



**Sutherland-Chan Schools Inc., *operating as***  
**Sutherland-Chan School of Massage Therapy**

## **Vaccination and Personal Protective Equipment (PPE) Policy and Requirements**

### **Introduction**

The Sutherland-Chan School of 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 onsite and offsite. These experiences help reinforce theoretical knowledge learned in the classroom and allow 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 (S-C) requires that its students meet certain immunity requisites. In addition, students must meet immunity and PPE requirements as specifically established by the organizations, hospitals, and other health care settings that provide offsite student placements 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 S-C Acceptance Package. By signing their contracts, students acknowledge the receipt of, and that they will comply with, the policies included in the Package.

The Education Services Coordinator (CESC) will communicate any changes to vaccination and PPE requirements to the Admissions Department and to current students in a timely fashion.

### **Vaccination Requirements**

To attend school, beginning on their program commencement date, students must meet S-C's vaccination requirements as listed in Appendix A.1 of this Policy.

To participate in offsite Specialty Clinics, students must meet the 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 and are subject to change at each site's discretion.

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, COVID), multiple vaccination doses may be required over several weeks. Prospective 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.*

### **COVID-Specific Requirements**

Sutherland-Chan School of Massage Therapy requires its students to be fully vaccinated against COVID before arriving for the first day of school. Fully vaccinated in Ontario is currently defined as at least 14 days after receiving the last of the required number of doses, currently two, of a Health Canada approved vaccine.

Proof of COVID vaccination is a condition of enrolment and must be submitted to the Admissions Coordinator (AC) before enrolment will be finalized, unless the person qualifies for exemption (see below).

### **Exemptions**

Students may apply for exemption from receiving vaccinations for health reasons, or due to conscience or religious belief. *It should be noted that some of these reasons have been specifically excluded by the Ontario government as bases for not being vaccinated against COVID.*

Individuals who apply for exemption from receiving vaccinations due to conscience or religious belief must submit their request, in writing, with formal documentation (e.g., from a religious leader).

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
- have a diagnosed health condition that may make vaccination unsafe or ill-advised
- for COVID, documentation that the person has been infected within the past 90 days and therefore cannot receive a required vaccination until after the 90-day time frame

In all such cases, formal documentation (e.g., from your family doctor or similar qualified health professional) must be submitted for review: 1) to the Admissions Coordinator if you are in the admissions process; **or** 2) to the CESC if you are a current student.

The Education Team will decide whether an exemption is granted for S-C onsite clinic requirements. For offsite Specialty Clinics, the individual sites will decide whether to grant an exemption for access to their facility.

### **Documentation**

Prospective students must submit documentation stating that they meet immunity requirements as outlined in Appendix B of this Policy. It must be completed and signed by a physician or delegated health professional and must be submitted to the Admissions Coordinator by the commencement of the program.

Acceptable documentation includes:

- the Evidence of Immunity & Health Screening Form included in this policy, **or**
- legible, dated, and signed documentation from a physician or delegated health professional
- for COVID, PDF or paper copy of electronic receipts received by email, with QR coding

The school will keep this documentation in each student's file, and students are required to keep a copy of any such documentation in their personal records.

### **Consequences of Not Meeting S-C Onsite Clinic Requirements**

Students who do not meet the vaccination requirements listed in Appendix A.1 of this policy, and have not been granted an exemption, 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* stipulations in the *Evaluation & Standards Policy*.

In special circumstances, a deadline may be extended at the discretion of the AC or CESC.

### **Consequences of Not Meeting Offsite Specialty Clinic Requirements**

Students who meet S-C onsite requirements but do not meet vaccination and/or PPE requirements of a Specialty Clinic as listed in Appendix A.2 of this Policy, and have not been granted an exemption, will not be allowed to attend that Specialty Clinic until the requirements are met.

Students denied entry to a site will be marked absent. According to the Specialty Clinic Absences section in the *Clinical Handbook*, a student who exceeds two absences per clinical rotation will fail that Specialty Clinic. Consequences of failing a Specialty clinic are elaborated in that document.

*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, and have not been granted an exemption by the hospital, will fail and cannot complete the S-C diploma 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 the 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 an N95 mask, but if an influenza outbreak occurs, they will no longer be allowed entry to the site. Students denied entry for this reason will be marked absent.

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

### **Fees**

Any costs related to vaccinations, PPE testing, and documentation are the responsibility of the student.

## Appendix A: Required and Recommended Evidence of Immunity Sutherland-Chan School of Massage Therapy

### A.1 – Requirements for Entry Into the Program

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

### A.2 – Requirements for Entry Into 2<sup>nd</sup> Year Specialty Clinics

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

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

<sup>#</sup> Information about mask fit testing will be circulated by the CESC in a timely fashion prior to the start of Term 3.

## **Appendix B: Evidence of Immunity Protocols**

### **Tuberculin skin testing (TST)**

- 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
- two negative single-step TST tests in the past (<12 months apart), OR
- 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**

- lab evidence of immunity (serum measles IgG), OR
- documentation of 2 doses of live measles vaccine (e.g. MMR) on or after 1<sup>st</sup> birthday

### **Rubella**

- born before 1957, OR
- lab evidence of immunity (serum rubella IgG), OR
- documentation on or after (e.g. MMR) of immunization with live rubella vaccine 1<sup>st</sup> birthday

### **Mumps**

- lab evidence of immunity (serum mumps IgG), OR
- documentation of 2 doses of mumps vaccine (or MMR vaccine) on or after 1<sup>st</sup> birthday

### **Varicella**

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

### **Hepatitis B**

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

### **Diphtheria/Pertussis/Tetanus**

- Adacel (Tdap) vaccine 10 years current

### **Influenza**

- 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
- 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 # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

I authorize Sutherland-Chan to provide a copy of this form to each of my Specialty Clinic sites for the purpose of clinical placement.

Student Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

*Documentation must be completed and signed by a physician, or delegated health professional, and must be submitted to the Admissions Coordinator no later than the first day of the commencement of the program, unless otherwise stated. You are required to keep a copy of this form in your personal records.*

### SECTION 2: COMMUNICABLE DISEASES & EVIDENCE OF IMMUNITY (COMPLETED BY THE HEALTHCARE PROVIDER)

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 school and individual placement sites (e.g., retirement homes, hospitals). Specialty Clinic sites have the right to refuse entry to students who have not met their immunization requirements.

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 for the exclusion.

#### 1. Measles, Mumps, Rubella (MMR)

**MANDATORY**

Documentation of 2 doses of MMR vaccination **OR** laboratory evidence of immunity **OR** born < 1957 (rubella only)

Date of 1 <sup>st</sup> dose	Date of 2 <sup>nd</sup> dose	Lab evidence of immunity		
_____/_____/_____ (dd / mm / yyyy)	_____/_____/_____ (dd / mm / yyyy)	<b>Measles</b> <input type="checkbox"/> reactive (immune) <input type="checkbox"/> indeterminate <input type="checkbox"/> r non-reactive	<b>Mumps</b> <input type="checkbox"/> reactive (immune) <input type="checkbox"/> indeterminate <input type="checkbox"/> non-reactive	<b>Rubella</b> <input type="checkbox"/> reactive (immune) <input type="checkbox"/> indeterminate <input type="checkbox"/> non-reactive <input type="checkbox"/> born before 1957

#### 2. Varicella (Chicken Pox)

**MANDATORY**

Laboratory evidence of immunity **OR** documentation of 2 doses of the varicella vaccine **OR** history of infection

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

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

**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 LAST VACCINATION**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(dd / mm / yyyy)

**7. COVID-19 Vaccinations****MANDATORY**

Documentation of recommended doses

Date of 1 <sup>st</sup> dose	Date of 2 <sup>nd</sup> dose	Vaccine name		City administered
		Dose 1	Dose 2	
/ /	/ /			
(dd / mm / yyyy)	(dd / mm / yyyy)			

If applicable, date(s) of additional doses: \_\_\_\_\_

Name of Healthcare Provider: \_\_\_\_\_

Stamp (if preferred): \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Student # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

**Note to Student:** Documentation must be completed and signed by a physician or delegated health professional and must be submitted to the OSAP & Student Records Coordinator (OSRC) no later than 30 days prior to the expiration of the previous TB skin test.

I authorize Sutherland-Chan to provide a copy of this form to each of my Specialty Clinic sites for the purpose of clinical placement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

### SECTION 2: TUBERCULOSIS SCREENING (MANTOUX) UPDATE (COMPLETED BY THE HEALTHCARE PROVIDER)

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 school and 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.

Please assist us by completing this form. If your patient is unable to complete this requirement, please attach a detailed explanation for the exclusion.

#### 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.

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

Name of Healthcare Provider: \_\_\_\_\_

Stamp (if preferred): \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

\_\_\_\_\_

Signature of Healthcare Provider: \_\_\_\_\_ Date of Form Completion: \_\_\_\_\_