

Dear student coming to HUS for practical training

This communicable disease survey applies to those coming for practical training in HUS Group (HUS).

In accordance with section 48 of the Communicable Diseases Act, a student participating in practical training must be protected against **measles** and **chickenpox** either through vaccination or by having had the disease. In addition, vaccination protection against **influenza** is required annually, and vaccination against **pertussis** is required every 5 years for persons caring for patients under the age of 1. Vaccinations for employees and students increase both patient and occupational safety.

Only for special reasons can the employer use an unvaccinated student or employee 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 those working in health care units, which in HUS include hospitals and outpatient units. The salmonella health assessment concerns food workers who in HUS work in HUS Support Services' food establishments serving both patients and personnel.

Attached to this bulletin is a communicable disease survey (Annex 4b, self-assessment form), which educational institutions can use directly as such or in their own forms by asking the information required by HUS. The self-assessment form is used to survey vaccination protection and the risk factors for pulmonary tuberculosis and salmonella infection. **The student must complete the self-assessment form at the latest one month prior to the start of the practical training.**

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.

Self-assessment form for students

Name: _____ Personal identity code: _____

Student's degree title: _____ tel. _____

Work unit: _____

Section 48 of the Communicable Diseases Act on vaccinations

1. Questions about vaccination protection or having had a disease

National vaccination program	Vaccination protection	Contracted illness
1. Measles vaccine (MPR) Vaccinations against measles began in 1975 and MPR vaccinations were started in child health clinics in 1982. Those born before 1965 are considered to have had measles.	1a. Measles, vaccinated ☐ I have received 2 vaccines ☐ I have received 1 vaccine ☐ I have not received any vaccines ☐ I do not know	1b. Measles, has contracted the disease ☐ Yes ☐ No ☐ I do not know
2. Chickenpox vaccine Around 95% of Finns have had chickenpox by the age of 12. Chickenpox vaccine has been offered as part of the national vaccination program to everyone born on or after January 1, 2006 who have not had chickenpox.	2a. Chickenpox, vaccinated ☐ I have received 2 vaccines ☐ I have received 1 vaccine ☐ I have not received any vaccines ☐ I do not know	2b. Chickenpox, has contracted the disease ☐ Yes ☐ No ☐ I do not know
3. Diphtheria-tetanus vaccine (dT vaccine) Administered as a booster vaccine as part of the national vaccination program for those over 25 years of age and in the event of an accident.	☐ Latest vaccine received, year _____ ☐ I do not know	
4. Diphtheria-tetanus-pertussis vaccine (dtap vaccine) Administered as a booster vaccine as part of the national vaccination program for 14–15-year-olds, 25-year-olds, and those working in social welfare or health care mainly with children under 1 year of age. The vaccine protection is only valid for 5 years.	4a. ☐ Yes, I received the vaccine less than 5 years ago, year _____ ☐ I have not received any vaccines ☐ I do not know	
5. Influenza vaccine Administered annually.	5a. Latest vaccine received, year _____ ☐ I do not know	

2. Is my vaccination protection in order?

- If your response to questions 1a or 1b was **"I have received 2 vaccines"** or **"Yes"**, you are protected against measles.
- If your response to questions 2a or 2b was **"I have received 2 vaccines"** or **"Yes"**, you are protected against chickenpox.
- If your response to question 4a was **"Yes"**, and you mainly work in units treating children under the age of 1 year (all treatment units in New Children's Hospital, all pediatric emergency departments, and all pediatric wards in other HUS hospitals, labor units and maternity units, the Family Nest Hotel), your protection against pertussis is at the level required by law.
- In addition, you should be aware of question 5a and its obligation under the Communicable Diseases Act to take the annual influenza vaccine.

If you have protection against measles and chickenpox and, if necessary, against pertussis, and you take the annual influenza vaccine, the protection required by the Communicable Diseases Act exists. In this case, you can sign the self-assessment form and take it with you to your practical training as proof of suitability.

If your vaccination coverage needs to be supplemented or you are unsure about your protection, please contact your student health care provider. It is important to supplement uncertain vaccination protection. There is no harm in getting an extra vaccine. You will not be able to sign the self-assessment form until your vaccinations have been supplemented. If you have a medical impediment to taking vaccinations, your student health care will assess your situation and give you an assessment of your suitability for the practical training.

Section 55 of the Communicable Diseases Act on pulmonary tuberculosis

1. Questions about the risk of tuberculosis

Have you had any of the following symptoms?	
Continuous cough for more than 3 weeks	☐ Yes ☐ No
Sputum (mucus with cough)	☐ Yes ☐ No
Blood with cough	☐ Yes ☐ No
Fever for more than 2 weeks	☐ Yes ☐ No
Abnormal weight loss	☐ Yes ☐ No
Erythema nodosum	☐ Yes ☐ No
Enlarged lymph nodes	☐ Yes ☐ No
Do you have any predisposing factors for a tuberculosis infection?	
Have you contracted tuberculosis before? If yes, when and where was it treated? _____	☐ Yes ☐ No

What is your country of birth? _____	
Were you born in a country that THL lists as a tuberculosis risk country ?	☐ Yes ☐ No
Have you lived at least 12 months in a country that THL lists as a tuberculosis risk country ?	☐ Yes ☐ No
Have you worked in healthcare or been a patient for a continuous period of at least 3 months in a country that THL lists as a tuberculosis risk country ? If yes, when and where? _____	☐ Yes ☐ No
Have you previously attended to tuberculosis patients without appropriate personal protective equipment? If yes, when and where? _____	☐ Yes ☐ No
Have you previously been considered to have been exposed to contagious tuberculosis in your work? If yes, when and where? _____	☐ Yes ☐ No
Have you been in close contact with a person with contagious pulmonary tuberculosis (e.g. people living in the same household, relatives, friends, colleagues).	☐ Yes ☐ No
Have you had a chest X-ray taken in the past 2 years due to a suspected tuberculosis or exposure to tuberculosis? If yes, when and where? _____	☐ Yes ☐ No

2. Is it possible that you have tuberculosis?

- **If you answered “Yes” to any of the sections**, you will need to have a tuberculosis health assessment completed before you can start practical training in a social welfare or health care unit or in tasks caring for children under school age. **Contact your student health care provider** to rule out pulmonary tuberculosis. After the assessment has been made, your student health care provider will sign your self-assessment form and confirm that pulmonary tuberculosis has been ruled out and the practical training can begin.
- **NOTE!** A health assessment is not required if less than 2 years have elapsed since the previous assessment and no new exposure has occurred. The tuberculosis symptom survey is repeated at the beginning of a practical training period if the previous survey was taken more than 2 years ago, and during the practical training if the student has been exposed to contagious tuberculosis.
- **If you answered “No” to all of these questions**, you do not need to have a tuberculosis health assessment, and you can sign the self-assessment form yourself.

Section 56 of the Communicable Diseases Act on salmonella (only for food workers)

1. Questions about the risk of salmonella

Risk factors for salmonella	
Do you currently have or have had diarrhea in the past month?	☐ Yes ☐ No
Has any of your acquaintances been diagnosed with salmonella or diarrhea with fever in the past month?	☐ Yes ☐ No

2. Is it possible that you have salmonella?

- **If you answered “Yes” to either of these questions**, a salmonella infection must be ruled out before you begin practical training as a food worker. **Contact your student health care provider to rule out a salmonella infection.**

- After the assessment has been made, your student health care provider will sign your self-assessment form and confirm that salmonella has been ruled out and the practical training can begin.
- **If you answered “No” to both questions**, you have no salmonella risk and you can sign the self-assessment form.

I hereby certify that the information I have provided on the self-assessment form as being correct and that I am suitable for the practical training tasks in accordance with the Communicable Diseases Act.

Place and date: _____

Student's signature: _____

If, on the basis of the self-assessment form, student health care services have had to rule out pulmonary tuberculosis or salmonella or supplement vaccination protection, a professional at student health care services signs the form.

Place and date: _____

Signature of a professional at student health care services (title and name in block letters) confirming that the practical training can start:
