



## Faculty of Health

### IMMUNISATION GUIDELINES

Health care workers, including Nursing, Midwifery, Physiotherapy, Pharmacy, Nutrition and Dietetic students, have a professional responsibility to protect patients in their care from diseases that can be potentially transmitted in the health care setting. These diseases have been identified to be Diphtheria, Tetanus, Pertussis, Hepatitis B, Measles, Mumps, Rubella, Chicken Pox (varicella-zoster), Tuberculosis and Influenza (Australian Immunisation Handbook, 9<sup>th</sup> Edition<sup>1</sup>) in ACT and NSW health facilities. The Faculty of Health advocates for adequate protection of students and the community through immunisation. Student health care workers must ensure they comply with the following guidelines:

1. The Record of Immunisations (Attachment 1) is circulated to all students when offered a place in B of Nursing, B of Midwifery, M of Physiotherapy, M of Pharmacy, GD of Dietetics and M of Nutrition & Dietetics.
2. Cost of vaccinations is to be met by the student.
3. Students must provide documentation of one dose of adult Diphtheria, Tetanus, Pertussis (dTpa) vaccine, often referred to as Boostrix.
4. Students must provide documented evidence of a completed, age appropriate, course of hepatitis B vaccine **and** documented evidence of hepatitis B antibody titre is greater than 10mIU/ml (Australian Immunisation Handbook, 9<sup>th</sup> Edition). If the antibody titre is less than 10mIU/ml it is advise that students undergo a further two 'booster' vaccinations and re-test serology.
5. Students must have documented evidence of 2 doses of MMR vaccine at least one month apart; **or** documented evidence of positive IgG for Measles, Mumps and rubella.
6. Students must have a history of chickenpox **or** documentation of physician-diagnosed shingles; **or** documented evidence of a positive varicella IgG; **or** documented evidence of age appropriate varicella vaccination.
7. Tuberculosis testing will be undertaken by students at an accredited facility. In the ACT this is the Department of Thoracic Medicine, The Canberra Hospital. For accredited facilities in other states and territories please go to: your discipline Moodle site or see the clinical placement administrator.
8. Students who choose not to vaccinate must take responsibility for their decision and sign a 'non-consent' form, after discussion with the unit convener about their decision (non-consent form is available from the Clinical Placement Office 12D27). Signing a non-consent form does not preclude the student from having the recommended vaccinations in the future. Health facilities are under no obligation to accommodate a student on placement prior to receiving satisfactory evidence of a student having any required immunisations, as specified above. Therefore, if a student has chosen to not vaccinate they may be excluded from clinical placement.
9. Return the Immunisation Schedule form to the Clinical Placement Office when completed.  
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Approved: Faculty of Health Clinical and Field Placement Review Committee  
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<sup>1</sup> The Australian Immunisation Handbook, 9<sup>th</sup> Edition (2003) NHMRC: Canberra



### Immunisation Schedule: Nursing, Midwifery and Allied Health Students

- Nursing       Pharmacy       Physiotherapy       Midwifery  
 Dietetics       Medical Science       Forensics       Clinical Psychology

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Students are advised to discuss vaccination options with their medical practitioner

| Vaccine  | Brand of vaccine, Batch No. | Serology Test Date | Results of Serology | Date Vaccine Given |               |     |               |     |               | Immunisation Certificate(s) Sighted (if applicable) initial | Vaccination/Immunity completed – signed by Medical Officer/Nurse | Extra documentation required  |
|--|-----------------------------|--------------------|---------------------|--------------------|---------------|-----|---------------|-----|---------------|---|--|-------------------------------|
|  |                             |                    |                     | 1st                | MO to initial | 2nd | MO to initial | 3rd | MO to initial |   |  |                               |
| Combined adult diphtheria/tetanus and pertussis (whooping cough) |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |
| Hepatitis B  |                             |                    |                     |                    |               |     |               |     |               |   |  | Please attach Serology Report |
| Combined Hepatitis A and Hepatitis B                             |                             |                    |                     |                    |               |     |               |     |               |   |  | Please attach Serology Report |
| Measles  |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |
| Mumps  |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |
| Rubella  |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |
| Chicken Pox  |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |
| Influenza (Annual vaccination)                                   |                             |                    |                     |                    |               |     |               |     |               |   |  |                               |

Registered Medical Officer/Nurse Certification: I, \_\_\_\_\_ certify that the above named student has the required vaccinations/immunity.  
(name of medical officer/nurse – please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tuberculosis Screening – Must ONLY be performed at an accredited facility. in the ACT this is Dept. Thoracic Medicine. The Canberra Hospital**

Note: A TB test cannot be done within 4 weeks of MMR vaccine. Please attend for TB screening first if also having MMR

Please attach a copy of results received from Dept Thoracic Medicine.