

Student Vaccine Policy

I. Purpose

This document outlines the vaccination and tuberculosis screening and testing policies and requirements for the students in the Rogers State University's School of Nursing and Health Professions, their remote sites, and their related clinical facilities. This policy and the associated procedures shall be guided by federal and Oklahoma law as well as the recommendations and regulations of the Occupational Safety and Health Administration (OSHA), U.S. Public Health Service, and the Centers for Disease Control and Prevention (CDC) and shall be updated as these guidelines and recommendations change.

II. Definitions

A. Patients

Clinical and hospital patients, outpatient clients, mental health and allied health clients, clinical human research participants, simulated patients, and parents/guardians of patients who cannot provide legal consent.

B. Patient-facing responsibilities

Any activities that are anticipated to necessitate direct contact or close physical proximity to a patient. The Department Head in conjunction with the Undergraduate Programs Coordinator are responsible for determining whether the individuals in their area have patient-facing responsibilities.

III. Scope

This policy applies to all enrolled students associated with School of Nursing and Health Professions programs, including those with patient-facing responsibilities.

IV. Responsible Office:

The Director of the School of Nursing and Health Professions programs is responsible for administering and ensuring compliance with this policy.

V. Policy

It is the policy of RSU that all applications, vaccination schedules, vaccine doses, and tuberculosis screening and testing requirements established by RSU, a school, or a department must be consistent with the CDC and Prevention Morbidity and Mortality Weekly Report (MMWR), Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011, 60(RR07), or any update published in the MMWR.

Approval Authority:

Date of Approval:

Date of Last Review:

Date of Next Review:

Signature:

VI. Procedures

- A. Each student in the School of Nursing and Health Professions is expected to follow this policy. The School requires that all enrolled students follow this policy and associated procedures, including seeking and taking disciplinary action against those students who refuse or fail to submit required documentation, to employ any required alternatives, or to otherwise comply with this policy.
- B. Educational Information
All students will be provided educational information on Hepatitis B, Mumps, Measles, Rubella as well as on the risks and benefits of vaccination prior to or upon enrollment.
- C. Costs
Required vaccinations, tests, chest x-rays, and other preventive medical procedures or evaluations for non-employee students as required by this policy may be provided by the student health clinic on campus, the state health department, or primary care physicians, but the cost for such shall be borne by the student and/or the student's health insurance, unless the procedures are required based on the student's status as an RSU employee.
- D. Records
Records of all student vaccination documentation and/or vaccination declinations must be submitted as outlined in the associated procedures and maintained in the student's student health file by the School of Nursing and Health Professions.
- E. Vaccination Documentation
Students must submit proof of the vaccinations listed as required in Appendix A in accordance with the deadline and instructions provided by the department.
- F. Vaccination Declination
Students who would like to decline a required vaccination for medical or religious reasons must submit a declination form and receive approval prior to the first day of classes or by August 30 for annual vaccines. To seek approval, students are required to submit documentation as outlined on the Declination Form, attached as Appendix B. A separate form must be completed for each vaccination a student is choosing to decline. A representative from Student Affairs will contact the student to let them know whether their declination has been approved and will work with the School of Nursing and Health Professions to determine any additional requirements associated with the student's refusal or inability to be vaccinated.
 1. Students who decline a vaccine may be subject to additional requirements or restrictions by the department or clinical site, including but not limited to additional Personal Protective Equipment (PPE), restriction from patient-facing activities in cases of outbreak, or quarantine in cases of exposure. For guidance on the amount of time a student may be restricted from class or clinical rotations, please see Appendix C, Guidelines for Work/Classroom Restriction for Students. Furthermore, even if the University accepts a student's declination, external rotation sites each have their own vaccination requirements. If a student is prohibited from rotating at an external site due to the student's vaccination status, the student's academic progress may be hindered. If

after reasonable efforts an appropriate rotation site cannot be found to meet the student's academic requirements, the student may not be able to complete the requirements of their academic program and may be unable to graduate.

2. Students who decline a required vaccination will not be allowed in patient care areas or to perform patient-facing responsibilities until they have an approved declination and unless they are complying with additional requirements noted in the written declination approval.

C. Tuberculosis Screening and Testing Program

1. As indicated in Appendix A, all patient-facing students are required to submit tuberculosis screening information prior to matriculation and annually thereafter. A tuberculous (TB) test should be obtained within the last year prior to enrollment. If the result is positive, the student is required to have a follow-up chest X-ray and may be referred to the local county health department for further evaluation and clearance. Students are not allowed to return to school related activities until cleared for public contact.
2. Students with a past positive TB test must submit the annual questionnaire and present documentation of evaluation and clearance from a health department or the student's licensed provider. If such documentation is not available, the student will be required to complete the TB screening questionnaire and have a chest X-ray.
3. The TB testing may be obtained at the RSU Claremore Campus UPC Student Health Center, a local Health Department, or the student's provider of choice.

D. Bloodborne Pathogens

Students with reasonable anticipation of exposure to blood will be required to receive the Hepatitis B vaccination series.

Appendix A

Vaccination and Tuberculosis Testing and Screening Requirements

Student Category	Required	Suggested
All Department Students	MMR Hepatitis B	Tetanus/Diphtheria/ Pertussis Varicella TB Testing and Screening Program COVID-19 Influenza
Students with Patient-Facing Responsibilities	MMR Hepatitis B Tetanus/Diphtheria/ Pertussis Varicella TB Testing and Screening Program COVID-19 Influenza	

Appendix B

Vaccine Declination Form for RSU School of Nursing and Health Professions Students

This form is to be used by students who are required to receive a vaccine based upon academic requirements and are declining the vaccination for one of the reasons stated below.

DECLINATION OF VACCINE

Student Name: _____ **Student ID Number:** _____

Program: _____ **Campus/Site Location:** Rogers State University _____

Phone Number: _____

I request an accommodation for an exemption from _____ vaccination requirement.

_____ I request an exemption from the vaccination requirement based on my sincerely held religious beliefs, practices, or observances.

- *Please explain the reasons for your requested exemption. If you do not provide a statement that includes your reason, your exemption request will not be processed and will be denied.*
- **Submit this form and any supporting documentation to Student Affairs, Director of Student Conduct & Development with a copy to Associate Dean, School of Nursing & Health Professions.**

OR

_____ I request an exemption from the vaccination requirement based on my qualifying condition, which may include an existing medical condition.

- *Please attach documentation of your qualifying condition, which may include an existing medical condition; this documentation should disclose any contraindications to receiving the vaccine and be signed by a medical provider.*

To the best of my knowledge, I swear or affirm that the information and documentation I provided on this form is true and accurate. If I knowingly provided false information or documentation on this form, I may be subject to disciplinary proceedings under the Student Code of Conduct.

Signature: _____ **Date:** _____

For RSU Administrative Use Only

Reviewed/Approved by: _____ Date: _____ Office and Title: _____
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APPENDIX C
GUIDELINES FOR WORK/CLASSROOM RESTRICTIONS FOR STUDENTS

Guidelines for Work Restrictions for Healthcare Personnel with Patient Contact

Disease/Problem	Work Restriction	Duration	Source
Conjunctivitis, infectious (pink eye)	Restrict from patient contact and contact with the patient's environment	Until discharge ceases	1
Cytomegalovirus infections	No restriction		1
Diarrheal diseases Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, and food handling	Until symptoms resolve and communicable disease is ruled out	1
Convalescent stage	Restrict from care of high-risk patients	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures	1
Diphtheria Active	Exclude from duty	Until antimicrobial therapy completed and 2 nasopharyngeal cultures obtained >24 hours apart are negative	1, 2
Post exposure (Susceptible HCWs; previously vaccinated HCWs who have not had a Td booster dose within the previous 5 years)	Exclude from duty	Same as active diphtheria	2
Asymptomatic carriers	Exclude from duty	Same as active diphtheria	2
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve	1
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice	1, 2

<p>Hepatitis B</p> <p>Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures</p> <p>Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures</p>	<p>No restriction unless epidemiologically linked to transmission of infection</p> <p>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker.</p>	<p>Universal precautions should always be observed.</p> <p>Until hepatitis B e antigen is negative</p>	<p>1, 2</p> <p>1, 2</p>
<p>Hepatitis C</p>	<p>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker.</p>		<p>1</p>
<p>Herpes Simplex</p> <p>Genital</p> <p>Hands</p> <p>Orofacial</p>	<p>No restriction</p> <p>Restrict from patient contact and contact with the patient's environment</p> <p>Evaluate for need to restrict from care of high-risk patients</p>	<p>Until lesions heal</p>	<p>1</p> <p>1</p> <p>1</p>
<p>Human immunodeficiency virus (HIV)</p>	<p>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker; standard precautions should always be observed.</p>		<p>1</p>

Measles Active	Exclude from duty	Until 7 days after the rash appears	1, 2
Postexposure (susceptible personnel)	Exclude from duty	From the 5 th day after 1 st exposure through the 21 st day after last exposure and/or 4 ¹ -7 ² days after the rash appears.	1, 2
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy	1
Mumps Active	Exclude from duty	Until 9 days after onset of parotitis	1, 2
Postexposure (susceptible personnel)	Exclude from duty	From the 12 th day after 1 st exposure through the 26 th day after last exposure or until 9 days after onset of parotitis.	1, 2
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice	1
Pertussis (whooping cough) Active	Exclude from duty	From the beginning of the catarrhal stage through the 3 rd week after onset of paroxysms or until 5 days after start of effective therapy.	1, 2
Postexposure (asymptomatic personnel)	No restriction, antimicrobial prophylaxis recommended		1, 2
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy	1, 2

Rubella Active	Exclude from duty	Until 5 days after the rash appears	1, 2
Postexposure (susceptible personnel)	Exclude from duty	From the 7 th day after 1 st exposure through the 21 st day after last exposure and/or 5 days after rash appears	1, 2
Scabies	Restrict from patient contact	Until cleared by medical evaluation	1
<i>Staphylococcus aureus</i> infection Active, draining skin lesions	Restrict from contact with patients and patient's environment and food handling	Until lesions have resolved	1
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism		1
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, and food handling	Until 24 hours after adequate treatment started	1
Tuberculosis Active disease	Exclude from duty	Until proved noninfectious	1
PPD converter	No restriction		1
Varicella - (Chickenpox) Active	Exclude from duty	Until all lesions dry and crust	1, 2
Postexposure (susceptible personnel)	Exclude from duty	From the 10 th day after 1 st exposure through the 21 st day (28 th day if VZIG given) after last exposure or if varicella occurs until all lesions dry and crust	1, 2

Viral Respiratory Infections	During particular seasons (e.g., during winter when influenza and/or RSV are prevalent), consider excluding personnel with acute febrile upper respiratory infections (including influenza) from care of high-risk patients.	Until acute symptoms resolve	1, 2
Zoster (Shingles)			
Localized, in healthy (normal) person	Cover lesions; restrict from care of high-risk patients	Until lesions dry and crust	1, 2
Generalized or localized in immunosuppressed person	Restrict from patient contact	Until lesions dry and crust	1
Postexposure (susceptible personnel)	Restrict from patient contact	From the 8 th day after 1 st exposure through the 21 st day after last exposure or, if varicella occurs, until all lesions dry and crust	1, 2

Sources:

1. Boylard, Elizabeth A., et.al, "Guideline for Infection Control in Healthcare Personnel, 1998," *American Journal of Infection Control*, 1998, Vol.26, pp. 289-354. (Published simultaneously in *Infection Control and Hospital Epidemiology*, 1998, Vol. 19, pp. 407-463.)
2. Centers for Disease Control and Prevention, "Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)," *Morbidity and Mortality Weekly Report (MMWR)*, Vol. 46, No. RR-18, December 26, 1997, pp. 1-44.

Guidelines for Work/Classroom Restrictions for Workforce Members/Students without Patient Contact

Workforce Members or students with the following infectious diseases should not report to work or attend classes for the duration indicated below.

Disease	Duration
Influenza (flu)	Until acute symptoms resolve
Active measles	Until 7 days after the rash appears
Active mumps	Until 9 days after onset of parotitis
Active rubella	Until 5 days after the rash appears
Clinician-documented streptococcal pharyngitis	Until 24 hours after adequate treatment started
Active pulmonary or pharyngeal Tuberculosis	Until adequate treatment has begun and there is clinical response to therapy (2-3 weeks)
Active varicella - (chickenpox)	Until all lesions dry and crust
Meningococcal infections	Until 24 hours after start of effective therapy
Active <i>Staphylococcus aureus</i> infection	Upon clearance from healthcare provider and conditional upon following the directions for wound care
Active pertussis (whooping cough)	Until 5 days after start of effective antimicrobial therapy
Conjunctivitis	Until 24 hours after adequate treatment started
Scabies	Until treatment has begun
Crusted Scabies	Upon clearance from healthcare provider and conditional upon following the directions for wound care