

Staff Immunization Recommendations

Reviewed Date		Number	HS0107
Revised Date		Approved Date	May 10, 2000

Introduction

N/A

Purpose

A. General:

The Health Unit promotes immunization as an important healthy lifestyle choice. Immunization is widely recognized and promoted as a major component of health promotion and a leading contributor of a high level of personal and community well being

B. Special Consideration: Influenza Immunization and employees with responsibilities in Long Term Care Facilities. (LTCFs)

Annual influenza immunization is the best method of prevention and protection against influenza viruses. While the vaccine is usually 70% effective in persons of good health, it is only about 30% effective in the frail elderly population. Circulating influenza viruses are inevitably introduced into LTCF's via a community member. It is therefore sound, evidenced-based practice, that all staff assigned to work with LTCFs, be protected against influenza so that they do not place the frail elderly at further risk for influenza.

Legislative Authority

N/A

Policy Definitions and Interpretation

N/A

Policy

A. General:

Employees should consider being immunized for tetanus, polio, diphtheria, measles, mumps, rubella and influenza. Hepatitis B immunization is recommended for employees who work in clinical settings where there is an increased risk of exposure to blood and body fluids.

Mantoux testing for tuberculosis although not an immunization is also recommended for employees who engage in activities that places them at increased risk of exposure to TB. (For example work with refugees or homeless populations) A base line two step mantoux is recommended.

The health unit recognizes and respects the individual's right to choose not to be immunized.

B. Special Consideration: Influenza Immunization and employees with responsibilities in Long Term Care Facilities. (LTCFs)

Employees who have work assignments in Long Term Care Facilities (LTCFs) are required to receive an annual influenza vaccine.

The role of the on call duty inspector requires prompt availability to LTCFs and will only be taken on by those inspectors immunized with the current influenza vaccine.

Procedures

1. Each employee is encouraged to review with their health care provider; the status of their immunization and to ensure the status is "current" as defined in the Ministry of Health immunization schedule. (Appendix A)
2. Employees who need to have their immunization updated can access Public Immunization Clinics offered in each health unit office OR from their health care provider. Appointments for health unit clinics should be made by contacting support staff working in VPD.
3. Employees will be provided with documentation of any immunization given at any health unit clinic.
4. It will be the employee's responsibility to follow-up with any immunizations that require a series of immunizations, such as Hepatitis B.
5. When an employee's work assignment places him/her at risk for a non-publicly funded vaccine (e.g. Hepatitis B) the health unit will provide the vaccine.
6. The Health Unit requires all employees with responsibilities for service provision in LTCF's, to provide proof of annual influenza immunization. If a staff member chooses not to be immunized for influenza, a statement indicating this choice should be documented and provided to the program manager. The program manager should maintain a confidential copy of each employee's record of immunization or decision not to be immunized for the duration of each influenza season. (November through to April).
7. The above documentation is necessary in order to assess staff influenza immunization status, in the event of an outbreak. The communicable disease coordinator will notify program managers with staff in LTCFs, of any influenza outbreaks.

Related Policies

N/A

Related Forms

N/A

Final Approval Signature: _____

Review/Revision History:

September 2010 Policy re-numbered, previous number B3.220

Appendix A

Unimmunized Children Aged 7 Years and Over, and Adults Not Immunized in Childhood	
Visit	Vaccine
Initial visit	Td Polio, MMR
2 months after 1 st visit	Td Polio
6-12 months after 2 nd visit	Td Polio
Every 10 years thereafter	Td
Adults ³ 65 yrs or older, those with chronic heart or lung disease, and others at high risk	Influenza vaccine every autumn Pneumococcal vaccine once