The Hospital for Sick Children
Staff Immunization and Surveillance Policy

Information Sheet

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 is required to comply with The Hospital for Sick Children’s (SickKids) Staff Immunization and Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario hospitals.

Staff must provide proof of immunity to: rubella, measles and chickenpox and documentation of tuberculosis screening prior to their start date at SickKids. Hepatitis B vaccine status must also be provided.

The attached Immunization Record is to be completed by either a physician or if appropriate the Occupational Health Nurse at your previous employer and must returned to your SickKids sponsor or designate no later than your first day of work. **Failure to do so may result in a delay to your start date.**

**Tuberculosis:**

Staff is required to have a documented 2-step tuberculosis skin test done prior to start date. This involves the planting of a tuberculosis skin test in the forearm, having it read by a physician or Occupational Health Nurse 2-3 days later, and if negative the process will be repeated in the other arm 1-3 weeks later. The 2-step skin test identifies the truly positive skin test. It is essential to have accurate baseline information at the beginning of your placement, as this is the comparison that is used in the event of an exposure. Individuals who have a positive skin test are required to submit documentation of the results of a chest x-ray done within the current calendar year.

It is also necessary to provide documentation of immunity to the highly communicable childhood diseases of rubella, measles and chicken pox. There is more than one way to do this:

- **Rubella** One of the following is acceptable:
  - physician or nurse documentation of immunization.
  - laboratory evidence of detectable antibody (having blood drawn and tested)

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

- **Measles** One of the following is acceptable
  - Persons born before Jan 1, 1970 are considered immune. Date of birth must be indicated on the immunization record
  - If born after Jan 1, 1970 documentation of 2 doses of measles vaccines. One year old after the first birthday plus one booster dose.
  - Physician documentation of clinical disease which must include clinical presentation,
  - Laboratory evidence of detectable antibody (positive titre)

- **Chicken pox (Varicella)** One of the following is acceptable

  A known history of chicken pox or shingles is acceptable.
  If there is no known history or if the history is not clear, one of the following must be provided:
  - Documentation of 2 chickenpox vaccines, given at least 4 weeks apart
  - Laboratory evidence of detectable antibody (positive titre)

**Hepatitis B Vaccine** is not mandatory but all staff must disclose their status, i.e. for those persons who have been immunized a Hepatitis B Antibody titre (positive or negative result) must be provided. Hepatitis B immunity is highly recommended for all staff that may have any contact with human blood and body fluids.

**Tetanus/Diphtheria** vaccine is not mandatory but desirable. Tetanus/Diphtheria Vaccine is given every 10 years.

**Influenza Vaccine** It is expected all staff will have an annual Influenza vaccine in accordance with The Hospital for Sick Children's Influenza Policy
# Immunization Record - Non Payroll Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Home Telephone</th>
<th>Expected SickKids Start Date</th>
<th>Department</th>
</tr>
</thead>
</table>

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the Hospital for Sick Children’s Staff Immunization and Surveillance Policy, you must have the following form completed and signed by your physician or if appropriate your previous employer prior to commencing your employment/SickKids placement.

Failure to comply may result in a delay to your start date. Please return this completed form to Occupational Health and Safety Services no later than your first day of employment/SickKids placement.

Acceptable Documentation is described in the attached information sheet. Please take both sheets to your doctor.

### Tuberculin Testing:
2 Step required. 2nd step must be given 7 to 21 days after 1st test in opposite arm if 1st test is negative

<table>
<thead>
<tr>
<th>Date of test 1.</th>
<th>Result (pos or neg)</th>
<th>Induration in mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of test 2.</td>
<td>Result (pos or neg)</td>
<td>Induration in mm</td>
</tr>
</tbody>
</table>

### Chest x-ray:
Required if TB skin test is positive i.e. greater than 10mm induration. X-ray must have been done within the last year

<table>
<thead>
<tr>
<th>X-ray Date</th>
<th>Result</th>
</tr>
</thead>
</table>

### Immunization:

#### Measles:
1 MMR after 1st birthday plus an additional Measles booster or a 2nd MMR

<table>
<thead>
<tr>
<th>MMR Date</th>
<th>Measles Booster/2nd MMR Date</th>
</tr>
</thead>
</table>

OR

Physician Documentation of disease: (clinical presentation must be described)

If born before Jan 1, 1970 person is considered immune (Provide DOB)

### Measles Evidence of Immunity (Titres)

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Result (Pos or Neg)</th>
</tr>
</thead>
</table>

### Rubella:

<table>
<thead>
<tr>
<th>Date of MMR</th>
</tr>
</thead>
</table>

OR

Laboratory Evidence of Immunity

<table>
<thead>
<tr>
<th>Rubella date test</th>
<th>Result (Pos or Neg)</th>
</tr>
</thead>
</table>

### Varicella:

History of Disease (Chickenpox or Shingles) Yes or No Year if known

OR

Laboratory Evidence of Immunity (Titres)

<table>
<thead>
<tr>
<th>Varicella date test</th>
<th>Result (Pos or Neg)</th>
</tr>
</thead>
</table>

OR

Varicella Vaccine

1st Dose Date | 2nd Dose Date

2 doses required

### Hepatitis B Immune Status.
Vaccination not required but highly recommended for staff who may have exposure to human blood and body fluids

Have you received Hepatitis B Vaccine? No Yes If Yes the following must be completed

Laboratory evidence of immunity to Hepatitis B (Hepatitis B antibody titre) Pos Neg (Circle one) Date

### Tetanus/Diphtheria (not mandatory but desirable)
Date of last immunization

Completed by

Physician/OHN/RN (Please print) Signature Date

Physician/OHN/RN Address

I understand that this immunization record will be kept on file with the sponsoring manager or designate of the program/department in which I will be participating

Staff person’s signature Date