

PRE-PLACEMENT GUIDELINES FOR HEALTH CARE WORKERS

In accordance with the **Ontario Hospital Association Communicable Diseases Surveillance Protocols- Updates 2015, 2016** and the **Canadian Immunization Guide for HCWs:**

1. MMR:

- Documentation of 2 doses of MMR – 1st dose given after 1st birthday and second dose at least 4 weeks after first
(serology not recommended in addition to the above)

OR

Laboratory evidence of immunity

- If only 1 dose of MMR documented, give second dose- serology after immunization is not recommended

NOTE: If HCW who has 2 documented doses of MMR is tested serologically and is negative, another dose is *not recommended* - should be considered immune

2. Varicella:

- Documentation of 2 doses of varicella vaccine at least 6 weeks apart

OR

Laboratory evidence of Immunity

OR

Laboratory confirmation of disease

NOTE: Self- report is not accepted

NOTE: Serology after vaccination series is *not recommended*

3. Hepatitis B:

Evidence of immunity by serology or evidence of non-responder status is needed

A- Serology should be done 1-6 months after 3rd dose – if immune, no further immunizations or serology needed- individual should keep copy as proof

If after 3 doses, serology is checked and student not immune, another series of 3 doses should be done and serology checked in 1-6 mos

***NOTE: If not immune after 2 series – non-responder and NOT immune**

B-If immunization history is unclear or incomplete and serology indicates no immunity, 1 dose of Hep B vaccine should be given and serology checked in 1-6 months

- If still not immune, give **series of 3 Hep B vaccines** and retest 1-6 mos later

***NOTE: If not immune after 2 series – “Non-responder” and NOT immune**

4. Pertussis:

- **All adults (18+) regardless of age should receive 1 dose of Tdap** for Pertussis protection if not previously received in adulthood- this is in addition to the routine adolescent booster
- **Adolescents (under 18)** working or volunteering in health care facilities need to have their adolescent booster dose of Tdap prior to placement

5. Tuberculosis (TB) 2 step TBST ; and 1 step yearly after 2 step

- Do initial CXR with + TBST

NOTE: Routine CXR for normal results is *not recommended* for surveillance; only repeat if clinically indicated; HCW should be educated in symptoms of active TB and contact medical professional for further assessment

6- Meningococcal- not routinely for HCW; only lab workers at high risk : 1 dose Men ACYW-135 (Menactra) or 4C Men B (Bexsero) or both; booster dose every 5 years if ongoing risk

7. Polio- (no pre-placement guidelines in Ontario Hospital Protocols)

- Canadian Immunization Guide: series of 3 doses if unimmunized; Unvaccinated HCW at high risk (ex- working with polio virus) should be particularly targeted for primary series