

For the purposes of the Mount Sinai Hospital Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, research institute staff, volunteers, students, independent contract workers and observers. All Staff are required to comply with the Mount Sinai Hospital Immunization & Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals.

Staff must provide documentation of tuberculosis screening, as well as proof of immunity to Measles, Mumps, Rubella, and Varicella (chickenpox) prior to their start date at MSH. Hepatitis B, Tdap/Td and Influenza 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 be returned to MSH Occupational Health, Wellness and Safety Department (OHWS) by fax to **416-361-2663** no later than 12pm two business days prior to your start date. **No Staff will be allowed to start work without clearance through OHWS.** Any exceptions to this policy must be approved in writing by the Director of OHWS and the Director of Infection Control following the completion of a risk assessment.

Tuberculosis:

- Staff are required to have had a documented **2-step** Tuberculosis (TB) skin test done prior to their start date. This involves the planting of a TB skin test in the forearm and having it read by a physician or 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 TB skin test was done more than 12 months prior to their start date, the result of a 1-step TB skin test must be provided. **If 1st or 2nd test is positive, (i.e. greater than 10mm induration), a chest x-ray is required to be completed, post-positive test.** 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 post-positive test.
- 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).

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, 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, 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 Rubella 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.

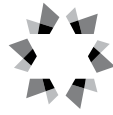
Varicella (Chickenpox) – Any one of the following is acceptable:

- Documentation of receipt of 2 doses of Varicella vaccine, given at least 4 weeks apart, **OR**
- Laboratory evidence of immunity, **OR**
- Laboratory evidence of chickenpox or shingles from a scraping or swab of a skin lesion.

Hepatitis B Vaccine - Highly recommended for any Staff who might have any contact with human blood or body fluids, or items contaminated with human blood or body fluids. All Staff must notify OHWS of their immune status (e.g. their Hepatitis B surface antibody titre) so in the event of an exposure protective action can be taken promptly.

Tetanus/Diphtheria/Pertussis - Staff 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 working in the hospital. Additionally, Tetanus/Diphtheria vaccine (Td) should be received every 10 years. All Staff must inform OHWS of their vaccination status.

Influenza Vaccine - Offered by OHWS and highly recommended for all Staff annually. If you do not receive the Influenza vaccine at MSH, all Staff must inform OHWS of their influenza vaccination status (i.e. vaccine declination for medical or personal reasons, or if you received your vaccination elsewhere) on an annual basis. If you cannot receive the Influenza vaccine, you **must** wear a surgical mask in all patient care areas during the Influenza season as per MSH's Prevention and Management of Influenza Policy.



In order to fulfill the terms and conditions of your employment offer, the following information must be provided to Occupational Health, Wellness and Safety no later than 12pm two business days prior to your start date. Retain a copy for your records.

INSTRUCTIONS: Take the information sheet and this form to your physician or an Occupational Health Nurse to complete in full and sign. Relatives are not permitted to complete and sign this record. Once complete, fax this form to OHWS at 416-361-2663. Incomplete forms and late submissions will delay your start date. Any costs associated with the completion of this form are your responsibility.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME PHONE CELL PHONE (optional)		EMAIL (OPTIONAL)		DATE OF BIRTH
JOB TITLE		DEPARTMENT		SUPERVISOR

TUBERCULOSIS SCREENING (2-Step is required):

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

1st step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)
2nd 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, a **1-Step TB test** must be completed.

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

If 1st or 2nd test is **POSITIVE** (i.e. greater than 10mm induration): Chest x-ray is required to be completed, post-positive test.

X-ray:	Date:	Result:
---------------	-------	---------

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 <u>or</u> 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 <u>or</u> 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:	Varicella vaccine (2 doses required), OR	Date of 1 st dose:	Date of 2 nd dose: _____
	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Laboratory evidence of chickenpox or shingles (from lesion swab or scraping)	Date of test:	Result: <input type="checkbox"/> Varicella-zoster virus detected

IMMUNIZATION STATUS:

Hepatitis B:	Laboratory evidence of immunity (antibody titre must be provided if vaccinated), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Vaccination is highly recommended for Staff who may have exposure to human blood and body fluids	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year series was completed: Lab evidence of immunity post series? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested
Tetanus/ Diphtheria/ Pertussis:	Tdap is recommended for all adults	<input type="checkbox"/> Tdap Date: _____ If never received Tdap <input type="checkbox"/> Td Year of most recent booster: _____	
Influenza:	Highly recommended each year	Date of most recent vaccine:	

Completed by: Physician/OHN _____ Signature _____ Date _____
Print Name

Address _____

I, _____, agree to release the above information to the Occupational Health, Wellness and Safety at Mount Sinai Hospital. I understand that my manager will be informed of my compliance status (compliant/non-compliant) in relation to the mandatory requirements of the Staff Immunization and Surveillance Policy as outlined in my hire letter.

New Staff Signature _____ Date _____