**Immunisation requirements for prospective Midwifery students**

<table>
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<th>Requirements</th>
<th>Immunity status/immunisation details</th>
<th>Action on commencement</th>
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| EPP clearance*                      | HIV Antigen/Antibody blood test  
Hepatitis C Antibody blood test  
Hepatitis B** surface Antigen blood test | Mandatory blood tests will be carried out in Occupational Health **pre-enrolment**  
A positive result may have implications for future practice, and will require further assessment |
| Tuberculosis (TB)                   | Documentary evidence of BCG vaccination  
History of BCG vaccination (scar evident)  
Documentary evidence of Heaf/Mantoux test within last 5 years  
Chest X ray result if relevant | Check BCG scar  
If no scar & no evidence of vaccination then further skin test will be carried out in Occupational Health  
Negative result to Mantoux test indicates BCG vaccination will be required |
| Measles and Rubella                 | Documentary evidence of 2 doses of MMR (measles, mumps, rubella) vaccine  
Measles IgG blood test  
Rubella Antibody blood test | If non-immune then 2 doses of MMR vaccine will be given |
| Hepatitis B                         | **PREVIOUS VACCINATION HISTORY** (Vaccination not mandatory before enrolment)  
- Documentation of vaccination history  
- Hep B sAb blood test following vaccination  
- Possibly Hep B core Ab blood test | Primary course of 3 doses of Hep B vaccine at 0, 1 and 6 months will be given  
Primary course will be completed if started elsewhere  
Booster doses will be given if due  
Blood tests to check immunity as required |
| Chickenpox (varicella zoster virus) | Positive history of disease  
VZV IgG blood test | If non-immune or uncertain history, 2 doses of VZV vaccine will be given |
| Routine childhood immunisations (UK schedule) | Diphtheria, pertussis, tetanus and polio | Check that childhood immunisations are up to date |

*EPP = exposure prone procedures.

All healthcare workers are under ethical and legal obligation to protect the health and safety of their patients. They also have a right to expect that their confidentiality will be respected and protected. Provided appropriate infection control precautions are adhered to scrupulously, the majority of procedures in the healthcare setting pose no risk of transmission of HBV, HCV or HIV from an infected healthcare worker to a patient. The circumstances in which BBV could be transmitted from a healthcare worker to a patient are limited to exposure prone procedures, in which injury to the healthcare worker could result in the worker’s blood contaminating the patient’s open tissues. A healthcare worker who has any reason to believe they may have been exposed to infection, in whatever circumstances, must promptly seek and follow confidential professional advice. Failure to do so may breach the duty of care to patients. Healthcare workers who are infected with BBV must promptly seek appropriate expert medical and occupational health advice.

** Immunity against hepatitis B (i.e. HBsAb titre over 10 does not necessarily rule out infection with HBsAg.

GSTT Occupational Health Service. March 2010