

Practice Education Guidelines for BC Communicable Disease Prevention

July 2021

Intent / Purpose

- Protect public/private Post-Secondary Institutions' (PSI) Students and Educators from vaccine-preventable diseases and/or reduce the transmission of infection to others.
- Ensure registered PSI Students and Educators are protected to the same level expected of Workers within the practice education setting of Health Care Organizations (HCO).
- Identify the expectations for obtaining and reporting vaccine and immunity status for registered PSI Students and Educators in a broad range of healthcare disciplines (regulated and non-regulated).

Definitions

Also refer to: [Standard Terms and Abbreviations](#)

<i>Communicable disease</i>	"Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water." ¹
<i>Bloodborne disease</i>	"...caused by pathogenic microorganisms, which exist in blood and other body fluids. Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people...Bloodborne pathogens [...] can be transmitted through contact with the infected blood or other potentially infectious body fluids." ²
<i>Immunization</i>	When a person is made immune or resistant to an infectious disease, typically through administering a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. (Adapted from the World Health Organization ³)
<i>Contraindications/ Exceptions (related to Immunization and Testing)</i>	"...exemption from a specific immunization requirement for a medical or health condition [with] adequate documentation from a medical professional...". Examples: allergy to the specific vaccine, vaccine component, or tuberculin; pre-existing compromised immune system; pregnancy; specific medical condition or concern. ⁴
<i>Risk, Level of (related to exposure)</i>	<i>Low risk</i> ... workers who rarely come into contact with potentially infected people or materials. <i>Moderate risk</i> ... workers who rarely come into contact with infected people, but who may work in areas where infected people have been, or who handle potentially contaminated items (indirect contact). <i>High risk</i> ... workers who work directly with people who are or may be infected." ⁵

¹ World Health Organization: Regional Office for Africa. (2017). *Communicable Diseases Overview*. Retrieved August 8, 2019 from <https://www.afro.who.int/health-topics/communicable-diseases>

² BC Centre for Disease Control (BCCDC). (2021). *Bloodborne Diseases*. Retrieved on January 11, 2021 from <http://www.bccdc.ca/health-info/disease-types/bloodborne-diseases>

³ World Health Organization. (n.d.). *Immunization*. Retrieved February 18, 2019 from <https://www.who.int/topics/immunization/en/>

⁴ The Association of Medical Faculties of Canada (AFMC). (January 2017). *AFMC Student Portal Immunization and Testing Guidelines*. Page 6-7. Retrieved on February 18, 2019 from https://www.afmcstudentportal.ca/Content/pdf/AFMC_Immunization_Guidelines_2017.pdf

⁵ WorkSafeBC. (2009). *Controlling Exposure: Protecting Workers from Infectious Disease*. Pg. 32. Retrieved December 28, 2020 from <https://www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-protecting-workers-from-infectious-disease>

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*Risk Activities (related to tuberculosis)*⁶

Activities performed by health care workers that put them at risk for exposure to tuberculosis (TB)

High-risk activities:

- Cough-inducing procedures (such as sputum induction)
- Autopsy
- Morbid anatomy and pathology examination
- Bronchoscopy
- Mycobacteriology laboratory procedures, especially handling cultures of *M. tuberculosis*

Intermediate-risk activities

- Work requiring regular direct patient contact on units (such as emergency departments) where patients with respiratory TB disease may be present (includes work done by all health care workers)
- Work in pediatric units where patients with TB may be admitted
- Cleaning of rooms of patients with respiratory TB disease

Low-risk activities

- Work requiring minimal patient contact (such as clerical, reception and administration)
- Work on units where patients with respiratory TB disease are unlikely to be present

*Risk Facilities (related to tuberculosis)*⁷

Health care settings considered **low risk** for TB:

- Hospitals < 200 beds and < 3 active TB cases annually
- Hospitals ≥ 200 beds and < 6 active TB cases annually
- Long-term care facilities including homes for the aged, nursing homes, chronic care facilities, hospices, retirement homes, designated assisted living centres and any other collective living centre and < 3 active TB cases annually

Health care settings **not considered low risk** for TB:

- Hospitals < 200 beds and ≥ 3 active TB cases annually
- Hospitals ≥ 200 beds and ≥ 6 active TB cases annually
- Long-term care facilities (as listed above) and ≥ 3 active TB cases annually
- Infirmaries in correctional facilities and ≥ 3 active TB cases annually

Routine practices

"A comprehensive set of infection prevention and control measures that have been developed for use in the routine care of all patients at all times in all healthcare settings. Routine practices aim to minimize or prevent healthcare-associated infections in all individuals in the healthcare setting, including patients, healthcare workers, other staff, visitors and contractors."⁸

Examples of routine practices: education, hand hygiene, sharps safety, personal protective equipment, routine cleaning, safe handling of food⁹

Transmission

"The process whereby an infectious agent passes from a source and causes infection in a susceptible host."¹⁰

⁶ Government of Canada. (2014). *Canadian Tuberculosis Standards 7th Edition Chapter 15: Prevention and Control of Tuberculosis Transmission in Health Care and Other Settings, Section 4. Risk Classification*. Retrieved February 16, 2019 from <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html#tab1>

⁷ Ibid.

⁸ Public Health Agency of Canada. (November 2016). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*. Pg. 176. Retrieved August 8, 2019 from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

⁹ Ibid. Pg. 9 & 26.

¹⁰ Ibid. Pg. 176.

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Practice Education Guidelines

This guideline addresses the risk for exposure to communicable diseases that could occur as part of a practice education experience, except for the risks related to bloodborne disease which is addressed in Practice Education Guideline [Injury and Exposure During Practice Education Experience](#).

HCOs base their policies for immunization and communicable disease screening on existing current recommendations:

- Routine vaccines according to the routine schedule – See [BC Centre for Disease Control \(BCCDC\) Immunization Schedules](#)¹¹
- Vaccines for HCO Workers (including proof of immunity) – See [Canadian Immunization Guide](#)¹² Vaccination of Specific Populations, BCCDC [Recommended vaccines for health care workers](#)¹³, and HealthLinkBC [Health File #66: Immunization for Health Care Workers in BC](#)¹⁴
- TB Screening guidelines – See BCCDC [TB Screening and Testing](#)^{15,16}
- Immunization, screening, and protection during a public health emergency – See [BCCDC Student Practice Education Guidelines for Health-Care Settings during the COVID-19 Pandemic](#)¹⁷

When a practice education experience within a HCO setting is a PSI program and graduation requirement, PSIs inform prospective Students of:

- the level of risk in exposure to communicable diseases
- the screening expectations and recommended immunization for communicable diseases
- the possible consequences of being unvaccinated or not immune

¹¹ BCCDC. (October 2020) *Communicable Disease Control Manual Chapter 2: Immunization; Part 1 – Immunization Schedules*. Pg. 5-7. Retrieved December 8, 2020 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20-%20Imms/Part_1_Schedules.pdf

¹² Government of Canada. (2018). *Canadian Immunization Guide*. Retrieved February 16, 2019 from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

¹³ BCCDC. (June 2018) *Communicable Disease Control Manual Chapter 2: Immunization; Part 2 – Immunization of Special Populations: Health Care Workers*. Retrieved February 16, 2019 from <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20-%20Imms/Part2/HealthCareWorkers.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations>

¹⁴ HealthLinkBC. (March 2013). *Health File # 66: Immunization of Health Care Workers in B.C.* Retrieved February 18, 2019 from <https://www.healthlinkbc.ca/healthlinkbc-files/immunization-health-care-workers>

¹⁵ BCCDC. (October 2019). *Communicable Disease Control Manual; Chapter 4: Tuberculosis Section 4.0(a) – TB Screening & Testing*. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%20-%20TB/4.0a%20TB%20Screening%20and%20Testing.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>

¹⁶ Government of Canada. (2014). *Canadian Tuberculosis Standards 7th Edition Chapter 15: Prevention and Control of Tuberculosis Transmission in Health Care and Other Settings (4. Risk Classification)*. Retrieved February 16, 2019 from <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html#tab1>

¹⁷ BCCDC. (August 2020). *Student Practice Education Guideline for HealthCare Settings during the COVID-19 Pandemic*. Retrieved December 6, 2020 from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_StudentPracticeEducationGuidelineHCS.pdf on <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care>

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All Students with practice education experiences in any setting within HCOs are expected to follow the screening expectations and recommended immunizations of HCO Workers in that setting as set out in HCO policy.

Exception: Students in a practice education experience where there is **no possibility** of the Student coming into contact with potentially infected people or materials within the HCO (examples: a project completed remotely, a placement within a corporate office, a placement completed virtually).

All PSI Educators who supervise Students during practice education experiences in any setting within HCOs are expected to follow the recommended immunization and screening expectations of HCO Workers in that setting as set out in HCO policy.

PSI Students and Educators consult with their primary care provider about their vaccine and immunity status to ensure immunization history is up to date according to the [BC Centre for Disease Control \(BCCDC\) Immunization Schedules](#).¹⁸

PSI Students and Educators maintain a record of their vaccine and immunity status, including documentation of medical contraindications.

All PSI Students and Educators report their vaccine and immunity status to the PSI, including documentation of any medical contraindication:¹⁹

- before the start of the first practice education experience
- any time their vaccine and immunity status changes
- annually for seasonal vaccine-preventable illnesses

International Students who are not sponsored by a B.C. Public/Private PSI provide proof of vaccine and immunity status in English directly to the HCO Practice Education Coordinator before starting the practice education experience.

If source documents are not in English, provide English translation of proof of vaccine and immunity status done by a professional translation service provider.

¹⁸ BCCDC. (2020). *Communicable Disease Control Manual Chapter 2: Immunization; Part 1 – Immunization Schedules*. Pg. 4. Retrieved December 8, 2020 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_1_Schedules.pdf

¹⁹ Health Employers Association of BC. (December 2019). *Changes to Provincial Influenza Prevention Policy*. Retrieved December 29, 2020 from <http://www.phsa.ca/staff-resources-site/Documents/Occupational%20Health%20Documents/FAQ%20Amended%20provincial%20policy%202019.pdf> on <http://www.phsa.ca/staff-resources/staff-influenza-resources#Questions>

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PSI Students or Educators who test positive or know their status for a chronic bloodborne disease do not need to disclose but are expected to consistently perform standard infection prevention and control precautions to protect themselves and others in the practice education setting (see [PEG Orientation – Students](#); [PEG Orientation On-Site Post-Secondary Institution Educators](#)).

If access to tuberculosis (TB) screening services are temporarily suspended:²⁰

- Absence of a proof of screening should not hinder or obstruct Students from completing their education/training.
- PSIs consult the HCO about alternatives such as TB assessment and symptom check to rule out active TB disease, and limiting practice education to low risk activities/facilities.

In the event of a communicable disease outbreak in the HCO, all parties refer to the Practice Education Guideline [Communicable Disease Outbreaks](#).

²⁰ BCCDC. (October 2020). *Provincial Tuberculosis (TB) Services – Prioritization of Essential TB Care and Services in Response to the COVID-19 Pandemic*. Pg. 3. Retrieved December 8, 2020 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/TB/TBS%20External%20Communication_COVID.pdf on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>

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Specific Expectations for Practice Education^{21,22,23}

Vaccine	Expectation
Measles	<p>All born on or after January 1, 1957: Proof of 2 doses of vaccine or laboratory-evidence of immunity or laboratory-confirmed proof of measles in the past</p> <p>All born before 1957 have likely been infected naturally and are considered immune</p> <p>All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of measles in the past – Proof of up to 2 doses of vaccine given</p>
Mumps	<p>All born on or after January 1, 1957: Proof of acute case of mumps diagnosed by a physician with lab confirmation of acute disease, or if born:</p> <ul style="list-style-type: none"> - between 1957 and 1969 (inclusive): 1 dose of live mumps-containing immunization, or - on or after January 1, 1970: 2 doses of live mumps-containing immunization given at least 4 weeks apart on or after the first birthday <p>All born before 1957 have likely been infected naturally and are considered immune</p> <p>All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of mumps in the past: Proof of up to 2 doses of vaccine given</p>
Rubella	<p>All: Proof of 1 dose of vaccine or laboratory-confirmed proof of rubella in the past</p> <p>All who do not have proof of vaccine, laboratory-evidence of immunity, or confirmed proof of mumps in the past: Proof of up to 2 doses of vaccine given</p>
Varicella (Chickenpox)	<p>All: Proof of immunity by completion of age-appropriate vaccine series, or laboratory-confirmed varicella or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella if occurred before 2004</p> <p>All who do not have proof of vaccine, laboratory-confirmed varicella or herpes zoster after 12 months of age, or self-reported history of varicella or doctor diagnosed varicella occurring before 2004: Proof of 2 doses of vaccine given</p>
Tetanus	All: Every 10 years
Diphtheria	All: Every 10 years
Pertussis	All: Proof of vaccine (if not been previously immunized or immunization history is unknown), or proof of 1 dose booster (if immunized as a child)
Polio	<p>All: Proof of primary series of vaccines as a child</p> <p>Those at risk of exposure to human feces: booster 10 years after completion of primary series</p>

²¹ BCCDC. (2020). *Communicable Disease Control Manual; Chapter 2: Immunization Part 1 – Immunization Schedules*. Pg. 9-10. Retrieved December 8, 2020 from <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

²² Ibid. (2020). *Communicable Disease Control Manual; Chapter 2: Immunization Part 2 – Immunization of Special Populations: Health Care Workers*. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HealthCareWorkers.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations>

²³ HealthLinkBC. (March 2013). *Health File # 66: Immunization of Health Care Workers in B.C.* Retrieved February 18, 2019 from <https://www.healthlinkbc.ca/healthlinkbc-files/immunization-health-care-workers>

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Vaccine	Expectation
Hepatitis B	Those who could be exposed to blood or body fluids, or are at increased risk of sharps injury, bites or penetrating injuries Pre-vaccine screening and post-vaccine testing according to the BCCDC ²⁴
Influenza	All: Report to PSI annually if vaccinated or not. If not, expected to wear a medical mask in Patient Care Locations until influenza season is declared over by the Provincial Health Officer (Patient Care Locations include: any building, property, or site owned, leased, rented, or operated by the HCO where patients, residents, or clients are receiving care; and any patient/resident/client home or other location where PSI Student or Educator would interact with patient/resident/client as part of the practice education experience) ²⁵
Meningococcal	Those who could be routinely exposed to Neisseria meningitidis, such as in a clinical laboratory setting

Specific Expectation for Screening

Screening	Expectation
Tuberculosis	<p>Routine Screening: TB Health History plus Negative Tuberculin Skin Test (TST) or Two Step TST (for healthcare workers/second-credential students) dated within past 6 to 12 months of first practice education experience (unless a contraindication exists) <u>and</u> no new TB risk factor or no new signs or symptoms of TB present.^{26,27}</p> <p>Annual TST for those involved in intermediate or high risk activities and/or at intermediate or high risk facilities for TB.^{28,29,30,31}</p> <p>For those whose previous TST was positive, if risk of exposure has occurred:</p> <ul style="list-style-type: none"> - a negative chest X-ray within past 6 months of the first practice education placement if no TB signs or symptoms are present - a negative chest X-ray within past 3 months if immunocompromised (by administration of immunosuppressive therapy, malnutrition, or by some disease processes such as HIV infection) and no TB signs or symptoms are present³²

²⁴ BCCDC. (December 2017). *Communicable Disease Control: Hepatitis B Guidelines*. Pg. 21-22 Retrieved February 16, 2019 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CCDC/HepB_Guidelines.pdf

²⁵ Office of the Provincial Health Officer. (2019). *Amended Influenza Prevention Policy*. Government of BC. Victoria, BC. Retrieved December 6, 2020 from <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/influenza-information>

²⁶ BCCDC. (September 2020). *Communicable Disease Control Manual; Chapter 4: Tuberculosis Section 4.0(b) – TB Screening DST*. Pg. 4-5, 14. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0b%20TB%20Screening%20DST.pdf>

²⁷ Ibid. (October 2019). *Communicable Disease Control Manual; Chapter 4: Tuberculosis – Appendix A: Tuberculin Skin Testing Procedure*. Pg. 9. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/Appendix%20A.pdf>

²⁸ Ibid (2019). *Communicable Disease Control Manual; Chapter 4: Tuberculosis Section 4.0(a) – TB Screening & Testing*. Pg. 6. Retrieved December 8, 2020 from <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>

²⁹ Government of Canada. (2014). *Canadian Tuberculosis Standards 7th Edition Chapter 15: Prevention and Control of Tuberculosis Transmission in Health Care and Other Settings, Section 7.2 Personal Protection Controls within Hospitals: Screening for LTBI as Part of Infection Prevention and Control in Hospitals*. Retrieved February 16, 2019 from <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html#s7-2>

³⁰ Ibid. *Section 9. Prevention of Transmission of M. Tuberculosis Within Other Health Care Settings*. Retrieved on February 16, 2019 from <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html#s9>

³¹ Ibid. *Section 10. Prevention of Transmission of M. Tuberculosis Within Residential and Community Care Settings*. Retrieved on February 16, 2019 from <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html#s10>

³² BCCDC. (September 2020). *Communicable Disease Control Manual; Chapter 4: Tuberculosis Section 4.0(b) – TB Screening DST*. Pg. 10-11, 14.

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Roles, Responsibilities and Expectations

Post-Secondary Institutions

- Establish a policy regarding vaccine and immunity status reporting for Students and Educators, including roles and responsibilities for individuals who have tested positive for a bloodborne communicable disease (such as hepatitis and HIV).
- Communicate to prospective Students and Educators:
 - the expectation for documented evidence of screening and immunization histories that are consistent with the HCO expectations for immunization and screening of Workers
 - annual self-reporting of immunization status for influenza
 - the possible consequences and risks to self and others of non-immunity or being unvaccinated such as:
 - wearing a medical mask during influenza season
 - not going into a HCO practice education setting in the event of an exposure or outbreak of a vaccine-preventable communicable disease for the period of communicability until outbreak is declared over, such as a measles outbreak (see [PEG Communicable Disease Outbreaks](#))
 - not taking part in certain required learning experiences to complete the program of studies (example – doing activities or going to sites/facilities where there is a moderate to high level of risk of exposure)
 - possibly being exposed to preventable diseases
- Maintain a record of the Students' and Educators' vaccine and immunity status.
- Exclude Students and/or PSI Educators from the practice education experience until vaccine and immunity status is confirmed, up to date, or clarified.
- Ensure release of information is in accordance with privacy guidelines.
- Ensure Students or PSI Educators who test positive or know their status for a chronic bloodborne disease are aware they do not need to disclose but must know and consistently perform standard infection prevention and control precautions to protect themselves and others in the practice education setting.
- Provide education to all Students and Educators on routine practices, and relevant additional precautions as appropriate, for preventing and controlling the spread of infection.

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Students / PSI Educators

- Ensure vaccine and immunity status is current.
- Obtain additional vaccines and immunity status testing as requested by the PSI, unless a medical contraindication/exemption to immunization is present.³³
- When any contraindication/exemption is present, provide the PSI with proof from a medical professional (such as family doctor or nurse practitioner) of a medical contraindication.
- Maintain a record of vaccines and relevant test results (examples: [Immunize BC Immunization Record card](#), [CANImmunize.ca](#) app, or other individual-held records) as well as proof of any medical contraindications.³⁴
- Report vaccine and immunity status to the PSI, including proof of screening and vaccine history.
- Report vaccine and immunity status to the HCO, including proof of screening and vaccine history when requested.
- Follow standard infection prevention and control precautions at all times.
- Follow protocols and precautions to prevent disease transmission, as required.
- Report infectious or communicable disease exposures to the PSI according to PSI protocols (see [PEG Communicable Disease Outbreaks](#)).

Health Care Organizations

- Establish and communicate policies, standards, guidelines, and protocols aimed at minimizing the risks of communicable disease exposures and managing outbreaks.
- Communicate recommendations for screening and vaccines for PSI Students and Educators based on the recommended schedule for routine immunizations³⁵ and those recommended schedule for special populations.³⁶
- Provide PSI rationale for any screening or vaccine recommendations that are above and beyond the normal recommendations.
- Supply necessary personal protective equipment to PSI Students and Educators.

³³ AFMC. (January 2017). *AFMC Student Portal Immunization and Testing Guidelines*. Page 6. Retrieved February 18, 2019 from https://www.afmcstudentportal.ca/Content/pdf/AFMC_Immunization_Guidelines_2017.pdf

³⁴ BCCDC. (October 2020). *Communicable Disease Control Manual Chapter 2: Immunization; Part 1 – Immunization Schedules*. Pg. 4. Retrieved December 8, 2020 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_1_Schedules.pdf

³⁵ Ibid.

³⁶ Ibid. (2018) *Chapter 2: Immunization: Part 2 – Immunization of Special Populations: Health Care Workers*. Retrieved February 16, 2019 from <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HealthCareWorkers.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations>

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References and Resources

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- Ibid. (October 2019). *Chapter 4: Tuberculosis; Section 4.0(a): TB Screening & Testing*. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0a%20TB%20Screening%20and%20Testing.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>
- Ibid. (September 2020). *Chapter 4: Tuberculosis; Section 4.0(b): TB Screening DST*. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0b%20TB%20Screening%20DST.pdf> on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>
- Ibid. (October 2019). *Chapter 4: Tuberculosis – Appendix A: Tuberculin Skin Testing Procedure*. Pg. 9. Retrieved December 8, 2020 from <http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/Appendix%20A.pdf>
- Ibid. (December 2017). *Communicable Disease Control: Hepatitis B Guidelines*. Retrieved February 16, 2019 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/HepB_Guidelines.pdf
- Ibid. (June 2018). *Communicable Disease Control: Varicella Zoster*. Retrieved February 16, 2019 from <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/Varicella.pdf>

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- Ibid. (October 2020). *Provincial Tuberculosis (TB) Services – Prioritization of Essential TB Care and Services in Response to the COVID-19 Pandemic*. Pg. 3. Retrieved December 8, 2020 from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/TB/TBS%20External%20Communication_COVID.pdf on <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>
- Ibid. (August 2020). *Student Practice Education Guideline for HealthCare Settings during the COVID-19 Pandemic*. Retrieved December 6, 2020 from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_StudentPracticeEducationGuidelineHCS.pdf on <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care>
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Guideline Review History

Version	Date	People Responsible	Brief Description (reason for change)
1	February 2007	Authors/Editors: Carol A. Wilson (BCAHC), Barb Collingwood (BCAHC) Reviewers: Practice Education Committee of the BC Academic Health Council (Grace Mickelson, Chair)	
2	January 2013	Editors: Diana Campbell (VIHA) Carrie Edge (FHA) Heather Straight (VCHA) Carmen Kimoto (VCC) Debbie McDougall (BCAHC) Reviewers: BCCDC and TB Control	Revised to new template Immunization requirements updated BCCDC Experts consulted re: immunization requirements and TB testing References updated
3	March 2021	Editor: Carol A. Wilson (PHSA) Reviewers: Judy Lee (KPU) Provincial OHS Managers Kiran Sidhu (FHA/Prov O&HS) BJ Gdanski (PHSA) Ministry of Health (Allied Health Policy Secretariat and Nursing Policy Secretariat) Ministry of Advanced Education, Skills and Training (Health Education Reference Committee) Health Authority Practice Education Committee	References updated Complete revision to remove all information duplicated from the BCCDC and Government of Canada recommendations Updated to be consistent with latest BC Health Authorities DRAFT Policy "Management of Occupational Exposure to Communicable Diseases" Updated to latest BCCDC policies and relevant resources from COVID-19 pandemic