



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.26

DEPARTMENT: *Infection Control*

SUBJECT: *Staff Immunizations*

APPROVAL DATE: November 2022

REVISION DATE:

REVIEW DATE:

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Purpose:

All health care staff departments working in long term care are at an increased risk of exposure to diseases of Public Health Significance. Vaccine-preventable diseases may go un-diagnosed and therefore, there is a risk of Health Care Workers transmitting to others.

As part of the staff immunization program, information regarding the benefits of immunization to staff and resident safety will be provided. Its expected that those in the healthcare field have received the vaccine preventable diseases they are eligible for and relevant to their program, as well, yearly influenza immunization, any COVID-19 immunizations, and any other vaccine-preventable disease recommendations as per the Minister directives, Ministry of Long-Term care, National Advisory Committee on Immunization and Canadian Immunization Guide.

Process:

In order to ensure optimal health and safety of all staff and residents, staff from all departments are strongly encouraged, as per Canadian Immunization Guide, to follow these recommended immunizations:



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Vaccine	Recommendation(s)
BCG	Consider use only in specified high-risk circumstances
Diphtheria Tetanus	All HCW should be immune Primary series if no previous immunization ¹ Booster doses of Td vaccine every 10 years
Hepatitis B	If no evidence of immunity ²
Influenza	Annually
Measles	If no evidence of immunity (refer to text), regardless of age - 2 doses
Meningococcal	Not routinely for HCW Quadrivalent conjugate meningococcal vaccine for clinical laboratory workers who handle N. meningitidis specimens - 1 dose with a booster every 5 years if at ongoing risk
Mumps	If no evidence of immunity (refer to text), regardless of age - 2 doses
Pertussis	A single dose of Tdap vaccine if not previously received in adulthood.
Polio	Primary series if no previous immunization - 3 doses. Unvaccinated HCW at highest risk of exposure should be particularly targeted for primary immunization. A single lifetime booster dose for HCW at highest risk of exposure.
Rubella	If no evidence of immunity (refer to text) - 1 dose
Travel vaccines	For HCW planning to work abroad, consider hepatitis A, cholera, Japanese encephalitis, tick-borne encephalitis, typhoid, and yellow fever vaccines prior to departure Re-vaccination for some vaccines if ongoing risk.
Varicella	If no evidence of immunity (refer to text) - 2 doses

Please refer to COVID-19 specific policy IC 2.10

Please refer to Influenza specific policy IC 2.5

IPAC Program Manager will:

- Encourage immunizations throughout the year (signage, emails, staff meetings, etc.)
- Have information available and an open-door policy for any questions or concerns



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- Offer clinics for immunizations (e.g. COVID-19, influenza, etc.)
- Keep track/record all immunization records, analyze immunization data and rates.
- Request for immunization record if relevant (i.e. Influenza)

TB Screening requirements:

PURPOSE: Baseline testing for *Mycobacterium tuberculosis* reduces the risk of infection and provides a basis for comparison in the event of potential or known exposure.

The tuberculin skin test is the preferred diagnostic test for pre-employment and periodic testing (if indicated) for TB infection among health care workers. TB skin test results will be submitted and maintained confidentially as health information within the individual record and/or contract file.

PROCEDURE:

1. All new staff, students, volunteers and care team partners will be informed of the requirement for two-step tuberculin testing prior to commencing work within the Elgin County Homes.
2. Staff, students and volunteers who have a documented two-step result, may complete a single-step test prior to commencing work within the Home.
3. Pregnancy does not contraindicate performance of a Mantoux skin test. However, if a pregnant woman considered to be high risk of TB infection is skin tested and is negative, she should be re-tested following pregnancy to ensure that her test is indeed negative.



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4. Information regarding access to TB testing will be available and provided, as needed and/or requested. During the COVID-19 pandemic, an attestation to not having symptoms and/or exposure to TB is permitted to support onboarding new hires with the expectation that TB testing will be completed as soon as possible thereafter.
5. Refer to policy “4.16 – Guidelines for Management of Tuberculosis” for specific details for staff, students, volunteers, and external care team providers.
6. IPAC Program Manager/Committee may consider whether periodic screening for health care workers is warranted based on organizational risk assessment (e.g. Community rates increasing; TB exposure in the workplace).

[Resources:](#) Immunization of workers: Canadian Immunization Guide; Government of Canada
Canadian Tuberculosis Standards, 8th ed., 2022