

Hygiene regulations, protective equipment, and health declaration for students and pupils prior to clinical rotations (VFU/APL)

According to the Swedish Health and Medical Services Act, all health care and care must be of adequate hygienic standard. Health care personnel are obliged to comply with the National Board of Health and Welfare's regulations on basic hygiene routines within health care and care. Health care personnel are also required to use the protective equipment prescribed by the employer. Region Dalarna imposes the same requirements on students and pupils as on employed staff. By signing below, the student confirms that they have been informed of the applicable regulations regarding basic hygiene routines and protective equipment.

At the start of any program that includes clinical rotation involving direct patient care, the student must complete Region Dalarna's health declaration for students and pupils (see next page). If circumstances regarding one's health change, the student is responsible for completing a new health declaration. Upon request from Region Dalarna, the student must be able to present a signed health declaration, and, if needed, provide evidence of actions taken.

Before the student begins a clinical rotation, the education provider must ensure that the student has completed Region Dalarna's health declaration and has received the necessary training/information regarding applicable regulations on basic hygiene routines and protective equipment. Region Dalarna accepts no responsibility for any costs that may arise, due to a completed health declaration, that incurs expenses for the educational provider or the student/pupil.

I hereby certify that the answers in the health declaration on the next page are truthful and that I have read the National Board of Health and Welfare's, and the Swedish Work Environment Authority's regulations, as well as the region-wide guideline regarding basic hygiene routines and protective equipment.

Place and date

.....
Name

.....
Name clarification

REFERENSER

Socialstyrelsen SOSFS 2015:10 *Basal hygien i vård och omsorg*

Arbetsmiljöverket AFS 2018:4 (2§, 3§, 10§ och 13§) *Smittrisker*

Folkhälsomyndigheten *Rekommandationer för preventiva insatser mot tuberkulos*

Folkhälsomyndigheten *Rekommandationer om vaccination mot hepatitis B, profylax med vaccin och immunglobulin – före och efter exposition*

Region Dalarna, Vårdhygien/Smittskydd, PM/riktlinjer:

Hygienregler för Landstinget Dalarna

PM för vaccination av personal mot hepatitis B

Screeningundersökning avseende multiresistenta bakterier (MRB)

Utfärdat av: _____ (Skola/utbildning)

Godkänt av: Helena Ernlund, bitr. smittskyddsläkare, Region Dalarna

HEALTH DECLARATION FOR STUDENTS/PUPILS

Tuberculosis

- Do you have a persistent cough (more than 3 weeks), fever of unknown origin, or involuntarily weight loss?
Yes / No

If you have answered yes to the question above, you are advised to contact your health centre for prompt evaluation. If needed, the health centre may consult the Infectious Diseases Clinic at Falu Hospital for guidance.

- Have you had tuberculosis yourself, or has someone you share household with, or have shared household with, had tuberculosis?
Yes / No
- In the past 5 years, have you immigrated to Sweden from Africa, Asia, or Latin America and have **not** undergone a health screening for tuberculosis?
Yes / No

If you have answered yes to any of the above questions, you are advised to contact the health care provider designated by the school. If necessary, that provider may consult the Infectious Diseases Clinic at Falu Hospital for advice.

Resistant Bacteria – MRSA

- Have you had contact (work, internship, or as a patient) with health care outside the Nordic countries in the past 6 months?
Yes / No

If you have answered yes to the question above, you are advised to contact the health care provider designated by the school.

Skin Conditions

- Do you have eczema, psoriasis, or any other skin disease?
Yes / No

If you have answered yes to the question above, you are advised to contact the health care provider designated by the school.

Vaccinations

Measles

- Have you had measles or been vaccinated with at least 2 doses of measles vaccine?
Yes / No / Don't know

Hepatitis B

- Are you protected against hepatitis B, i.e. have had hepatitis B or been vaccinated with at least 3 doses of hepatitis B-vaccine (e.g. Engerix B, HBVAXPRO, Twinrix)?
Yes / No / Don't know

If you answered no to any of the above questions, you will be offered vaccination through the health care provider designated by the school.