



**Sutherland-Chan School of Massage Therapy
Policy and Procedures**

Vaccination and Personal Protective Equipment (PPE) Requirements

Effective Date: May 2017

Current Revision Date: June 2019

Introduction

The Sutherland-Chan Massage Therapy program has an extensive clinical component that provides our students the opportunity to grow their skills working with a variety of special populations both on and off site. These experiences help reinforce theoretical knowledge learned in the classroom and allow the students to practice their clinical decision making through treating people who have diverse health presentations.

Policy Statement

To help prevent the transmission of infectious disease among students and patients, Sutherland-Chan requires that its students meet specific immunity requirements. In addition, students must meet specific immunity and PPE requirements as established by the organizations, hospitals, and other health care settings we work within and from whom we receive referrals.

Communication and Distribution

This policy is given to all prospective students by the Admissions Department as part of the Registration Package. By signing their contracts, students acknowledge the receipt of, and that they will comply with, the policies included in the Package.

The Clinical Director will communicate any changes to vaccination and PPE requirements to the Admissions Department and to students immediately.

Vaccination Requirements

To attend school, students must meet Sutherland-Chan's vaccination requirements which are listed in Appendix A.1 of this Policy.

To attend Specialty Clinics, students must meet the site's vaccination and PPE requirements listed in Appendix A.2 of this Policy. Specialty Clinic vaccination and PPE requirements are reviewed with each site annually as part of the scheduling process.

The specific protocols required to demonstrate immunity are listed in Appendix B of this Policy.

Note: To be considered immune against some infections (e.g., hepatitis B), multiple vaccination doses may be required over several weeks. Students must therefore start these immunizations early to ensure that they are considered immune by the required time.

Note: Some tests (e.g., TB) must be updated annually. It is the student's responsibility to ensure their status is current and that the required documentation has been submitted.

Exemptions

Students may apply for exemption from receiving vaccinations for health reasons or due to conscience or religious belief.

Reasons for a health exemption can include but are not limited to, students who:

- are immunocompromised
- are pregnant
- have had a severe allergic reaction to a previous vaccination

In all cases, formal documentation (i.e. from your family doctor) must be submitted to the Clinical Director for review.

Students who apply for exemption from receiving vaccinations due to conscience or religious belief must submit their requests, with formal documentation (e.g., from a religious leader) to the Clinical Director for review.

In all submissions, the Clinical Director will decide if an exemption is granted for the Sutherland-Chan vaccination requirements. For off-site Specialty Clinics, the individual sites will decide if an exemption is granted.

Documentation

Students must submit documentation indicating that they meet immunity requirements as outlined in Appendix B of this Policy.

Acceptable documentation: the Evidence of Immunity & Health Screening Form included in this Policy or legible, dated, and signed documentation from a physician or delegated health professional.

Documentation must be completed and signed by a physician or delegated health professional and must be submitted to the Clinical Director by the commencement of the program.

The school will keep this documentation in each student's file.

Students are required to keep a copy of any documentation for their personal records.

Consequences For Not Meeting the Sutherland-Chan Requirements

Students who do not meet the vaccination requirements listed in Appendix A.1 of this Policy (or have not been granted an exemption) as of the commencement of the program will not be allowed to attend classes until the requirements are met. Students who miss a significant amount of school may not be allowed entry into the program as per the *Deadlines/Important Dates* policies in the *Evaluation & Standards Policy*. In special circumstances, a deadline may be extended at the discretion of the Clinical Director.

Consequences For Not Meeting the Off-Site Specialty Clinic Requirements

Students who do not meet the vaccination and PPE requirements of the Specialty Clinic site listed in Appendix A.2 of this Policy (or have not been granted an exemption) will not be allowed to attend that Specialty Clinic until the requirements are met. Students denied entry to the site will be marked absent.

Note: The Term 3 Hospital Specialty Clinic is a mandatory clinic. Students who are unable to complete this clinic because they are unable to meet the hospital's vaccination or PPE requirements (or have not been granted an exemption by the hospital), cannot complete the program.

In some cases, students who do not get a *recommended* vaccination may be allowed entry to their Specialty Clinic but may have conditions imposed by that Specialty Clinic site. **However, these conditions may change and entry that was previously allowed may be denied.** For example, students who are not vaccinated against influenza may be allowed at a hospital if they wear a N95 mask but if there is an influenza outbreak, they will NOT allowed on site. Students denied entry to the site will be marked absent.

The consequences of Specialty Clinics absences are addressed in the *Specialty Clinic Absences* section of the *Clinical Handbook*.

Failure of a Specialty Clinic not meeting the vaccination or PPE requirements is not grounds for appeal.

Fees

All costs associated with vaccinations, PPE testing, and/or documentation are the responsibility of the student.

Appendix A – Required and Recommended Evidence of Immunity
Sutherland-Chan School

A.1 – Requirements for Entry Into the Program

Required Vaccinations/Evidence	Recommended Vaccinations
<ul style="list-style-type: none">• negative TB skin test• Measles, Mumps, Rubella• Varicella	<ul style="list-style-type: none">• Influenza (seasonal)• Tetanus, Diphtheria, Pertussis

A.2 – Requirements for Entry Into 2nd Year Specialty Clinics

Required Vaccinations/Evidence	Recommended Vaccinations
<ul style="list-style-type: none">• negative TB skin test (done annually)• Measles, Mumps, Rubella• Varicella• Hepatitis B*• mask fit testing[#]	<ul style="list-style-type: none">• Influenza• Tetanus, Diphtheria, Pertussis

* This vaccination requires multiple doses at specific intervals. Time your vaccinations accordingly to ensure you meet the requirements at the start of 2nd year clinics.

Information about mask fit testing will be circulated by the Clinical Director at least two months prior to the start of Term 3.

Last reviewed: June 2019

Appendix B – Evidence of Immunity Protocols

Tuberculin skin testing (TST)

- I. negative two-step TST (required for any student whose TST status is unknown or who had a negative single-step TST > 12 months ago OR
- II. two negative single-step TST tests in the past (<12 months apart) OR
- III. one negative single-step TST within the last 12 months

One chest x-ray is required if the TB skin test becomes positive (>10 mm induration)

Measles

- I. lab evidence of immunity (serum measles IgG) OR
- II. documentation of 2 doses of live measles vaccine (e.g. MMR) on or after 1st birthday

Rubella

- I. born before 1957 OR
- II. lab evidence of immunity (serum rubella IgG) OR
- III. documentation on or after (e.g. MMR) of immunization with live rubella vaccine 1st birthday

Mumps

- I. lab evidence of immunity (serum mumps IgG) OR
- II. documentation of 2 doses of mumps vaccine (or MMR vaccine) on or after 1st birthday

Varicella

- I. lab evidence of immunity (serum VZV IgG) OR
- II. history of disease (chicken pox or shingles) OR
- III. varicella vaccine (2 doses required)

Hepatitis B

- I. lab evidence of immunity (anti-Hbs)
- II. documentation of 2+ doses of hepatitis vaccine (2-3 doses depending on vaccine administered)

Diphtheria/Pertussis/Tetanus

- I. Adacel (Tdap) vaccine 10 years current

Influenza

- I. in an outbreak, non-immunized learners will not be able to continue in clinic until 14 days after obtaining immunization (unless there is a documented medical contraindication) OR
- II. earlier if the student takes appropriate antiviral prophylaxis



Evidence of Immunity & Health Screening Form Vaccinations & Screening

SECTION 1: PERSONAL INFORMATION (COMPLETED BY THE STUDENT)		
Student Name	Date of Birth	Student #
_____	<div style="text-align: center;"> / / (dd / mm / yyyy) </div>	_____
<p>I authorize Sutherland-Chan to provide a copy of this form to each of my Specialty Clinic sites for the purpose of clinical placement.</p>		
_____	<div style="text-align: center;"> / / DD / MM / YY </div>	
Student Signature		

Note to the Student: Documentation must be completed and signed by a physician, or delegated health professional, and must be submitted to the Clinical Director no later than the first day of the commencement of the program. You are required to keep a copy of this form for your personal records.

SECTION 2: COMMUNICABLE DISEASES & EVIDENCE OF IMMUNITY (COMPLETED BY THE HEALTHCARE PROVIDER)
<p>For the purposes of clinical placements in the massage therapy program, students must provide proof that they are in compliance with the communicable disease surveillance protocols, as specified in the Public Hospitals Act and as adopted by the individual sites (e.g., retirement homes, hospitals). Specialty Clinic sites have the right to refuse entry to students who have not met their immunization requirements.</p>
<p>Please assist us by completing both pages of this form. If your patient is unable to receive a required vaccination or chest X-ray, please attach a detailed explanation of exclusion.</p>

1. Measles, Mumps, Rubella (MMR)		MANDATORY															
Documentation of 2 doses of MMR vaccination <u>OR</u> laboratory evidence of immunity <u>OR</u> born < 1957 (rubella only)																	
Date of 1st dose	Date of 2nd dose	Lab evidence of immunity															
<div style="text-align: center;"> / / (dd / mm / yyyy) </div>	<div style="text-align: center;"> / / (dd / mm / yyyy) </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Measles</td> <td style="width: 33%; padding: 5px;">Mumps</td> <td style="width: 33%; padding: 5px;">Rubella</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> reactive (immune)</td> <td style="padding: 5px;"><input type="checkbox"/> reactive (immune)</td> <td style="padding: 5px;"><input type="checkbox"/> reactive (immune)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> indeterminate</td> <td style="padding: 5px;"><input type="checkbox"/> indeterminate</td> <td style="padding: 5px;"><input type="checkbox"/> indeterminate</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> non-reactive</td> <td style="padding: 5px;"><input type="checkbox"/> non-reactive</td> <td style="padding: 5px;"><input type="checkbox"/> non-reactive</td> </tr> <tr> <td></td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> born before 1957</td> </tr> </table>	Measles	Mumps	Rubella	<input type="checkbox"/> reactive (immune)	<input type="checkbox"/> reactive (immune)	<input type="checkbox"/> reactive (immune)	<input type="checkbox"/> indeterminate	<input type="checkbox"/> indeterminate	<input type="checkbox"/> indeterminate	<input type="checkbox"/> non-reactive	<input type="checkbox"/> non-reactive	<input type="checkbox"/> non-reactive			<input type="checkbox"/> born before 1957
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<input type="checkbox"/> non-reactive	<input type="checkbox"/> non-reactive	<input type="checkbox"/> non-reactive															
		<input type="checkbox"/> born before 1957															

2. Varicella (Chicken Pox)		MANDATORY						
Laboratory evidence of immunity <u>OR</u> documentation of 2 doses of the varicella vaccine <u>OR</u> history of infection								
Date of 1st dose	Date of 2nd dose	Lab evidence of immunity						
<div style="text-align: center;"> / / (dd / mm / yyyy) </div>	<div style="text-align: center;"> / / (dd / mm / yyyy) </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> reactive (immune)</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> confirmed</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> indeterminate</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> non-reactive</td> <td></td> </tr> </table>	<input type="checkbox"/> reactive (immune)	<input type="checkbox"/> confirmed	<input type="checkbox"/> indeterminate		<input type="checkbox"/> non-reactive	
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3. TUBERCULOSIS SCREENING (MANTOUX)**MANDATORY**

Negative Two-Step test **OR** Negative One-Step test within the last 12 months with documentation of a previous Two-Step test
 If a TB test is positive, (10 mm. or more induration), then a Negative Chest X-ray within the last 12 months is required.

Step 1		Step 2		Chest X-ray
Date Given	Date Read	Date Given	Date Read	
/ /	/ /	/ /	/ /	Date:
(dd / mm / yyyy)	(dd / mm / yyyy)	(dd / mm / yyyy)	(dd / mm / yyyy)	Result:
Induration mm		Induration mm		

4. HEPATITIS B**MANDATORY**

Laboratory evidence of immunity (anti-Hbs) **OR** documentation of 2+ doses of the hepatitis vaccine

Date of 1 st dose	Date of 2 nd dose	Date of 3 rd dose	Lab evidence of immunity
/ /	/ /	/ /	<input type="checkbox"/> reactive (immune) <input type="checkbox"/> indeterminate <input type="checkbox"/> non-reactive
(dd / mm / yyyy)	(dd / mm / yyyy)	(dd / mm / yyyy)	

5. DIPHTHERIA, TETANUS, PERTUSSIS**OPTIONAL**

One adolescent/adult dose of Adacel (Tdap) vaccine is recommended every 10 years

DATE OF LAST VACCINATION
_____ (dd / mm / yyyy)

6. INFLUENZA**OPTIONAL**

Some sites may place conditions on students without vaccination. In the event of an outbreak, students without vaccination may not be allowed on site.

DATE OF VACCINATION
_____ (dd / mm / yyyy)

Name of Healthcare Provider: _____

Address and Phone # or stamp: _____

Signature of Healthcare Provider: _____

Date of Form Completion: _____



Evidence of Immunity & Health Screening Form

TB Screening Update

SECTION 1: PERSONAL INFORMATION (COMPLETED BY THE STUDENT)		
Student Name _____	Date of Birth ____/____/____ <small>(dd / mm / yyyy)</small>	Student # _____
<p>Note to the Student: Documentation must be completed and signed by a physician, or delegated health professional, and <u>must be submitted to the Clinical Director no later than 30 days prior to the expiration of previous TB skin test.</u></p> <p>I authorize Sutherland-Chan to provide a copy of this form to each of my Specialty Clinic sites for the purpose of clinical placement.</p>		
Student Signature _____	_____ <small>DD / MM / YY</small>	

SECTION 2: TUBERCULOSIS SCREENING (MANTOUX) UPDATE (COMPLETED BY THE HEALTHCARE PROVIDER)
<p>For the purposes of clinical placements in the massage therapy program, students must provide proof that they are in compliance with the communicable disease surveillance protocols, as specified in the Public Hospitals Act and as adopted by the individual sites (e.g. retirement home, hospitals). Specialty Clinic sites have the right to refuse entry to students who have not met their immunization requirements.</p> <p>Please assist us by completing this form. If your patient is unable to complete this requirement, please attach a detailed explanation of exclusion.</p>

TEST RESULTS	MANDATORY																							
Negative Two-Step test OR Negative One-Step test within the last 12 months with documentation of a previous Two-Step test If a TB test is positive, (10 mm. or more induration), then a Negative Chest X-ray within the last 12 months is required.																								
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Result:																								

Name of Healthcare Provider:	_____
Address and Phone # or stamp:	_____

Signature of Healthcare Provider:	_____
Date of Form Completion:	_____