

Policy:	Immunization		
Policy Owner:	Director, Wellness, Occupational Health & Safety, Risk Management & Privacy		
SLT Sponsor:	EVP, General Counsel, Chief People Officer		
Approval By:	Director's Council Medical Advisory Committee	Approval Date:	2011-03-23

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POLICY

In compliance with the [Communicable Disease Surveillance Immunization Protocols for Ontario Public Hospitals](#) and to ensure the health and safety of individuals carrying on activities within the hospital, all London Health Sciences Centre (LHSC) staff and [affiliates](#) are required to follow the prescribed immunization/screening procedures outlined below.

Susceptible Staff/Affiliates

Individuals with certain medical conditions may be considered immunocompromised and at risk for infection even if they have been vaccinated according to the recommendations below. Individuals who are considered immunocompromised should discuss their need for additional interventions with their primary care provider.

[Non-immune](#)/unvaccinated/[susceptible](#) staff and affiliates (see exceptions below) who are unwilling or unable to be vaccinated, or are considered immunocompromised, may require work restrictions and/or a work accommodation due to the fact they are not considered [immune](#). Furthermore if they are exposed, they may be considered to be at greater risk of acquiring disease. Staff/affiliate workplace accommodations are based on the relevant exposure risks and subject to the hospital's ability to accommodate.

Exceptions

- Unvaccinated/non-immune/susceptible contracted workers who are not under direct contract with the organization (i.e. member of third party contract) and students will not be allowed to carry on activities in patient care areas or where there is a risk of being exposed. Non-medical students are to refer to [LHSC Student Requirements](#) as referenced in the [Non-Medical Student & On-Site Faculty Policy](#).
- During a seasonal influenza outbreak, unvaccinated volunteers, students and contracted workers not under direct contract with the organization will not be allowed to carry on their activities within the area where the outbreak is occurring.

PROCEDURE

1. Roles and Responsibilities

1.1. New Staff and Affiliates will:

- 1.1.1. Provide **proof of immune status** in advance of employment, as outlined in this policy which can include:
 - 1.1.1.1. Vaccination records from yellow immunization cards,
 - 1.1.1.2. Notes from physician's offices,
 - 1.1.1.3. Immigration records,
 - 1.1.1.4. Health Unit records,
 - 1.1.1.5. Electronic immunization records (provided they are signed of by a physician or nurse), and
 - 1.1.1.6. **Laboratory testing reports (titres).**
- 1.1.2. Attend any required Occupational Health and Safety Services (OHSS) appointments.
- 1.1.3. Complete recommended testing in a timely fashion.
- 1.1.4. Report to OHSS for immunization and health status review as required.
- 1.1.5. Non- medical students are to refer to [LHSC Student Requirements](#).

1.1.6. Medical students should refer to Schulich School of Medicine and Dentistry for requirements.

1.2. Contract Agency/School for Students will:

1.2.1. Provide the appropriate education, and ensure administration of recommended vaccinations and maintenance of immunization records, in accordance with contractual agreements. (Refer to the Health Requirements section of the [Student Placement Agreement.](#))

1.3. Occupational Health and Safety Services (OHSS) will:

1.3.1. Review immunization and health history to ensure appropriate documentation and follow-up is received prior to clearing the employee's health review, in accordance with OHSS policies and procedures,

1.3.2. Refusal of vaccination, should this occur, WILL BE documented by personnel in OHSS.

1.3.3. Provide initial follow-up only in the event a student sustains a work occurrence that results in the need for immediate immunization or testing.

1.3.3.1. Refer to contract agency or school, Middlesex-London Health Unit (MLHU) or to the student's family physician for additional follow-up.

1.3.3.2. Refer contracted workers to their employer for follow-up.

1.4. Contracted Service Workers and Employment Agencies Carrying on Activities Within the Hospital will:

1.4.1. Ensure that employees are in compliance with this policy.

1.5. Leadership will:

1.5.1. Enforce and communicate the requirements of this policy.

1.5.2. Participate in discussion with regards to accommodation or fitness to work issues related to staff that are considered at risk for acquiring a communicable disease due to their individual health status (susceptible or non-immune).

2. Immunization Requirements/Recommendations for Staff/Affiliates

2.1. Measles

2.1.1. Staff/affiliates require:

2.1.1.1. Two doses of measles containing vaccine with the first dose being given on or after their first birthday and the second dose given at least four weeks from the first dose, or

2.1.1.2. **Laboratory evidence of immunity.**

2.1.1.3. The previously accepted pre-placement assumption of immunity if the individual was born before 1970 has been removed. All LHSC staff and affiliates, regardless of year of birth must provide proof of immunity

2.2. Mumps

2.2.1. Staff/affiliates require:

2.2.1.1. Two doses of mumps containing vaccine with the first dose being given on or after their first birthday and the second dose given at least four weeks from the first dose, or

2.2.2. **Laboratory evidence of immunity.**

2.3. Rubella

2.3.1. Staff/affiliates require:

2.3.1.1. One dose of rubella containing vaccine given on or after their first birthday, or

2.3.1.2. **Laboratory evidence of immunity.**

2.4. Tetanus/Diphtheria

2.4.1. It is recommended that all staff and affiliates receive a primary series of Tetanus Toxoid in childhood, followed by a routine booster every ten years.

2.4.2. Staff and affiliates who have not previously received a primary Tetanus Toxoid series require three doses as part of an adult primary immunization regimen and should contact their family physician or the MLHU in order to complete their primary series.

2.5. Tetanus/Diphtheria/Pertussis (Tdap)

2.5.1. A one-time adult dose of Tetanus/Diphtheria and Acellular Pertussis (Tdap) booster is recommended.

2.5.1.1. All staff and affiliates qualify for receipt of Tdap regardless of the provision of care to patient populations with certain levels of risk.

- 2.5.1.2. Staff and affiliates may receive Tdap regardless of when the last tetanus-diphtheria vaccine was received (i.e. the individual does not have to wait until the next 10 year booster)

2.6. Varicella

2.6.1. Staff/affiliates require one of the following :

- 2.6.1.1. Documentation of receipt of 2 doses of varicella vaccine,
2.6.1.2. **Laboratory evidence of varicella immunity,**
2.6.1.3. **Laboratory confirmation of varicella disease,**

2.7. Influenza

2.7.1. Annual influenza vaccine is recommended for all staff and affiliates, especially those who have contact with the elderly or others with chronic medical conditions. Refer to [Influenza Immunization Program Policy](#). (Non-medical students refer to the Health Requirements section of the [LHSC Student Requirements](#).)

2.8. Hepatitis B:

- 2.8.1. Those who during the course of their work are at risk for an exposure to blood and/or body fluids should consider becoming immunized with Hepatitis B vaccine.
- 2.8.2. On hire or before commencement of a work placement, any staff/affiliate that has received a complete Hepatitis B vaccine series, but has not yet confirmed their immune status, should **have their anti-Hbs levels tested**. If found to be non-immune, additional doses of Hepatitis B vaccine may be offered.
- 2.8.3. Staff/affiliates who have completed two full series of Hepatitis B vaccine and have not acquired a protective anti-Hbs level are considered to be non-responders to the Hepatitis B vaccine. -
- 2.8.4. Any staff/affiliate that is immunocompromised will be counseled on exposure management procedures by OHSS.

2.9. Other Vaccines:

2.9.1. Based on occupational risks, other vaccines may be made available to at risk staff and affiliates (e.g. Meningococcal vaccine).

2.9.2. Tuberculosis (TB):

2.9.2.1. Refer to the [TB Surveillance Policy](#).

DEFINITIONS

Affiliates – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including:

- Credentialed Professional Staff with a hospital appointment (e.g. physicians, midwives, dentists),
- Students,
- Volunteers,
- Contractors or contracted workers who may be members of a third party contract or under direct contract with the organization, and
- Individuals working at the organization but funded through an external source.

Immune Individuals – Individuals who are considered adequately protected, due to the fact they have received the recommended number of vaccine doses for their age and/ or **they have demonstrated laboratory evidence of immunity**.

Non-immune – Individuals who are not considered adequately protected, or considered at risk for acquiring disease because they have not received the recommended doses of vaccine for their age or they do not demonstrate laboratory evidence of immunity. In addition an individual who at one time was considered immune, may become susceptible due to a medical condition (i.e. immunocompromised).

Non- responders – an employee who does not mount sufficient protective antibody responses after primary or booster vaccination.

Susceptible – Individuals who are at risk for acquiring disease because of a medical condition (i.e. immunocompromised).

REFERENCES

Corporate Policies and Resources

[Tuberculosis Surveillance Policy](#)
[Non-Medical Student & On-Site Faculty Policy](#)
[Student Placement Agreement](#)
[Blood and Body Fluid Exposure Protocol](#)

Legislation

[Occupational Health and Safety Act, 1990](#)
[Public Hospital Act, 1990](#)
[Health Protection and Promotion Act, 1990](#)

Other Resources

[Public Health Agency of Canada. \(2006\) Canadian Immunization Guide, 7th edition. \(Catalogue No.HP40-3/2006E\)](#)
[Ottawa, Ontario: Canada. Public Works and Government Services Canada.](#)
[Ontario Hospital Association / Ontario Medical Association Disease Surveillance Protocols](#)