Fairleigh Dickinson University Nursing Students
Student Health Services Metropolitan Campus

Medical Compliance Requirements

PURPOSE

All nursing students are required to comply with FDU, New Jersey Department of Health and Senior Services (NJDHSS), Clinical Site, and School of Nursing medical records requirements in order to prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases among FDU students, patients and other persons. This document details the specific medical record requirements of a nursing student.

MEDICAL REQUIREMENT RESPONSIBILITIES

All nursing students (including BSN, MSN and DNP) are held responsible to submit all pertinent medical records to FDU Student Health Services, Metropolitan Campus, prior to starting classes as a nursing major. Subsequent annual requirements must be completed and submitted before the Fall semester begins. Students may not attend clinical if they are not medically compliant.

NURSING STUDENTS HEALTH CLEARANCE CONSISTS OF:

- Complete Physical Exam, Student Profile, Medical History and Meningitis Response Forms
- Measles, Mumps, Rubella, Varicella and Hepatitis B blood titer reports showing immunity
- Meningococcal vaccine
- Adult Tdap
- Annual Influenza vaccine
- Two-step Mantoux skin test for tuberculosis

HISTORY AND PHYSICAL

A standard health history and physical must be performed by a health care professional (MD, DO, or APN) upon entrance to FDU and then submitted annually before the beginning of Fall semester.

MEASLES, MUMPS, and RUBELLA (MMR)

Nursing students will be considered immune to Measles, Mumps, and Rubella only if he/she can demonstrate serologic (laboratory) evidence of immunity with titers. When a serology report for measles, mumps, or rubella indicates a non-immune or equivocal status, the student must have 2 doses of the vaccine at least 30 days apart. A repeat titer must be drawn 1-2 months after the second dose.

VARICELLA

Nursing students will be considered immune to Varicella (chicken pox) only if he/she can demonstrate serology (laboratory) evidence of Varicella immunity with titers. Documentation of clinical Varicella (history of chicken pox disease) is no longer acceptable.

All students with negative (non-immune) Varicella titers who cannot document being appropriately vaccinated must be vaccinated prior to beginning clinical unless the student’s physician determines that the vaccine is medically contraindicated. Two doses of the Varicella vaccine given 4 to 8 weeks apart are required for the adult. These students must have repeat Varicella titers drawn 1-2 months after second dose of vaccine.
Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

HEPATITIS B VACCINATION

Hepatitis B vaccine includes 3 doses of the vaccine—the first is given when requested (dose #1), dose #2 is due 1 month after, and dose #3 can be given between 4-6 months after Dose #1. Post-immunization antibody titers must be drawn between 1-2 months following dose #3.

All nursing students shall begin immunization against Hepatitis B virus (HBV) prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If a student cannot complete the full three-dose series of immunizations prior to enrollment or matriculation, at least one dose of vaccine must be taken prior to commencing any activities with any risk of exposure.

If a student tests negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization must be performed. Non-responders to a primary series of immunizations need to receive a booster dose of Hepatitis B and then have another titer drawn after 1-2 months. If the HBsAb is still negative at that time then one is considered a non-responder and should be considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current Center for Disease Control (CDC) recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact to determine the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by the FDU SHSMetro Medical Director or designated individual or individuals who may consult with infectious disease experts with knowledge of the most current information and recommendations of groups such as CDC, and national professional and education organizations. If enrolled under these circumstances, students may be restricted in their clinical activities. Enrollment and continuing enrollment of students who are potentially infectious for hepatitis B are contingent upon their ability to perform all essential functions required for matriculation and completion of the curriculum of the degree program.

MENINGOCOCCAL VACCINE

As a requirement of NJDHSS, all FDU resident students are required to receive this vaccine within 5 years of assuming residency at FDU. It is strongly recommended that commuter nursing students be vaccinated for meningococcal meningitis to protect from exposure to, or dissemination of the meningococcal bacteria to any patients, staff, students or other persons. Submit documented proof of MCV4 for all nursing majors ≤55 years of age and MPSV4 for those nursing students >55 years of age

ADULT Tdap VACCINE

A one-time dose of Tdap is required of all nursing students who have not received Tdap previously, regardless of when the last Td booster was received, unless medically contraindicated. Td boosters are then administered every 10 years thereafter.
INFLUENZA

Nursing students must be immunized annually during the fall season with that season’s currently recommended influenza vaccine unless medically contraindicated. If the vaccine is not received, the student will be required to sign a waiver and will be obligated to wear a mask while in the healthcare environment.

TB (MANTOUX) SKIN TEST

Each student must undergo TB skin testing using the Mantoux method (5 tuberculin units of purified protein derivative (PPD) injected intradermally) by the two-step method. All PPD’s must be read by a qualified health care professional 48-72 hours after placement. Results must be recorded in mm of induration. Self-reading is not permitted.

The two-step method must be used in order to detect boosting phenomena that might be misinterpreted at a subsequent testing as a skin-test conversion (new infection). Under the two-step method, a second test is performed 1-3 weeks after the first test. If the second test is positive, this is most likely a boosted reaction and not a skin-test conversion, and the student should be considered previously infected and cared for accordingly.

Students with a history of BCG (Bacilli Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to PPD testing, and because anyone with a history of BCG with a positive PPD test result is considered infected with TB and is treated accordingly. Students who have initial positive PPD test results, subsequent PPD test conversions or symptoms suggestive of TB must be evaluated promptly for active TB.

Definition of a Positive Mantoux skin test:

1. If the PPD is 5-9 mm of induration and the student is known to have had recent close contact with someone infected with active TB, the test is considered positive.

2. If the test is equal to or greater than 10 mm of induration the test is considered positive. A chest x-ray must be obtained. The student will be referred to the appropriate county TB Control Center for follow up. Students may elect private follow up care.

3. All positive PPD’s with negative chest x-rays are to be evaluated for INH prophylaxis. If the student fails to be seen by the TB control center or fails to present proof that they have been evaluated properly by their private physician they will be denied clinical clearance.

Many foreign countries still use BCG as part of their TB control programs, especially in infants. In a person vaccinated with BCG, sensitivity to tuberculin is highly variable, depending upon the strain of BCG used and the group vaccinated. There is no reliable method of distinguishing tuberculin reactions caused by BCG from those caused by natural infections. In a BCG-vaccinated person, a positive tuberculin reaction is an indication for further evaluation and medical therapy.

Subsequent annual PPD testing in the Fall semester is required for those with students negative test results while in the nursing program.

Students with a history of a positive PPD must submit their most recent radiologist’s report of a chest x-ray, a Pulmonary Tuberculosis Assessment Form and record of any treatment received from a qualified healthcare provider. Thereafter, on an annual basis, the nursing student will need to submit a Pulmonary Tuberculosis Assessment Form along with their annual physical exam prior to the start of each Fall semester.
MEDICAL EXEMPTIONS

If the student is claiming medical exemption related to a pregnancy or other medical contraindication, the student must provide FDU SHS Metro with documentation from your healthcare provider indicating the reason and time limitations that the vaccination is medically contraindicated. This exemption will be reviewed at the beginning of each semester. In some circumstances the student may not be able to complete clinical requirements due to a medical exemption.

SUMMARY OF NURSING STUDENT REQUIREMENTS FOR MEDICAL COMPLIANCE

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Type</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>Required</td>
<td>Initially, then annually before Fall semester</td>
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<tr>
<td>Proof of immunity to MMR</td>
<td>Required</td>
<td>Immune Titers Report Required</td>
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<tr>
<td>Proof of immunity to Varicella</td>
<td>Required</td>
<td>Immune Titer Report Required</td>
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<tr>
<td>Hepatitis B</td>
<td>Required</td>
<td>Immune Titer Report Required</td>
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<tr>
<td>Meningococcal Vaccine</td>
<td>Required of Residents/ highly recommended for commuters</td>
<td>Initially upon entrance</td>
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<tr>
<td>Adult Tdap</td>
<td>Required</td>
<td>Initially upon entrance</td>
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<tr>
<td>Influenza vaccine</td>
<td>Required</td>
<td>Annually in the Fall</td>
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<tr>
<td>TB Testing (Mantoux/PPD) (see info on page 3 if positive)</td>
<td>Required</td>
<td>2 step initially/ then annually by September</td>
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