

College of Nursing University of Rhode Island

HEALTH POLICIES

Health and Immunization Requirements

As a nursing major, you must meet specific health and immunization requirements before you will be allowed to begin any of the clinical nursing courses. These requirements are a reflection of infection control policies in the health care agencies where the College of Nursing affiliates.

The responsibility for updating and completing your health records rests with you. If you do not have accurate information on your own health and illness history you can check with URI Health Services, your parents, or your family physician.

If, for any reason, you come in contact with or acquire any infectious diseases or a medical condition which may affect your health status, your performance in clinical, or your patients, please inform your nursing instructors. Also, seek assistance from Health Services and/or another health care provider.

Please complete the necessary information on the "Immunization Record" by the designated date of the semester that you take NUR 203 or NUR 246. Bring your completed form and attached documentation to class so the faculty can review the information with you. (Transfer students who receive credit for NUR 203 must bring/send their records before the first day of classes). You will be asked to update your PPD screening test and/or immunizations or supply more information at a later time to comply with additional health requirements. Please **make a copy of the health information you are submitting for your personal records**. Selected health information and immunization status may be shared with agencies at their request.

Failure to maintain up-to-date immunizations and CPR certification will result in exclusion from clinical courses.

Specific health and immunization information is required for the following:

TUBERCULOSIS (PPD Screening Test)

A specific screening test is required to determine exposure to TB. It is called the **Mantoux Test**. This is a tuberculin skin test that consists of an injection of a purified protein derivative (**PPD**) of the tubercle bacillus. The injected site is checked 48-72 hours after the injection for a positive reaction. If you have a positive reaction, submit documentation of a follow-up chest x-ray and any medical treatment. Documentation of a two-step PPD must be submitted with your health records, thereafter a yearly PPD is required, however some agencies may require a PPD every 6 months. A two-step PPD consists of the administration of two PPD injections within one year of each other.

If you received the BCG vaccine (often given in countries where TB is endemic) submit proof of vaccination. You may still receive the PPD testing, however the provider who reads the PPD results should know you received the BCG vaccine.

Measles, Mumps and Rubella (MMR)

Some of you may have obtained the MMR (measles, mumps, and rubella) immunization as a part of the University admission requirements. Two doses of the MMR vaccine fulfills the requirement for these diseases.

RUBELLA (German Measles)

Each student (male and female) **must** submit a certificate signed **by a licensed physician, nurse practitioner or his or her designee** after attesting that he/she has one of the following:

- a. been immunized against rubella **on or after age 15 months**; or
- b. had a Rubella Susceptibility Titer Test showing immunity (this is a blood test sent to a lab to determine if you are probably immune to rubella or not) or
- c. is not a fit subject for immunization due to medical reasons.

MEASLES (Rubeola)

You may have had the disease or you may have been immunized.

If you were born after January '57, you must show:

- a. proof of 2 doses of live vaccine, proof of disease or
- b. proof of titer, see above.

If you were born before January '57, you must show:

- a. proof of disease or
- b. proof of titer.

If you were immunized before 1968 you must be re-immunized.

MUMPS

You may have had the disease or you may have been immunized.

If you were born after January '57, you must show:

- c. proof of 1 doses of live vaccine, proof of disease or
- d. proof of titer, see above.

If you were born before January '57, you must show:

- c. proof of disease or
- d. proof of titer.

If you were immunized before 1968 you must be re-immunized.

CHICKEN POX

You may have had the disease or you may have been immunized.

If you have had the disease, indicate this on the form with the year you had it.

If you have no history of the disease,
you will need:

- a. documentation of the date and results of a titer ***or***
- b. evidence of receiving ***two*** doses of the vaccine.

TETANUS and DIPHTHERIA (TD)

These immunizations are usually begun during childhood with additional administration of tetanus boosters later in childhood and throughout adulthood. Tetanus must have been done in the past 10 years. Please seek medical advice when updating this immunization.

HEPATITIS B VACCINATION

The risk of acquiring Hepatitis B for student nurses is lower than the risk for full-time clinical nurses. The consequences of acquiring Hepatitis B infection, however, are grave. The College of Nursing **requires** students in contact with patients receive Hepatitis B vaccine. In addition to being concerned about your safety, an increasing number of clinical agencies are developing requirements that all caregivers (including students) receive Hepatitis vaccine and/or titer. Information relative to the risks of acquiring Hepatitis follows this section. If a student declines the immunization the student is expected to sign a form stating he or she has read this information and is aware of the risk of acquiring Hepatitis B infection and submit the form to the instructor in NUR 203.

The University of Rhode Island Student Health Services will administer the Hepatitis vaccine series at a cost to the student of about \$150.00. The student, however, may receive the vaccine elsewhere. Health Services will do titers, also.

Hepatitis B Infection and Immunization

Background About Viral Hepatitis

Viral hepatitis, a highly contagious group of diseases, has become a major public health problem in the United States. Annually, approximately 500,000 new cases are reported to the Center for Disease Control.

Hepatitis B virus (HBV) accounts for 200,000 of the annually reported cases. Formerly known as serum hepatitis, it was once thought to be passed parenterally (through contaminated needles). We now know this disease can be spread through saliva, semen, vaginal secretions, and breast milk as well as through serum. This increases the risk of spread to babies (of infected mothers), spouses or sexual partners, recipients of blood

transfusions and health care workers such as dentists, physicians, laboratory personnel and nurses.

Of importance to health care workers is the fact that Hepatitis B is an insidious disease. The incubation period can be 45 - 160 days with an average of 60 - 120 days, so an infected individual may transmit the disease without having symptoms. Also 25% of HBV carriers or 1% develop chronic active hepatitis which is a debilitating disease that can cause cirrhosis, liver failure, cancer and death. The US currently has 400,000 - 800,00 carriers.

The risk of acquiring HBV infection is 5% for our general population. However, this figure can be as high as 100% in high risk groups. Health care workers with frequent blood contact are considered to be in an intermediate risk category with a 15 - 30 % positive HBV serology rate. Health personnel, including nurses with infrequent blood contact, have a 3 - 10% chance of positive blood tests for HBV.

HBV Vaccines

There are currently 2 HBV vaccines. The first is Hepatitis B Immune Globulin (HBIG) which provides passive immunization. It provides immediate protection those knowingly exposed to the virus. The disadvantage is that passive immunity is short lived and would require monthly injections for permanent immunity.

Active immunity, on the other hand, is produced by introducing small inactivated amounts of the virus to stimulate the body's own immune system to produce antibodies. Three immunization injections are required for full immunity. Two injections are given one month apart and a third 5-7 months later will confer immunity in 80 - 95% of healthy adults. Research on length of immunity from vaccination is continuing; It is currently estimated that immunity from vaccination lasts about 9 years.

COLOR BLINDNESS TESTING

Our clinical agencies require proof that students and faculty have full color vision before they are allowed to perform testing that requires identification of colors to ensure the accuracy of findings, such as urine dipsticks. Results of color blindness testing (Ischara color test) should be included with your immunization record. Your own eye specialist, physician or nurse practitioner may test you. URI Health services will perform color blindness testing as well.