



## STAFF IMMUNIZATION & SURVEILLANCE POLICY

OCCUPATIONAL HEALTH  
& SAFETY SERVICES

### HEALTHCARE PROVIDER CERTIFICATION NON PAYROLL STAFF

**Healthcare Provider refers to a licensed physician, occupational health nurse, or registered nurse, active and in good standing with their respective college. Any costs associated with the completion of this form are the responsibility of the staff member.**

For use by students on clinical placements, non medical observers, persons employed by temporary agencies, independent contractors, commercial service employees, Women's Auxiliary and volunteers not on payroll.

#### **INFORMATION for the Healthcare Provider:**

Under the Ontario Occupational Health and Safety Act, employers must advise workers of the hazards of their work. In a hospital setting, workers are at potential risk of acquiring a communicable disease. In addition, OMA/OHA protocols under Regulation 965 of the Public Hospitals Act require that all persons carrying out work activities on hospital premises be immune to measles, mumps, rubella and varicella (chickenpox). They also require that individuals be free from active tuberculosis and participate in baseline skin testing. It is also required to have information recorded regarding pertussis vaccination status. Annual influenza vaccination is strongly recommended.

For the purposes of the SickKids Staff Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, dentists, scientists, volunteers, students, independent contract workers and observers. All staff are required to comply with this policy.

To meet policy requirements, all non payroll staff are requested to have the attached Healthcare Provider Certification completed and submitted to the appropriate hiring department prior commencing any work/placement at SickKids. Failure to do so will make the individual ineligible to work on SickKids premises.

#### **Mandatory Requirements:**

##### **TUBERCULOSIS (TB) STATUS**

New staff whose TB skin testing status is unknown, and those previously identified as tuberculin negative, require a baseline two-step TB test. A 2-step TST involves the planting of a TST in the forearm and having it read by a physician or registered nurse 2-3 days later. If negative, the process will be repeated in the other arm 1-3 weeks later. This should be done no more than 4 weeks prior to your start date.

This is not needed if the new staff member has:

- documented results of a prior two-step test, or
- documented results of a negative TB skin test within the last 12 months, or
- 2 or more documented negative TB skin tests at any time but the most recent was more than 12 months ago,

**in which case a single-step test must be done no more than 4 weeks prior to your start date.**

##### **IMMUNIZATION STATUS**

It is also necessary to provide documentation of immunity to the highly communicable childhood diseases of rubella, measles and varicella (chickenpox). There is more than one way to do this.

#### **Measles - One of the following is acceptable:**

- laboratory evidence of immunity (blood test resulting in a positive titre), or
- documentation of 2 doses of the measles vaccine (or trivalent MMR) given at least 4 weeks apart on or after the first birthday.

#### **Mumps - One of the following is acceptable:**

- laboratory evidence of immunity (blood test resulting in a positive titre), or
- documentation of 2 doses of the mumps vaccine (or trivalent MMR) given at least 4 weeks apart on or after the first birthday.

#### **Rubella - One of the following is acceptable:**

- laboratory evidence immunity (blood test resulting in a positive titre), or
- documentation of the rubella vaccine (or trivalent MMR).

**A history of having had rubella is not acceptable as this disease can be confused with other viruses**

#### **Varicella (chickenpox) - One of the following is acceptable:**

- a physician or lab verified history of chicken pox or shingles.
- If there is no verified history, one of the following must be provided:
  - laboratory evidence of detectable antibody (blood test resulting in a positive titre), or
  - documentation of 2 chickenpox vaccines, given at least 4 weeks apart .

#### **Not mandatory but recommended for the protection of the staff member:**

Tetanus/Diphtheria/**Pertussis (status of pertussis vaccination is needed)** Influenza Vaccine Hepatitis B Vaccine

**Further questions regarding requirements can be addressed by SickKids Occupational Health 416-813-8696**



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OCCUPATIONAL HEALTH & SAFETY SERVICES

HEALTHCARE PROVIDER CERTIFICATION  
NON PAYROLL STAFF

LAST NAME	FIRST NAME
DEPARTMENT	SUPERVISOR

HEALTHCARE PROVIDER CERTIFICATION

This form is to be used for students on clinical placements, non medical observers, persons employed by temporary agencies, volunteers, Women's Auxiliary, independent contractors and commercial service employees not on payroll.

I, \_\_\_\_\_ certify that, \_\_\_\_\_  
*Healthcare Provider (PRINT NAME)* *Non Payroll Staff (PRINT NAME)*

meets the requirements of the Staff Immunization and Surveillance Policy as outlined on the reverse (or previous page) of this form. Additionally, I am not aware of any medical condition that prevents this individual from participating in their role at SickKids.

I recommend further medical evaluation prior to commencement of work at SickKids. (when this box is checked the new staff member is directed to report to Occupational Health at SickKids for further evaluation, room 5309)

\_\_\_\_\_  
HEALTHCARE PROVIDER SIGNATURE DATE

Professional Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

NON PAYROLL STAFF CONSENT

In the event of a communicable disease exposure or outbreak I, \_\_\_\_\_  
*Non Payroll Staff (PRINT NAME)*

understand that this certification must be made available to Occupational Health & Safety Services at SickKids if requested. I may also be required to provide written documentation of immunity and/or TB testing.

**This certification is to be kept in my SickKids file by the department sponsor/designate to which I am assigned for the duration of my placement.**

\_\_\_\_\_  
NON PAYROLL STAFF SIGNATURE DATE