

Annex 2. HUS guidelines for educational institutions on the application of the Communicable Diseases Act

This guideline applies to students in practical training, and their respective educational institutions, in HUS Group (HUS). Student health care is provided by the Finnish Student Health Service (FSHS). The procedure described in the Chief Medical Officer's instruction and its annexes was started on March 1, 2018.

In accordance with section 48 of the Communicable Diseases Act, students participating in practical training must be **protected either through vaccination or by having had the disease**. Only for special reasons can the employer use an unvaccinated student in client and patient facilities that treat patients or clients who are vulnerable to severe consequences of communicable diseases. In HUS, such facilities include all customer and patient facilities, as well as medical and patient transport. This requirement applies to those working primarily or repeatedly on such premises. Vaccinations are voluntary.

In addition, a health assessment on pulmonary **tuberculosis** and **salmonella** in accordance with sections 55 and 56 of the Communicable Diseases Act is required. The tuberculosis health assessment applies to students in practical training in health care units. In HUS, health care units include hospitals and outpatient units. The salmonella health assessment concerns food workers working in HUS Support Services' food establishments serving both patients and personnel.

Educational institutions ensure that students receive sufficient information on the conditions under the Communicable Diseases Act to work in practical training, and direct the student to complete the HUS self-assessment form (Annex 4b). The form must be completed one month prior to starting the practical training at the latest.

In the self-assessment form, the student declares with their signature that they fulfil the suitability for practical training tasks in accordance with the Communicable Diseases Act. The assessment can be presented orally, but HUS recommends submitting a written health assessment to the supervisor when arriving to start the practical training. Ensuring suitability is a statutory obligation of the organizer of the practical training period, and the practical training may be cancelled if suitability cannot be verified.

If the self-assessment reveals deficiencies in vaccine protection or symptoms of a possible communicable disease, the student should immediately contact student health care services to supplement the inadequate vaccination protection or to rule out pulmonary tuberculosis or salmonella. When vaccination protection has been supplemented or when pulmonary tuberculosis or salmonella has been ruled out, a professional at student health care services will verify the student's self-assessment form with their signature and the practical training period can begin. A symptomatic student must not start their practical training before determining the cause of the symptoms.

It should be noted that the protection provided by vaccination is not formed immediately. The table below shows a safe starting time for practical training.

<p>Vaccinations required by the Communicable Diseases Act or protection provided by having had the disease</p>	
<p>Measles</p>	<ul style="list-style-type: none"> • MPR (measles, mumps and rubella) vaccination or measles vaccination. • Vaccination against measles began in 1975 and MPR vaccinations in child health clinics in 1982. Those born before 1965 are considered to have had measles. • Protection against measles has been formed if the student has contracted the disease or has been vaccinated twice (MPR or measles vaccine). • Vaccination protection will be supplemented if the student has not had measles, has not received any vaccines or has only received one vaccine against measles. • Practical training can be started 14 days after the first dose of vaccine has been administered.
<p>Chickenpox</p>	<ul style="list-style-type: none"> • Around 95% of Finns have had chickenpox by the age of 12. • Vaccinations against chickenpox started in child health clinics in September 2017, so people of working age have not received the vaccination as part of the vaccination program. • Protection against chickenpox has been formed if the student has had the disease or received two doses of the vaccine. • Vaccination protection will be supplemented if the student has not had chickenpox, has not received any vaccines or has only received one vaccine against chickenpox. • Practical training can be started 14 days after the first dose of vaccine has been administered.
<p>Seasonal influenza</p>	<ul style="list-style-type: none"> • Seasonal influenza vaccination on an annual basis; renewed every autumn before the start of the influenza season. • Having had the disease does not provide protection for the next or current season. • Check from your unit to see whether you can start your practical training if you have not received the vaccine.
<p>Pertussis</p>	<ul style="list-style-type: none"> • If practical training takes place on premises where children under the age of 1 are treated (e.g. New Children’s Hospital, pediatric inpatient ward, pediatric outpatient clinic, pediatric emergency department, delivery ward, maternity ward, Family Nest Hotel or child health clinic). • Dtap vaccine: protection against diphtheria, tetanus and pertussis; no separate pertussis vaccine is available at present. • The dtap vaccine against pertussis is renewed every 5 years. • The dtap vaccine is not administered until 2 years after the last dT vaccination (diphtheria-tetanus). • Student health care services should not unnecessarily order a dtap vaccine to have in storage, as giving a booster vaccine is only advisable when the student is going to a practical training location requiring protection against pertussis. • Practical training can be started 14 days after the first dose of vaccine has been administered.

Health assessments required by the Communicable Diseases Act	
Tuberculosis	<p>The tuberculosis survey is carried out:</p> <ul style="list-style-type: none"> • At the beginning of a new practical training period, if 2 years have passed since the previous one • During the practical training, if the student has been exposed to contagious tuberculosis. <p>A chest X-ray is <u>always taken if</u></p> <ul style="list-style-type: none"> • there are symptoms suggestive of tuberculosis. <p>A chest X-ray is taken <u>from asymptomatic persons only if</u></p> <ul style="list-style-type: none"> • they have previously had tuberculosis. • they have been exposed to contagious tuberculosis. • they have worked in healthcare or been a patient for a continuous period of at least 3 months <u>in a country that THL lists as a tuberculosis risk country</u>. • they were born in a country that <u>THL lists as a tuberculosis risk country</u>. • they have lived at least 12 months in a country that <u>THL lists as a tuberculosis risk country</u>. • an asymptomatic student does not need a new chest X-ray at the beginning of a new practical training period every 2 years; a tuberculosis survey is sufficient and, if symptoms arise, a chest X-ray will be taken. <p>The student is provided with information on the symptoms of tuberculosis and directed to contact student health care without delay if any of these symptoms should occur.</p>
Salmonella	<p>All those who arrive to participate in practical training as food workers will be subjected to a symptom survey, and they will be provided with information on good hygiene practices when working in tasks involving the handling of food-stuffs. If a student coming to work as a food worker is currently experiencing or has had diarrhea in the previous month, an F-BaktNhO (22405) test will be taken.</p> <p>In addition, the student is directed to contact student health care services without delay if diarrhea occurs or e.g. a family member has been diagnosed with salmonella or febrile diarrhea; see instructions on the THL website.</p> <p>There is no longer a requirement for routine salmonella culture specimens to be taken from those working on neonatal wards and breast milk centers or from asymptomatic students after travels.</p>

Other matters

Students who come to HUS for practical training belong to the target group for hepatitis B vaccinations (a series of three vaccines) as part of the national vaccination program; see criteria for students entitled to vaccination on the [THL website](#). Vaccinations should be started at the beginning of studies, so that at least two doses of the vaccine have been administered before the student starts practical training where they are at risk of contracting a hepatitis B infection.



The skin on the hands must be in good condition when starting a practical training period. The student may not have gel or structural nails. MRSA or other resistant bacteria are tested using culture specimens only on the basis of separate requests from the hospital's infection control unit.

The student must be aware of the usual precautions before the practical training period and implement them in the care of each patient during the period. Normal precautions include proper hand hygiene, blood exposure precautions, use of protective equipment, and disinfection in case of secretion stains. In the event of a blood exposure accident involving a student, immediate consultation with the physician responsible for the treatment of the patient or an on-call physician must always be made in order to assess the risk of blood transmission.

Biological exposure involving students is reported through the HUS-Riskit program.