**Appendix 2. HUS Guidelines for educational institutions on the application of the Communicable Diseases Act**

This guide applies to those on traineeships, and their educational institutions, in the Hospital District of Helsinki and Uusimaa (HUS). Student health care is provided through the educational institution.

The procedure described in the Chief Medical Officer's instructions and its annexes was started on March 1, 2018.

In accordance with Section 48 of the Communicable Diseases Act, students participating in a traineeship 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 **respiratory tuberculosis and salmonella** in accordance with sections 55 and 56 of theCommunicable Diseases Act is required. The tuberculosis health assessment applies to students working in health care units as trainees. In HUS, health care units include hospitals and outpatient units. The salmonella health assessment concerns food workers working in HUS Asvia’s 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 a traineeship, and direct the student to complete the HUS self-assessment form (Appendix 4b).** It must be completed one month prior to starting the traineeship at the latest.

In the self-assessment form, the student declares with their signature that they fulfil the suitability for trainee work 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 traineeship. Ensuring suitability is a statutory obligation of the traineeship organizer, and the traineeship 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 exclude respiratory pneumonia or salmonella. When vaccination protection has been supplemented or respiratory tuberculosis or salmonella has been excluded, the professional at student health care services will verify the student’s self-assessment form with their signature and the traineeship can begin. A symptomatic student must not start their traineeship 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 traineeship.

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| **Vaccinations required by the Communicable Diseases Act or protection provided by having had the disease**  |
| **Measles** | * MPR (measles, parotitis and rubella) vaccination or measles vaccination.
* Vaccination against measles began in 1975 and MPR vaccinations in child health clinics (neuvola) in 1982. Those born prior to 1965 are considered as having had measles.
* Protection against measles has been formed if you have contracted the disease or have 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.
* Traineeships can be started 21 days after the first dose of vaccine has been administered.

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| **Chickenpox** | * Around 95% of Finns have had chickenpox by the age of 12. Vaccinations against chickenpox started in the child health clinics (neuvola) 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 you have 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.
* Traineeships can be started 21 days after the first dose of vaccine has been administered.

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| **Seasonal influenza** | * 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 traineeship, if you have not received the vaccine.
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| **Pertussis**  | * If the traineeship 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, children’s emergency department, labor ward, maternity ward, family nest hotel, or maternity 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 in storage, but it is advisable to give a booster vaccine only when the student is going to the traineeship location requiring protection against pertussis.
* Traineeships can be started 21 days after the vaccine has been administered.

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| **Health assessments required by the Communicable Diseases Act**  |
| **Tuberculosis**  | The **tuberculosis survey** will be carried out at the beginning of a new traineeship period, if 2 years have passed since the previous one.  A chest X-ray shall always be taken, if * there are symptoms suggestive of tuberculosis

A chest X-ray shall be taken from asymptomatic persons only, if * they have previously suffered from tuberculosis
* they are on a traineeship in a neonatal ward and have been born or worked for at least 3 months in a country with a **high** incidence of tuberculosis (≥ 50/100,000, see list of countries on the [website of the Finnish Institute for Health and Welfare THL)](http://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf).
* they were born in a country with a **very high** incidence of tuberculosis (≥ 150/100,000, see list of countries on the [website of the Finnish Institute for Health and Welfare THL)](http://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf).
* they have stayed for at least 12 months or worked continuously for at least 3 months in a country with a **very high** incidence of tuberculosis (≥ 150/100,000, see list of countries on [website of the Finnish Institute for Health and Welfare THL)](http://www.thl.fi/attachments/Infektiotaudit/Maaluettelo.pdf).
* an asymptomatic student does not need new chest X-rays at the beginning of a new employment relationship every 2 years, but a tuberculosis questionnaire is sufficient and, if symptoms arise, a chest X-ray will be taken.

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.   |
| **Salmonella**  | All those who arrive to participate in traineeship as food workers will be subjected to a symptom questionnaire, and they will be provided with information on good hygiene practices when working in tasks involving the handling of foodstuffs. If a student coming to work as a food worker is currently experiencing or has had diarrhea in the previous month, a F-BaktVIP (21088) test will be taken.  In addition, the student is directed to contact student health care services without delay if diarrhea occurs or e.g. an acquaintance, friend or family member has been diagnosed with salmonella or febrile diarrhea during the previous month; see instructions on how to proceed on the [website of the Finnish Institute for Health and Welfare THL.](http://www.julkari.fi/bitstream/handle/10024/135327/URN_ISBN_978-952-302-932-3.pdf?sequence=1)  After travelling, 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 workers.   |

**Other things to note**

Students who come to HUS for a traineeship 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 [website of the Finnish Institute for Health and Welfare THL.](https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/rokotteet-a-o/hepatiittirokotteet/hepatiitti-b-rokote/topiskelijoiden-tartuntavaara-ja-hepatiitti-b-rokotukset) 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 in a traineeship where they are at risk of contracting a hepatitis B infection.

The skin on the hands must be in good condition when starting a traineeship period. The student must 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.

Before the traineeship, the student must be aware of the usual precautions and, during the traineeship, implement them in the care of each patient. 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 exposures involving students are reported through the HUS Risks program.