Occupational Health Onboarding Requirements		☐ Policy ☒ Policy & Procedure ☐ Procedure Only ☐ Protocol Only
Policy Type:		**Category**
Corporate		Occupational Health
Approval Authority: VP People & Partnerships		
Date of Original Issue: February 2016	Revised Date: August 2024	Next Review Date: August 2025
Distribution: ☒ Hospital-Wide		
Related Policies: HR-OH-03, HR-OH-09		
Keywords: Occupational Health, Communicable Disease, Immunization Review		
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Policy: Sault Area Hospital is committed to providing and maintaining a safe and healthy work environment for all Health Care Workers (HCWs) and minimizing the risk of occupational illness related to communicable diseases.

In a continuing effort to achieve this goal, Occupational Health Services (OHS) ensures that all HCWs have access to a pre-placement (onboarding) and periodic immunization review. In accordance with section 4 of Regulation 965 of the Public Hospitals Act, the hospital must establish and provide for a communicable disease surveillance program for all persons carrying on activities in the hospital.

Scope: This policy applies to all persons carrying out activities in the hospital including employees, volunteers, physicians, students, learners and contractors. The applicable educational institution / agency hiring contractors are responsible for ensuring compliance to the protocols for students and learners and communicating pertinent information and contact person to OHS. The exception is Ellis Don staff, who will be followed by OHS.

Procedure:

Prior to Hire

OHS will complete an onboarding for all HCWs. At the onboarding appointment, OHS must ascertain the HCWs' immune status in accordance the requirements listed in Table 1. Managers and Human Resources will be notified of HCWs who are not in compliance with mandatory requirements by their hire date. No personal health information will be disclosed by OHS. Managers and Human Resources will determine appropriate follow up for these HCWs, which may include workplace exclusion or termination for HCWs who remain not in compliance within 14 days of hire.

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Where immune status has been ascertained, but the HCW is non-immune and not able and/or willing to be vaccinated, the appropriate leader will be made aware of the work restrictions for the specific communicable diseases(s) for that HCW, if required. The HCW will be advised that if they are exposed to the non-immune communicable disease, either at the hospital or in the community, they are required to report this exposure to OHS. See Occupational Health policy *HR-OH-09 Notification of Communicable Disease or Communicable Disease Exposure*

HCW Responsibilities:

1) Attend scheduled appointments with OHS and respond to communications from OHS in a timely manner.
2) Prior to hire, complete immunity testing, TB testing, and/or vaccinations or provide documentation of the same as listed in Table 1, unless exempt for medical reasons.
3) If non-immune, report any exposure to measles, mumps, rubella, varicella and/or pertussis to OHS in a timely manner. Work restrictions may be required.

Occupational Health Nurse (OHN) Responsibilities:

1) Complete onboarding and provide required TB testing, vaccination, and lab requisitions to HCW as needed.
2) Schedule follow up appointment(s) with HCW, as needed.
3) Notify HCW of results of tests performed.
4) Notify HCW of any follow up required (e.g. if vaccination indicated if non-immune).
5) Notify HCW, manager and Human Resources by email if HCW non-compliant with onboarding requirements by their hire date.
6) Notify HCW, manager and Human Resources by email if HCW non-compliant with onboarding requirements within 14 days of hire date. OHS will not follow up further unless contacted by the HCW, manager, or Human Resources. The manager and Human Resources will be responsible for further follow up.
7) Maintain and update a Clearance for Work report in a designated electronic location on a monthly basis.

Leader Responsibilities:

1) If notified by OHS that HCW has not provided required documentation, speak with the HCW to encourage them to provide the required documentation and review consequences of policy non-compliance, which could include workplace exclusion or termination for HCWs not in compliance within 14 days of hire date. Consult Human Resources for further direction.
2) Review Clearance for Work report on a regular basis. Ensure appropriate work restrictions are in place for HCWs not cleared for work for specific diseases. Note that "Not Cleared" means that the employee does not have proof of immunity on file for the specific disease, which could be due to lack of documentation (i.e. no documentation of immunization or immunity testing provided) OR an employee who declines immunization or unable to be immunized due to medical contraindication.
3) Ensure that employees "Not Cleared" for a specific disease do not provide care for patients with suspect/confirmed disease, unless there is no other immune HCW available to provide care.

Table 1: Proof of Immunity Requirements

Disease	Proof of Immunity Accepted	Requirements
Measles	• Laboratory evidence of measles immunity; **OR** • Documentation of 2 doses of measles-containing vaccine given on or after the first birthday, with doses given at least 4 weeks apart	Mandatory. The OHS must ascertain HCW immune status. Unimmunized / partially immunized HCWs declining vaccination must complete immunity titres.
Mumps	• Laboratory evidence of mumps immunity; **OR** • Documentation of 2 doses of mumps-containing vaccine given on or after the first birthday, with doses given at least 4 weeks apart.	Mandatory. The OHS must ascertain HCW immune status. Unimmunized / partially immunized HCWs declining vaccination must complete immunity titres.

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Rubella	• Laboratory evidence of rubella immunity; **OR** • Documentation of 1 dose of rubella-containing vaccine given on or after the first birthday	Mandatory. The OHS must ascertain HCW immune status. Unimmunized HCWs declining vaccination must complete immunity titres.
Varicella	• Laboratory evidence of immunity; **OR** • Laboratory confirmation of disease; **OR** • Documentation of 2 doses of varicella-containing vaccine given on or after the first birthday, with doses given at least 4 weeks apart	Mandatory. The OHS must ascertain HCW immune status. Unimmunized / partially immunized HCWs declining vaccination must complete immunity titres.
Pertussis	• Documentation of 1 dose of pertussis-containing vaccine (e.g. Tdap) given on or after the 18th birthday, regardless of any doses received prior to age 18; **OR** • If the HCW is under 18 years of age, documentation of 1 adolescent dose of pertussis-containing vaccine (e.g. Tdap). HCW will be given an adult Tdap booster 10 years after this dose. This adult Tdap dose will be provided sooner if indicated / requested by HCW.	Vaccination is highly recommended. Pertussis immunization status of all HCWs must be determined.
Hepatitis B	• Laboratory evidence of immunity (only required for HCWs who have the potential for exposure to blood and/or body fluids). • Susceptible at-risk HCWs must be offered Hepatitis B vaccination if non-immune. Post-vaccination immunity testing is recommended 1-6 months after completion of the vaccination series.	Mandatory. The OHS must ascertain HCW immune status for at-risk HCWs.

Tuberculin Skin Test (TST)	• Documentation of baseline 2 step TST within 30 days prior to hire; **OR**
	• Documentation of prior 2 step TST at any time prior to hire **AND** a 1 step TST within 30 days prior to hire; **OR**
	• Documentation of a prior 1 step TST within the last 12 months **AND** a 1 step TST within 30 days prior to hire; **OR**
	• If history of positive TST:
	  ○ Documentation of a clear chest x-ray completed after the documented positive TST; **OR**
	  ○ Documentation of a clear chest x-ray completed after the positive TST, without documentation of the positive TST. In this case, the chest x-ray will be completed at time of onboarding as the date of the positive TST cannot be verified; **OR**
	  ○ Documented history of completed treatment for Tuberculosis (TB) or Latent TB Infection; **OR**
	  ○ Documented history of a negative Interferon-Gamma Release Assay (IGRA) completed after the positive TST; **OR**
	  ○ Documented history of a consultation with an Infectious Disease Physician confirming clear chest x-ray and assessment related to history of positive TST
		Mandatory. TST is offered regardless of history of BCG vaccination and is **NOT** contraindicated in pregnancy. HCWs with medical contraindication to TST must provide medical documentation that is acceptable to OHS.

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Influenza and COVID-19	• Documentation of 1 dose of Influenza and COVID-19 vaccine within the current year's season.	Vaccination is highly recommended. Immunization status of all HCWs should be determined during respiratory season. Vaccination may be required to continue working during an Influenza and/or COVID-19 outbreak, as determined by the Outbreak Committee.

Immunization Review Program

An immunization review program is in place to ensure HCWs are kept up to date in accordance with best practice recommendations for immunization, as these recommendations may change periodically. HCWs who do not have documented evidence of immunity (Table 1) will be asked to provide documented evidence of immunity or meet with an OHN. TST will be completed if documentation of a baseline TST is not on file in the OHS.

HCW Responsibilities:

1) Attend scheduled appointments with OHS and respond to communications from OHS in a timely manner.
2) Complete immunity testing, TB testing, and/or vaccinations or provide documentation of the same as required in this policy, unless exempted for medical reasons.
3) If non-immune, report any exposure to measles, mumps, rubella, varicella and/or pertussis to OHS in a timely manner. Work restrictions may be required.

Occupational Health Nurse Responsibilities:

1) Review all active HCW files through the Employee Health Record (EHR) periodically to determine if documented evidence of immunity as outlined in Table 1 is on file.
2) Identify HCWs not in compliance and provide notification regarding documentation of immunity that is required by using the appropriate template letter in the EHR. Options for compliance will include:
    a. Providing documentation of immunity as requested to the OHS; **OR**
    b. Meeting with an OHN to update the requirements
3) Maintain and update a Clearance for Work report in a designated electronic location on a monthly basis.

Leader Responsibilities:

1) Review Clearance for Work report on a regular basis. Ensure appropriate work restrictions are in place for HCWs not cleared for work for specific diseases. Note that "Not Cleared" means that the employee does not have proof of immunity on file for the specific disease, which could be due to lack of documentation (i.e. no documentation of immunization or immunity testing provided) OR an employee who declines immunization or unable to be immunized due to medical contraindication.
2) Ensure that employees "Not Cleared" for a specific disease do not provide care for patients with suspect/confirmed disease, unless there is no other immune HCW available to provide care.

Locum Physicians

Locum physicians are required to be up to date with the requirements listed in this policy. Due to the short-term nature of locum work, locum physicians can complete Appendix: Locum Physician Attestation Letter. This attestation confirms their compliance with this policy and provides consent for OHS to request records as needed for exposure investigations. This attestation will be provided to locum physicians by Medical Affairs. Signed attestations will be kept on file in OHS. Locums who are not in compliance with this policy can make an appointment with OHS.

Supportive Data / Definitions:

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Non-Immune: A HCW will be considered non-immune unless they meet the requirements for proof of immunity outlined in Table 1. HCWs who have not provided proof of immunity will be treated as non-immune.	**Not Provided Proof of Immunity:** A HCW is considered to have not provided proof of immunity if they: a) decline to complete laboratory testing as outlined in Table 1, and/or b) decline to receive vaccination, or c) do not respond to OHS requests for documentation.
Not Cleared: A HCW is considered not cleared if they do not meet the requirements for proof of immunity outlined in Table 1. This term will be used when providing reports to managers.	**Cleared**: A HCW is considered cleared if they meet the requirements for proof of immunity outlined in Table 1. This term will be used when providing reports to managers.
Medical Contraindications: Contraindications to immunization or TST as defined in the Canadian Immunization Guide or Canadian TB Standards.	**Hire date:** Date when the HCW commences employment / placement at SAH (e.g. start date, orientation date)
Onboarding: Appointment with the HCW where the OHN reviews documentation of immunity as required in Table 1. OHN will provide immunization, TST and laboratory requisitions to the HCW at this appointment as needed.	**Laboratory evidence of immunity:** serological proof of immunity for the specified communicable disease (e.g. immunity titre)
Clearance for Work Report: Electronic report saved in a secure location, accessible only to leaders and OHS, of all employees by department indicating who is cleared/not cleared for measles, mumps, rubella, varicella and pertussis. Report is to be used by managers to determine work restrictions for their employees.	

References:

Occupational Health & Safety Act, R.S.O. 1990, c.O.1 https://www.ontario.ca/laws/statute/90o01

Public Hospitals Act, R.S.O. 1990, c.P.40, R.R.O. 1990, Reg. 965: Hospital Management https://www.ontario.ca/laws/regulation/900965

Canadian Immunization Guide https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines.html

Canadian Tuberculosis Standards (8th Edition) https://www.tandfonline.com/toc/ucts20/6/sup1

Revision History:

Date:	Signing Authority: Name / Title
October 2, 2024	Shauna Hynna, VP People, Planning & Partnerships

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