

Personnel Immunization and Tuberculin Skin Testing 9-2 Operational Procedure

1.0 Purpose of this procedure:

The purpose of this procedure is to outline the immunization and tuberculosis skin testing (TST) recommendations, describe the process for assessing and collecting this information, and establish a baseline measurement prior to possible exposure to tuberculosis (TB).

2.0 Applicability

This procedure applies to all Health Unit staff, students, and other placements who are at risk of occupational exposure or capable of transmitting vaccine preventable diseases and/or TB in the course of their work activities.

This procedure also applies to all Health Unit staff who assess and collect personnel immunization and TST information for Occupational Health and Safety (OHS) purposes.

3.0 Scope

This procedure is used when determining immunization and TST recommendations and when assessing and collecting personnel immunization and TST information.

4.0 Prerequisites

Not applicable.

5.0 Tools/Equipment Required

Not applicable.

6.0 Key Concepts

Although the recommended immunizations and TSTs under this procedure are not requirements as a condition of employment, failure to receive the recommended immunizations and/or to provide proof of immunity may result in personnel being reassigned from their regular duties during an outbreak or other situation which could put them and/or their clients at risk.

Interferon Gamma Release Assay-QuantIFERON (IGRA-QFT): A blood test that screens for exposure to Tuberculosis (TB) by indirectly measuring the body's immune response

to antigens derived from the TB bacteria. The IGRA-QFT test can differentiate a Bacille Calmette-Guerin (BCG) response from a TB exposure-response. Although, an IGRA blood test is preferred in people who have received one or more BCG vaccines after the age of one year, the TST is the preferred test when serial testing is planned to assess new infection (e.g., health care workers). This includes repeat testing in a contact investigation or for health unit staff with potential for ongoing exposure. In these situations, IGRA assays are not acceptable for screening. (CTS, 2022)

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Immune: For the purposes of this procedure, having received documented immunization in accordance with the recommendations, having documented immunity demonstrated by serology and/or documented history of laboratory confirmed illness.

Personnel: Includes Health Unit staff, students, and other unpaid placements.

Personnel who are pregnant or breastfeeding: Non-live vaccines are considered safe when administered in pregnancy. Live vaccines should generally not be given during pregnancy because of the theoretical risk of harm to the fetus if transmission of the vaccine strain to the fetus occurs. In general, routinely recommended vaccines can be safely administered when breastfeeding (PHAC, 2018). Personnel who are pregnant or breastfeeding may safely receive a tuberculin skin test.

Reasonably anticipated: Where there are reasonable expectations of coming into contact with blood or body fluids, including contaminated sharps in a worker's day-to-day work.

Satisfactory proof of immunization consists of an immunization record, or another form of documentation verified by a physician, nurse practitioner, or the RN in Occ. Health.

Tuberculin Skin Test (TST): A tool to help determine exposure to TB infection and is performed as part of the OHS program to provide a baseline result in the event that a worker is exposed to an infectious client, visitor or co-worker.

7.0 Procedures

Procedure 1: Assessing and Collecting Immunization and TST Information for Students and Other Placements

Procedure 2: Assessing and Collecting Immunization and TST Information for New Staff

Procedure 3: Assessing and Collecting Immunization and TST Information for Current Staff

Procedure 1: Assessing and Collecting Immunization and TST Information for Students and Other Placements

Position	Steps
Human Resources	<ol style="list-style-type: none"> 1. Include a notice regarding this procedure (9-2) and immunization/testing recommendations (see Exhibit) in all Placement Agreements lasting more than one day. 2. Request a written confirmation from the educational institution or applicable organization for students and other placements beginning an unpaid placement for more than one day at the Health Unit indicating that they meet the immunization and/or TST recommendations prior to the beginning of the placement term. 3. Advise placements beginning an unpaid placement for one day or less at the Health Unit to self-screen for infectious illnesses as per 9-16 (Prevention and Management of Ill Personnel) on the day of their placement.
Educational institution or applicable organization	<ol style="list-style-type: none"> 4. Provide written confirmation for student and other placements beginning an unpaid placement <u>for more than one day</u> at the Health Unit indicating that they meet the immunization and/or TST recommendations prior to the beginning of the placement term.
Students and other placements beginning a placement.	<ol style="list-style-type: none"> 5. Self-screen for infectious illnesses as per Prevention and Management of Ill Personnel (9-16) on the day of their placement.

Procedure 2: Assessing and Collecting Immunization and TST Information for New Staff

Position	Steps
Human Resources Coordinator	<ol style="list-style-type: none"> 1. Communicate this procedure (9-2) to new staff via their hire letter sent via email. 2. Notify the RN, OHS when new staff are hired.
The RN, OHS	<ol style="list-style-type: none"> 3. For each new employee, prepare an Occupational Health and Safety New Employment Assessment form (9-2-T1) by checking off the recommended immunizations, serology testing and/or TSTs using the Personnel Immunization and TB Skin Testing Risk Assessment (Appendix). 4. Review the checked-off form with the new employee during their OHS orientation meeting. 5. Direct new employees to do one of the following: <ul style="list-style-type: none"> • Check their vaccination records in VPD via this link, and/or • Follow up with their health care provider or other (e.g., previous employer, hospital, etc. who may have a record) to request their immunization record, and/or • Arrange to receive missing immunizations through their health care provider, a pharmacy, or VPD by appointment and ensure that immunizations received are recorded on an immunization record. 6. Advise new employees to provide satisfactory proof of immunizations, serology results, and/or TSTs (if applicable) by the designated deadline date to the RN, OHS through email (ohs@healthunit.ca), confidential interoffice mail, or in person. 7. Verify documentation of immunizations, serology results and/or of TSTs received. 8. Enter all immunizations and/or serology information received into Panorama as per Panorama Documentation (WI-VPD-030) and/or forward the information to a Program Administrative Assistant (PAA) in VPD for inputting.

Position	Steps
	<p>9. Record all information received on the Personnel Immunizations and Tuberculin Skin Testing - Employee Health File (9-2-T1) kept in the Employee Health files.</p> <p>10. Scan and/or save documentation received in the Employee Health files.</p>
New Staff	<p>11. Report any contraindication(s) to receiving immunizations or TSTs if applicable to the RN, OHS.</p> <p>12. Communicate any declination to receiving any of the recommended immunization(s) to the RN, OHS so it can be documented.</p> <p>13. Do the following steps:</p> <ul style="list-style-type: none"> • Click here to check their vaccination records in VPD, and/or • Follow up with their health care provider or other (e.g., previous employer, hospital, etc. who may have a record) to request their immunization record, and/or • Arrange to receive missing immunizations through their health care provider, a pharmacy, or VPD by appointment. Ensure that immunizations received are recorded on an immunization record. <p>14. Provide satisfactory proof of immunizations, serology results, and/or TSTs (if applicable) by the designated deadline date to the RN, OHS through email (ohs@healthunit.ca), confidential interoffice mail, or in person.</p> <p>15. Report a history of having had chickenpox or shingles illness to the RN, OHS if proof of immunity to varicella is required by the designated deadline date.</p> <p>16. If immune status serology is required, obtain a lab requisition from the RN, OHS or from a HCP and have blood drawn for testing by the designated deadline date.</p> <p>17. Arrange with the RN, OHS to receive a TST, if a TST is recommended.</p> <p>18. Maintain a copy of their immunization(s), proof of immunity and TST(s) for their own records.</p>

Procedure 3: Assessing and Collecting Immunization and TST Information for Current Staff

Position	Steps
The RN, OHS	<ol style="list-style-type: none"> 1. Assess immunization records of employees annually. 2. Review the immunization status of employees who return from leave to make sure that their immunization record is still up to date. 3. Review immunization status of employees who change from one program/service to another to make sure they are not missing any recommended immunizations for that position using the Personnel Immunization and TB Skin Testing Risk Assessment (Appendix). 4. Send an email using the Email Template (9-2-T2) with the Personnel Immunization Reminder Notice (9-2-T3) to employees eligible or overdue to receive immunizations, serology results and/or TST. 5. Receive and verify documentation of immunizations, serology results, and/or TST. 6. Enter all immunizations and/or serology information received into Panorama as per Panorama Documentation (WI-VPD-030) and/or forward the information to the PAA in VPD for inputting. 7. Record all information received on the Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing -Employee Health File (9-2-T4). 8. Scan and/or save documentation received in Employee Health files. <p>If an employee is unable to provide proof of immunization, TST information, or evidence of immunity based on their risk and position:</p> <ol style="list-style-type: none"> 9. Provide a lab requisition for serology testing to check for immunity to measles, mumps, rubella, varicella, and/or

Position	Steps
	<p>hepatitis B as per Personnel Immune Status Serology and Tuberculin Skin Testing (MED-OHS-001); and/or</p> <p>10. Direct the employee to arrange to receive immunizations and/or serology testing through a HCP, pharmacist, or in VPD (by appointment).</p> <p>11. In certain circumstances (e.g., if the employee is unable to receive immunizations through other means):</p> <ul style="list-style-type: none"> a. Screen the employee prior to administering any immunizations using the Personnel Immunization and TST Health Screening Form (9-2-F1). b. Administer missing immunizations as per Administration, Dispensing, Prescribing and/or Ordering of Medication, Vaccines, Diagnostic Testing and/or Interventions (12-9), and as per applicable medical directives. c. Document immunizations administered as per Documentation-Client Records (WI-HU-007) on the Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing - Employee Health File (9-2-T4). d. Enter all immunizations administered into Panorama as per Panorama Documentation (WI-VPD-030) and/or forward a copy of the updated immunization record to VPD to be inputted into Panorama. <p>12. For staff requiring a TST:</p> <ul style="list-style-type: none"> a. Administer the TST as per Tuberculin Skin Test (12-6) and Personnel Immune Status Serology and Tuberculin Skin Testing (MED-OHS-001). b. Document all Tuberculin Skin Tests administered on the employee's Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing -Employee Health File (9-2-T4). c. Report positive testing for TB to the CDC Program as per the reportable disease requirements (HPPA) since a positive TST requires a medical assessment, a chest x-

Position	Steps
	<p>ray and to rule out active TB, and may require preventative treatment for latent TB infection.</p> <p>Note: If the TST is positive, but the likelihood of tuberculosis infection is low, or risk of a false positive result due to BCG is high, then an IGRA may be used to increase specificity (CTS, 2022). Should it be determined that IGRA is suitable by the CDC Program, the cost of the test would be reimbursed by the employer.</p> <p>13. Update the employee's Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing File (9-2-T4) when immunization, serology or TST information is received.</p> <p>14. Document reported contraindication(s) to immunizations or TSTs received from personnel on their Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing – Employee Health File (9-2-T4).</p> <p>15. Document declinations to receiving recommended immunizations, serology and/or TST on their Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing - Employee Health File (9-2-T4).</p> <p>16. During outbreak situation, notify the HR Manager and/or the immediate supervisor of employees who have not provided satisfactory documentation and/or may not be immunized, tested or immune.</p> <p>17. Inform staff who have not provided satisfactory documentation they may be reassigned according to risk and their supervisor will be informed of their risk status.</p>
Health Unit Staff	<p>18. Report any contraindication(s) to receiving immunizations or TSTs if applicable to the RN, OHS.</p> <p>19. Communicate any declination to receiving any of the recommended immunization(s) to the RN, OHS so it can be documented. Note: staff may be reassigned according to risk and their supervisor will be informed of their risk status by the RN, OHS.</p>

Position	Steps
	<p>20. Do the following steps:</p> <ul style="list-style-type: none"> Click here to check their vaccination records in VPD, and/or Follow up with their health care provider or other (e.g., previous employer, hospital, etc. who may have a record) to request their immunization record, and/or Arrange to receive missing immunizations through their health care provider, a pharmacy, or VPD by appointment. Ensure that immunizations received are recorded on an immunization record. <p>21. Provide satisfactory proof of immunizations, serology results, and/or TSTs (if applicable) by the designated deadline date to the RN, OHS through email (ohs@healthunit.ca), confidential interoffice mail, or in person.</p> <p>22. Report a history of having had chickenpox or shingles illness to the RN, OHS if proof of immunity to varicella is required by the designated deadline date.</p> <p>23. If immune status serology is required, obtain a lab requisition from the RN, OHS or from a HCP and have blood drawn for testing by the designated deadline date.</p> <p>24. Arrange with the RN, OHS to receive a TST, if a TST is recommended.</p> <p>25. Maintain a copy of their immunization(s), proof of immunity and TST(s) for their own records.</p>

8.0 Responsibility

The Procedure Owner identified in 13.0 is responsible for ensuring this procedure is implemented and communicated to those personnel identified in 2.0. The Procedure owner is responsible for providing guidance to personnel performing this procedure, if required.

All personnel identified under section 2.0 are responsible for performing their duties and responsibilities in accordance with this procedure.

The Medical Officer of Health/Associate Medical Officer of Health is responsible for declaring outbreaks or levels of community transmission of vaccine preventable diseases that require modifications to work of non-immune employees.

Managers are responsible for reviewing and managing accommodation requests for employees who are not immunized or tested as per this procedure, in consultation with Human Resources and in accordance with the Ability Management process.

Managers are also responsible for ensuring that employees who are not immunized or tested as per this procedure are not assigned work in situations where transmission is likely.

9.0 Quality Issue Reporting

A Quality Issue Report is initiated, as detailed in WI-HU-065, when an event or circumstance relating to this procedure could have, or did lead to harm, loss, or damage (to people, resources, reputation, or professional organizational standards) occurs during the provision of or result of a service. These do not include OH&S/WSIB, JH&S, or privacy issues.

10.0 Consequences of Non-Compliance

Non-compliance with this procedure is addressed and may result in disciplinary action.

11.0 Related Documents

Internal References

Internal Policy this Procedure Supports

- a) Occupational Health and Safety – OP-POL-10
- b) Infection Prevention and Control (IPAC) – OP-POL-2

Other Documents Referenced within this Procedure (such as other procedures, forms, fact sheets, appendices, etc.)

- a) Quality Issue Reporting – WI-HU-065
- b) Retention and Management of Records – 2-1
- c) Personnel Influenza Immunization - 9-23
- d) Personnel Immune Status Serology and Tuberculin Skin Testing - MED-OHS-001
- e) Prevention and Management of Ill Personnel – 9-16
- f) Panorama Documentation – WI-VPD-030
- g) Administer immunizations as per Administration, Dispensing, Prescribing and/or Ordering of Medication, Vaccines, Diagnostic Testing and/or Interventions - 12-9
- h) Documentation- Client Records - WI-HU-007

- i) Tuberculin Skin Test - 12-6
- j) Occupational Health and Safety New Employment Assessment Form - 9-2-T1
- k) Email Template Re - Personnel Immunization and Tuberculin Skin Testing – 9-2-T2
- a) Personnel Immunization Reminder Notice - 9-2-T3
- b) Occupational Health and Safety Assessment of Personnel Immunizations and Tuberculin Skin Testing -Employee Health File - 9-2-T4
- c) Personnel Immunization and TST Health Screening Form -9-2-F1
- d) Personnel Immunization and TB Skin Testing Risk Assessment – Appendix for 9-2
- e) Personnel Immunization and TST Recommendations – Appendix for 9-2

External References

- a) Canadian Thoracic Society (CTS). (2022). Canadian Tuberculosis Standards (the Standards), 8th edition; Chapter 14: Prevention and control of tuberculosis transmission in healthcare settings. Retrieved from: <https://manuals.cts-sct.ca/documentation/chapter-14-prevention-and-control-of-tuberculosis-transmission-in-healthcare-settings/>
- b) Canadian Thoracic Society (CTS). (2022). Canadian Tuberculosis Standards (the Standards), 8th edition; Chapter 4: Diagnosis of tuberculosis infection. Retrieved from: <https://www.tandfonline.com/doi/full/10.1080/24745332.2022.2036503>
- c) Centre for Disease Control and Prevention (CDC). (2020). Hepatitis A Information for Health Professionals. Retrieved from: <http://www.cdc.gov/hepatitis/HAV/HAVfaq.htm#B13>
- d) Centre for Disease Control and Prevention (CDC). (2021). HPV Vaccine. Retrieved from: [HPV Vaccine](#)
- e) Fox-Lewis A, Allum C, Vokes D, *et al.* Human papillomavirus and surgical smoke: a systematic review. *Occupational and Environmental Medicine* 2020; 77:809-817. Retrieved from: <https://oem.bmj.com/content/77/12/809.citation-tools>

- f) Harrison, R, Huh W. Occupational Exposure to Human Papillomavirus and Vaccination for Health Care Workers. *Obstetrics & Gynecology* 2020 Oct; 136(4):663-665. Retrieved from:
https://journals.lww.com/greenjournal/Abstract/2020/10000/Occupational_Exposure_to_Human_Papillomavirus_and.5.aspx
- g) Hastings Prince Edward Public Health (HPEPH). 2015. Human Papillomavirus (HPV) Vaccine (Gardasil9) FAQs. Retrieved from:
<https://www.hpepublichealth.ca/hpv-vaccine-gardasil9-faqs/#:~:text=If%20you%20are%20over%2045,given%20before%20becoming%20sexually%20active>
- h) Health Protection and Promotion Act (R.S.O. 1990, c. H.7). [Ontario Regulation 559/91: Specification of Reportable Diseases](#).
- i) Immunize.org. (2022). Ask the Experts, Human Papillomavirus. Retrieved from: https://www.immunize.org/askexperts/experts_hpv.asp
- j) Ontario Hospital Association (OHA). (2018). Tuberculosis Surveillance Protocol for Ontario Hospitals. Retrieved from:
[https://www.oha.com/Documents/Tuberculosis%20Protocol%20\(June%202018\).pdf](https://www.oha.com/Documents/Tuberculosis%20Protocol%20(June%202018).pdf)
- k) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). Part 4: Active vaccines; [Hepatitis B Vaccine](#) (2022); [Measles Vaccine](#) (2020); [Mumps Vaccine](#) (2021); [Rubella Vaccine](#) (2018); [Varicella Vaccine](#) (2018); [Pertussis Vaccine](#) (2018); [Poliomyelitis \(polio\) Vaccine](#) (2023); Part 3: [Vaccination of Specific Populations; Immunization of Workers](#) (2023). [Immunization in pregnancy and breastfeeding Canadian Immunization Guide](#). (2023). Retrieved from:
<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- l) UpToDate (2023). Human papillomavirus vaccination. Retrieved from:
<https://www.uptodate.com/contents/human-papillomavirus-vaccination#H407271586>

12.0 Summary of Revisions

2024-06-14 – New procedure replaces WI-HU-OHS-079. Extensive changes made throughout the document, forms, templates.

13.0 Procedure Development Details

Approved by: **Sherri St. Jean, Manager, Human Resources**

Date Approved: **2024-06-14**

Date Effective: **2024-06-18**

Date Due for Review: **2029-06-18**

For more information, contact the procedure owner: Manager, Human Resources