4 weeks after the booster. If result continues to be negative, a second series is to be completed (the booster would count as the first dose in the series of 3) using standard time frames as above and a titre retest 4 weeks after the second full series is completed.

If a person partially completed a Hep B series they do **not** need to repeat the whole series, they start from where they left off no matter how long ago they had a partial series, complete with antibody test 4 weeks after dose #3.

- **VARICELLA (CHICKENPOX)**-Your immune status must be determined and documented. You're considered immune if:
 - b) you have a positive antibody test or
 - c) you have documented a total of two doses of vaccine. No testing is required if vaccine is given. If there is no documentation, a titre to establish positive immunity is required.

- **MANTOUX TESTING/TUBERCULOSIS (TB) TESTING**- If you have: a) documentation of a positive Mantoux test or b) have been or are being treated for tuberculosis then you do not have another Mantoux test but you do require documentation (date/result) of a current chest x-ray (in the past 2 years) **and** confirmation/documentation of being referred for assessment for latent Tuberculosis (Klinik or alternate).

If no history of positive Mantoux or exposure/treatment for TB, documentation of a two-step Mantoux test is required (7-28 days between step 1 and 2).

An annual 1- step Mantoux test is required after having the initial 2 step testing and it was not positive. Updated annual tests are to be submitted to Health Services to keep records current. A clinic form/ Dr. or Nurses note is acceptable as long as it has the date and mm result.

At any time, if a Mantoux test converts to positive, a chest x-ray and referral for LTB assessment are required providing the CXR is negative. No further Mantoux tests. It is strongly advised that when a diagnosis of latent TB is made, that medical recommendations including protective medication be followed, for your and others health and safety.

- **TETANUS/DIPHTHERIA (PERTUSSIS)** -Completed a primary series. Date of current booster (within the past 10 years). For **Tdap** the current guideline for Health Care Workers is one dose Tdap as an adult, regardless of age, **which is in addition to the adolescent booster**. A **TD** booster would then follow every 10 years thereafter.

For updates while in program, submit the documentation to Health Services to keep information current. A clinic note, Nurses or Dr.'s note is acceptable.

- **POLIO**-Completed a primary series. Since Canada is a low risk country, a booster (IPV) may be given. If timely, it can be given with tetanus/diphtheria (**TD**) or with tetanus/diphtheria/pertussis (**Tdap**) or on its own in a single injection.

- **INFLUENZA**-Vaccine recommended annually. Influenza kills many every year. Protect those who depend on you from family, friends, communities, fellow students, facilities and (importantly) those under your care in practicum placements.

Visit the public health division web site for contact information of public health offices in Manitoba <http://www.gov.mb.ca/health/publichealth/offices.html>

It is best to use the services of your own physician or clinic, but for those unable to access a personal clinic or don't have their own health provider the following are some helpful resources offering Immunization and testing services:

-FOUR RIVERS MEDICAL CLINIC. PH: 204-786-8588

-WRHA TRAVEL HEALTH. PH: 204-940-8747

-BAYSHORE (mantoux testing) PH: 204-943-7124

-ATLANTIC MEDICAL CENTER PH: 204-505-1580

-PARAMED (mantoux testing) PH: 204-775-4380

PLEASE ENSURE YOU MAKE AND KEEP A COPY OF YOUR FORM before submitting it for review and processing. Health Services enters the immunization/testing information to an electronic database.

Health Services Locations:

Red River College-Health Services
HM08-2055 Notre Dame Avenue
Winnipeg Manitoba, Canada
R3H 0J9
Ph: (204) 632-2238

Health Services Immunization and Testing Record

Return in person or by mail, a **fully completed and signed record**
to Health Services, HM08-2055 Notre Dame Ave, Winnipeg, MB, R3H 0J9.

Blogs.rrc/health/immunizations

Office: NDC 204-632-2583

Print Your Name:

Applied to what Program(s)

Student Number

Print Your Address/Postal Code

Is the program with Continuing Education?

No Yes

Date of Birth

Specific health information is not discussed on the phone or email.

I have read the back of the form.

Signature : _____

Date: _____

Initial MMRs (2)

MMR Booster date:(s)

| Documented Date:(s) | Measles <input type="checkbox"/> Antibody titre done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | MMR Booster date:(s) |
|---------------------|--|------|---------------------------------|--------------------------------------|----------------------|
| 1. _____ | Mumps <input type="checkbox"/> Antibody titre done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | 1. _____ |
| 2. _____ | Rubella <input type="checkbox"/> Antibody titre done | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | 2. _____ |

If had only 1 MMR give 2nd dose;no documented MMRs give 2 MMRs 4 weeks apart **or** must have pos antibody titres

| Varicella (Chickenpox) | Antibody Titre | Result | | Vaccine Dates | 1. _____ 2. _____ |
|--|----------------|---------------------------------|--------------------------------------|---------------|----------------------|
| | Date _____ | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | | |
| If titre result indicates susceptible: Requires 2 doses of vaccine 6 weeks apart | | | | | |

| Hepatitis B Series | YY/M/D | YY/M/D | YY /M/D | Serology | Date HBsAb | Immune | Susceptible <input type="checkbox"/> |
|--|--------|--------|---------|---|------------|--------------------------|--|
| 0,1,6 mnths Standard timing min is 4 weeks between first and second dose, <u>No</u> <u>less than 16</u> weeks between first and 3rd dose. If incomplete- continue series, don't restart | 1. | 2. | 3. | No sooner than 4 weeks <u>after 3rd</u> dose only | | <input type="checkbox"/> | <input type="checkbox"/> Give Booster (dose 4) Repeat HBsAb in 4 weeks |

| Hep B Booster (dose4) | Date | HBsAb no sooner than 4 weeks after booster | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | If susceptible must complete second series (dose 5 & 6) |
|--------------------------|------|---|------|---------------------------------|--------------------------------------|---|
| | | | | | | |

| Date Dose 5 | Date Dose 6 | HBsAb no sooner than 4 weeks after dose 6 | Date | Immune <input type="checkbox"/> | Susceptible <input type="checkbox"/> | If susceptible after 2nd series <u>NO</u> further vaccine ; Is considered non-responder |
|-------------|-------------|--|------|---------------------------------|--------------------------------------|---|
| | | | | | | |

| If no Proof of vaccine: screen for Hep B antibodies and antigen | Date | HBsAb result | HBsAg Result | If test results are negative, give full Hep B series with testing as outlined above | Any positive antigen test requires medical counseling. |
|--|------|--------------|--------------|---|---|
| | | | | | |

Tuberculosis A 2-step Mantoux is required once irrespective of BCG history.

| History of BCG | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Positive Mantoux ? Yes <input type="checkbox"/> mm _____ | Date: _____ | If 2-step is older than 12 mnths do 1-step Mantoux |
|----------------|------------------------------|-----------------------------|--|-------------|---|
| | | | | | |

Mantoux Test Step 1 Date: _____ Result in mm _____. Step 2: Date: _____ Result mm _____.
only if previously negative

NOTE:: All Mantoux tests must be read in MM, stating pos or neg is not accepted.

* **For positive Mantoux** : Recent Chest x-ray PA/LAT required Date: _____ Result _____
Reading MM _____

Referred to assess for LTB on **Date:** _____ **No** further Mantoux tests after any positive result.

Polio Primary Series Yes No Unknown IPV Booster (or combine with Tetanus see below) IPV only Date _____

Tetanus, Diphtheria, Pertussis Tdap to be done once as an adult (>18 yrs) irrespective of adolescent dose date.

Adults unimmunized or unknown against polio and who received their primary series of Tetanus/Diphtheria include IPV in their booster.

Tdap-IPV Date _____ or Tdap Date _____ or IF had Tdap as adult Td Date _____

Health Care Provider(s) (verifies client documentation records and administers any needed vaccine/tests)

Print name _____ Signature _____ Date: _____

Print name _____ Signature _____ Date: _____



Immunization and testing requirements along with schedules may change from time to time. Health Services references PHAC, NACI, CIG, TB guide and may consult with Health Authorities, Medical Officers of Health and Ministry of Health on relevant issues and best practice.

Keep copies of this form for your ongoing reference

Information is logged into an electronic database. Paper copies are not retained.

If you wish your completed form returned, include a self-addressed stamped envelope. In-person submissions are returned immediately.

Basic Requirements for Form Completion

Documented proof of immunization for applicable vaccine is required to be valid.

For Hepatitis B, if there is no proof of vaccine provided, antigen and antibody titres are required. If antibody negative, requires Hepatitis series of 3. *Rapid schedule is not advised*, best practice is to use standard schedule up to a maximum of 2 full series. HbsAb must be > 10 IU/L to be classified as immune. There can be no less than 16 weeks between the first and third Hep B vaccine doses

Must have proof of 2 MMRs, 2 Varicella or be positive for antibodies. If is rubella negative, requires MMR regardless of previous MMRs.

Tetanus and Diphtheria must include Pertussis once as an adult (>18yrs) regardless of adolescent dose year for health care providers.

Initial TB screening requires proof of a 2-step Mantoux once irrespective of when done, regardless of whether they had a BCG. A current 1-step Mantoux is required if the if 2-step is older than 12 months from application date. An annual Mantoux test is required as long as test remains negative. All Mantoux tests must be measured in mm. Positive Mantoux results require chest x-ray-Pa/Lat and referral for latent TB assessment to Klinik program or equivalent assessment.

Read the information below and sign on the front of the form

(1) I understand that should I be involved in an exposure incident of blood or body fluid, for health and safety of myself and any patients or contacts, I am expected to comply with post exposure protocols including submission to tests and/or disclosure to appropriate health persons any applicable condition that could adversely impact a patient/client for purposes of assessment and/or treatment.

(2) While I understand that, in general immunizations and health screening tests are voluntary procedures, I acknowledge that the procedures within the scope of this document may be a condition of enrollment/practicum or placement within my program/area of study/work.

(3) I understand that on occasion immune status recommendations or requirements may change based on new information and evidence, outbreaks of communicable diseases, or College policies. I accept that it is my responsibility to follow through on immune status recommendations or requirements of the College while I am at the College as a student/staff.

(4) I understand that my personal health information will only be used by those directly involved and only for the stated purposes of the program. This may include RRC's Health Services, Admissions Services and/or designated individuals in my program/course of study and clinical/practicum areas. I understand that only the minimal amount of information required will be used.

(5) I agree that if required, the College may obtain and use from an external source, records of immunizations, testing, or treatment of infectious diseases that fall within the scope of this document. An external source includes but is not limited to my family physician, public health, specialty care, healthcare institutions, laboratories, and immunization registries.

(6) I give Red River College permission for all or part of my immune status record to be disclosed to the occupational health departments of the facilities in which I work/study for as long as I remain an employee/ student at Red River College and provided it is required only for proof of required immunization specific to my work/learning and the requesting site is responsible for securing my health information according to FIPPA and PHIA in any form.

(7) If additional testing for or treatment of a communicable disease within the scope of this document is conducted by occupational health or infection control of a healthcare institution, or by public health or another institution in the community, I agree that this information may be received/shared, within the parameters of confidentiality as required by applicable Acts/Legislation and only with minimum information necessary to address the issue.

(8) I understand that I should maintain my original and any copy of my information for my own records and future reference.

(9) I understand that my immune status record will be kept on a secure database system and at/after graduation I may request a printed copy from Health Services. I acknowledge that Health Services will not send or outline the information for future employers. I understand any paper information is not retained and shall be destroyed in a secure and confidential manner, consistent with accepted methods of disposal of health records. I can provide a self-addressed stamped envelope and this form will be returned to me.

(10) I understand I am responsible to ensure any and all ongoing, new or annual updates related to immunization are submitted to Red River College Health Services for inclusion on the secure electronic database without undue delay.

I have the right to not allow sharing of this information provided it presents no danger to public or personal health and safety as per PHIA
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