

Operations Process Instruction Manual

Immunization Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) as an employer of workers in the health care environment requires and recommends immunizations in order to protect its employees from adverse health effects. Immunizations minimize the risk of exposure and possible transmission of vaccine-preventable diseases.

TGLN has a responsibility to advise employees of hazards and ensure all prospective employees have the appropriate immunization protocols under the *Ontario Occupational Health and Safety Act*.

For the purposes of this process instruction employees are TGLN staff who carry out work activities at recovery, transplant or tissue bank sites (e.g., hospitals, coroner's offices, funeral homes, etc.) in the course of their duties, including Surgical Recovery Coordinators (SRC), Tissue Recovery Coordinators (TRC), Multi Tissue Recovery Coordinators (MTRC), Organ and Tissue Donation Coordinators (OTDC), Clinical Responders (CR), Hospital Development Coordinators, Inventory Assistants, Clinical Specialist – Tissue, Manager – Tissue Recovery

Process:

1. Human Resources (HR) will notify new employees the requirement for tuberculosis (TB) screening as well as mandatory and recommended immunizations at least four (4) weeks prior to their start date. HR will determine if any mandatory immunizations need to be taken. Mandatory and Recommended (non-mandatory) immunizations are listed in Appendix 1.
2. New employees will provide a completed *Immunization Review Form* to Human Resources no later than two (2) business days prior to their start date. See Exhibit 1. The following documentation is required by all new employees prior to commencing employment. Details of the documentation requirements can be found in Appendix 2.
 - documentation of tuberculosis (TB) screening
 - proof of immunity from measles, mumps, rubella and varicella (chicken pox)
 - status of pertussis vaccination
 - status of seasonal influenza vaccination
3. HR will request employees be immunized for Hepatitis B for protection due to exposure to blood and bodily fluids. HR will obtain documentation of receipt of vaccination or refusal of immunization for each employee.
 - 3.1. For employees involved in multi-tissue recoveries, where there is a likelihood of potential exposure to blood-borne pathogens, the cost associated with Hepatitis B immunization will be borne by TGLN, as prescribed by the *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking*.

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4. Employees must provide all required documentation at their own cost.
 - 4.1. For employees involved in multi-tissue recoveries, the cost associated with Hepatitis B immunization documentation will be borne by TGLN, as prescribed by the *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking*.
5. Employees may be required to provide proof of immunization at any time.
6. TGLN strongly recommends all employees obtain a seasonal influenza vaccination. See *TGLN's Corporate Influenza Policy*. Employees will notify HR of their seasonal influenza vaccination status on an annual basis.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Immunization Review Form	-----	Human Resources	Human Resources	16 Years

References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. J3.500

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Appendix 1: Mandatory and Recommended (Non-Mandatory) Immunizations

Mandatory Immunizations	Recommended (Non-Mandatory) Immunizations
<ul style="list-style-type: none">• Rubella• Measles• Mumps• Varicella (chickenpox)• Hepatitis B (MTRC only)	<ul style="list-style-type: none">• Tetanus• Diphtheria• Pertussis• Influenza• Hepatitis B

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Appendix 2: Documentation Requirements for proof of vaccination

1. Tuberculosis (TB) Status

- 1.1 New employees whose TB skin testing status is unknown, and those previously identified as tuberculin negative, regardless of history of Bacille Calmette-Guérin (BCG) vaccination, require a baseline 2-step TB test.
 - 1.1.1 A 2-step TST involves administering a small amount of the test fluid just under the surface of the skin of the forearm and having the test read by a trained physician or registered nurse 2-3 days later.
 - 1.1.2 If "negative", the process will be repeated in the other arm 1-3 weeks later to test for a possible delayed response.
 - 1.1.3 This should be done no more than 4 weeks prior to start date.
 - 1.1.4 If "positive", there is no need to retest 1-3 weeks later. Alternatively, employees should undergo further clinical evaluation to differentiate between past or ongoing infection and to determine treatment options as required.
- 1.2 All hospitals require a 2-step TST, except when the new employee has:
 - 1.2.1 Documented results of a prior 2-step test; or
 - 1.2.2 Documented results of a negative TB skin test within the last twelve (12) months, in which case a single-step test may be given.
- 1.3 New employees with a positive TST history must provide relevant medical documentation of results and a chest x-ray report, completed post-positive test. History of BCG vaccine is not a contraindication to having TST, nor is pregnancy. Contraindications to TST include: history of severe blistering reaction or anaphylaxis following the test in the past; documented active TB; clear history of treatment for latent TB infection (LTBI) or active TB in the past; extensive burns or eczema over the testing site (use an alternate site); or major viral infection (persons with a common cold may be tested) or live virus vaccine in the previous 4 weeks.
- 1.4 The ongoing frequency of TST surveillance for TST-negative employees will depend on the hospital's risk and the employee's activity risk in the hospital. In the absence of an identified risk, it is recommended that TST surveillance be completed every five years.

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2. Proof of Measles, Mumps, Rubella and Varicella (chickenpox) Immunity

2.1 Measles.

2.1.1 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-containing vaccine (available as trivalent MMR vaccine) given at least 4 weeks apart, on or after the employee's first birthday.

2.2 Mumps

2.2.1 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-containing vaccine (available as trivalent MMR vaccine) given at least 4 weeks apart, on or after the employee's first birthday.

2.3 Rubella

2.3.1 One of the following is acceptable:

- Laboratory evidence of immunity (blood test resulting in a positive titre); or
- Documentation of immunization with one dose of live rubella containing vaccine (available as trivalent MMR vaccine) on or after the employee's first birthday.
- A history of having had rubella is not acceptable as this disease can be confused with other viruses.

2.4 Varicella (chickenpox)

2.4.1 One of the following is acceptable:

- Laboratory confirmation of disease;
- Laboratory evidence of immunity; or
- Documentation of 2 doses of varicella-containing vaccine given at least 4 weeks apart.

2.5 Tetanus/Diphtheria/Pertussis

2.5.1 Employees who have not received a dose of pertussis vaccine as an adult should receive one dose of Tdap (Tetanus/Diphtheria/Pertussis vaccine for adults) prior to start date in the role. Tetanus/Diphtheria vaccine (Td) should be received every 10 years.

2.6 Influenza

2.6.1 Employees must advise their Manager of their influenza vaccination status on an annual basis.

2.7 Hepatitis B


2.7.1 Employees working in multi-tissue recovery must receive a Hepatitis B vaccine or provide proof of prior vaccination.

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Exhibit 1: Sample Immunization Review Form

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Trillium Gift of Life Network

Immunization Review Form

This information sheet outlines the requirements for hospital/coroner assigned employees to comply with Trillium Gift of Life Network's Immunization policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals. The attached Immunization Record is to be completed by your physician* and must be returned to:
 Human Resources by fax to 416-214-7807 or email human_resources@giftoflife.on.ca at least two (2) days prior to your start date.

No hospital/coroner's office assigned employee will be allowed to start work without clearance. Any exceptions to this policy must be approved in writing, following the completion of a risk assessment.

Measles - Any one of the following is acceptable:

- Documentation of receipt of 2 doses of live measles virus vaccine (or trivalent measles-mumps-rubella [MMR] vaccine) on or after the first birthday, with doses given at least four weeks apart, OR
- Laboratory evidence of immunity.

Mumps - Any one of the following is acceptable:

- Documentation of receipt of 2 doses of live mumps virus vaccine (or trivalent measles-mumps-rubella [MMR] vaccine) on or after the first birthday, with doses given at least four weeks apart, OR
- Laboratory evidence of immunity.

Rubella - Any one of the following is acceptable:

- Documentation of receipt of 1 dose of virus vaccine (or trivalent measles-mumps-rubella [MMR] vaccine) on or after the first birthday, OR
- Laboratory evidence of immunity.

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

Tuberculosis:

- Employees are required to have had a documented 2-step tuberculosis skin test done prior to their start date. This involves the planting of a tuberculosis skin test in the forearm and having it read by a physician or an Occupational Health Nurse 2-3 days later. If negative, the process will be repeated in the other arm 1-3 weeks later. If the 2-step tuberculosis skin test was done more than 12 months prior to their start date, the result of a 1-step tuberculosis skin test must be provided. If 1st or 2nd test is positive, (i.e. greater than 10mm induration), a chest x-ray is required. Chest x-ray must have been completed within the last year. 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. Testing is required despite having a past history of vaccination for TB (called BCG).
- Individuals who have a documented positive skin test are required to submit the results of a chest x-ray completed no more than 12 months prior to start date.
- TB tests are safe to have while pregnant.
- TB tests can be affected by some types of vaccines and should be completed before receiving live vaccines such as MMR (Measles, Mumps, Rubella) or Varivax (chickenpox vaccine).

Varicella (Chickenpox) - Any one of the following is acceptable:

- Documentation of receipt of 2 doses of chickenpox vaccine, given at least 4 weeks apart, OR
- Laboratory evidence of immunity, OR
- Diagnosis or verification of a history of typical varicella (chickenpox) by a health care provider, OR
- Diagnosis or verification of a history of herpes zoster (shingles) by a health care provider.

INSTRUCTIONS: Take this form to your physician* for completion. Incomplete forms and late submissions will delay your start date. Any costs associated with the completion of this form are your responsibility. Please retain a copy for your records.

Last Name	First Name
Date of Birth	Start Date

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PART 1 - TUBERCULOSIS (TB) STATUS / TB SKIN TEST:

If 1st test is NEGATIVE: 2nd step must be given 7 to 21 days after 1st test in opposite arm.

1 st step:	Date planted:	Date read:	Result (+ or -):	Induration (mm):
2 nd step:	Date planted:	Date read:	Result (+ or -):	Induration (mm):

If the above NEGATIVE 2-Step TB Test was NOT completed within the last 12 months, the results of a 1-Step TB Test must be documented below:

1 st step:	Date planted:	Date read:	Result (+ or -):	Induration (mm):
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If any test is POSITIVE (i.e. greater than 10mm induration) a chest X-ray is required (must have been completed within the last year)

X-ray:	Date:	Result:
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Part 2 - PROOF OF IMMUNITY:

Measles:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	1 MMR after 1 st birthday plus an additional measles booster or a 2 nd MMR	Date of 1 st MMR:	(Please check one) <input type="checkbox"/> Measles booster Date: _____ <input type="checkbox"/> 2 nd MMR Date: _____
Mumps:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	1 MMR after 1 st birthday plus an additional mumps booster or a 2 nd MMR	Date of 1 st MMR:	(Please check one) <input type="checkbox"/> Mumps booster Date: _____ <input type="checkbox"/> 2 nd MMR Date: _____
Rubella:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	1 MMR after 1 st birthday	Date of MMR:	
Varicella:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Varicella vaccine (2 doses required), OR History of disease (chickenpox or shingles)	Date of 1 st dose: History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of 2 nd dose: Year: _____

Name of Physician*: _____ Designation of Physician*: _____
 Address: _____
 Physician* Fax Number: _____

Completed by: Physician*: Signature _____ Date _____

For attention of Physician*: By completing and signing this form you are certifying that the information is true and accurate and is in keeping with the professional standards outlined by the professional and regulatory bodies that govern your practice.

I, _____ (print name) agree to release the above information to my Employer, Trillium Gift of Life Network or their agent. I understand that my Manager will be informed of my compliance status (compliant/non-compliant) in relation to the mandatory requirements as outlined in this form.

Signature of Employee: _____ Date _____

*Includes Physician, Nurse Practitioner or Physician Assistant

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