Occupational Health Vaccination for Vaccine-Preventable Diseases – Medical Directive

Medical Advisory Committee Approved: 27JUNE2023

☑ Harmonized

A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

Authorizing Prescriber(s)

Occupational Health Department Physicians of Lakeridge Health (LH).

Authorized to Whom

Registered Nurses (RN) and Registered Practical Nurses (RPN), working in Occupational Health with the corresponding knowledge, skill and judgment for each order and/or procedure below. Implementers from herein will be referred to as Nurse.

Patient Description/Population

This Medical Directive applies to individuals who are:
- Employees of Lakeridge Health,
- Privileged staff (physicians, dentists, midwives) of LH,
- Employee candidates who have accepted a formal offer of employment and are completing new hire requirements.

This population is referred to as Lakeridge Health Colleagues (LHC)

Order and/or Procedure

For orders see Order Table. Procedures stated below.

1. Provide the LHC with information regarding the vaccination(s) found on the vaccine specific consent form.
2. Review the vaccine specific consent form with the LHC to ensure that it has been read, understood and signed.
3. Perform relevant assessment of pregnancy (if appropriate), allergy status, present health and current medications.
4. Explain the procedure, the risks, side effects, and precautions found on the consent form.
5. Ensure there are no contraindications to vaccination with vaccine(s) found on the consent form.
6. Advise the LHC to remain in the vicinity for 15 minutes post injection to be monitored for a serious reaction.
7. Advise the LHC to notify OH of significant side effects.

8. Report adverse vaccine reactions in accordance with Public Health regulations.

Indications to the Implementation of the Directive

The LHC meets any of the indications on the Order Table.

Contraindications to the Implementation of the Directive

- **The LHC does not consent to any of the procedures being enacted.**
- **The LHC meets any of the criteria under contraindications on the Orders Table.**

Consent

The Nurse will obtain informed consent from the LHC. The LHC will read and sign the vaccine specific consent form (may be electronic) for vaccination after reviewing the vaccine information, contraindications, precautions, and side effects of the vaccine. The original form will be kept on file in OH (may be electronic).

Documentation Requirements

In addition to standard documentation practices the Nurse implementing this medical directive must document the implementation of this Medical Directive in the OH medical record. Documentation must include:

- The procedure performed
- The date and time it was performed
- The name of the medical directive
- the name and signature of the implementer including credentials.

Example:
Measles, Mumps, Rubella (MMR) vaccine 0.5 mL subcutaneously x 1 dose as per Occupational Health Vaccination for Vaccine-Preventable Diseases – Medical Directive April 11, 2023 at 1300h, J Smith RN

Review/Evaluation Process

This medical directive will be reviewed every 2 years by Occupational Health.

This table must **not** be used independently apart from the Medical Directive

Order Table

Order	Indication	Contraindication	Notes (Optional)
Measles, Mumps, Rubella **(MMR)** vaccine 0.5 mL subcutaneously x 1 dose.	Previous MMR vaccination status is unknown Immune status indicates insufficient immunity and less than 2 documented doses of MMR provided, (given after 1st birthday) For post-exposure prophylaxis for those susceptible to measles.	Consent is not obtained . Pregnancy or plan to become pregnant in the next 4 weeks. Severe allergic reaction to a previous dose of or components of the measles, mumps and/or rubella vaccine Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior measles, mumps and/or rubella vaccine. Receipt of a live vaccine such as the varicella (Varivax III) vaccine in the 4 weeks. Immunocompromised (e.g. congenital, primary or acquired immunodeficiency; HIV infection; leukemia; lymphoma;	Repeat doses can be administered after 4 weeks. Breastfeeding LHCs are advised to speak with their treating healthcare practitioner prior to receiving this live attenuated vaccine. MMR vaccine may be administered concomitantly with other routinely provided live parenteral vaccines. If not given concomitantly, a minimum interval of 4 weeks is recommended between administration of MMR and other live parenteral vaccines. This recommendation is to address the risk of interference from the vaccine given first on the vaccine given later.

		generalized malignancy; therapy with alkylating agents, antimetabolites, radiation, or large amounts of corticosteroids; or TNF inhibitors (Humira, Simponi, Remicade, Enbrel, Cimzia etc.). Fever or acute infection Thrombocytopenia, or other blood dyscrasias, lymphomas, leukemias or other malignant neoplasms affecting the bone marrow or lymphatic systems. Receipt of blood transfusion or immune globulin in the last 3 - 11 months (consult OH physician). Active, untreated tuberculosis.	Different injection sites and separate needles and syringes must be used for concomitant parenteral injections.
varicella vaccine 0.5 mL subcutaneously x 1 dose.	Immune status indicates insufficient immunity and less than 2 documented doses of varicella vaccination provided. For post-exposure prophylaxis.	Consent is not obtained Pregnancy or plan to become pregnant in the next 4 weeks. Severe allergic reaction to a previous dose of or components of the varicella vaccine	If previous varicella vaccination is unknown, lab testing would be carried out. After vaccination, female LHCs should delay pregnancy for 4 weeks.

		Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior varicella vaccine. Receipt of a live vaccine such as the MMR vaccine in the last 4 weeks. Immunocompromised (e.g. congenital, primary or acquired immunodeficiency; HIV infection; leukemia; lymphoma; generalized malignancy; therapy with alkylating agents, antimetabolites, radiation, or large amounts of corticosteroids; or TNF inhibitors (Humira, Simponi, Remicade, Enbrel, Cimzia etc.). Fever or acute infection Thrombocytopenia, or other blood dyscrasias, lymphomas, leukemias or other malignant neoplasms affecting the bone marrow or lymphatic systems.	Repeat doses can be administered after 4 weeks. Breastfeeding LHCs are advised to speak with their treating healthcare practitioner prior to receiving this live attenuated vaccine. Varicella vaccine may be administered concomitantly with other routinely provided live parenteral vaccines. If not given concomitantly, a minimum interval of 4 weeks is recommended between administration of varicella and other live parenteral vaccines. This recommendation is to address the risk of interference from the vaccine given first on the vaccine given later. Different injection sites and separate needles and syringes must be used for concomitant parenteral injections.

		Receipt of blood transfusion or immune globulin in the last 3 - 11 months (consult OH physician). Active, untreated tuberculosis.	
tetanus, diphtheria, pertussis **(Tdap)** vaccine 0.5 mL intramuscularly x 1 dose.	Previous Tdap vaccination status is unknown or it has been greater than 10 years since previous dose. Adult (18 years and older) vaccination dose of pertussis vaccine has not yet been given, regardless of how long since the last dose. Previous tetanus containing vaccine was more than 5 years ago and the LHC sustained a wound caused by a dirty object or has a deep puncture wound that cannot be adequately cleansed (i.e. a tetanus prone wound).	Consent is not obtained Severe allergic reaction to a previous dose of or components of the Tdap vaccine. Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior tetanus, diphtheria, or pertussis containing vaccine. Encephalopathy occurring within 7 days of a prior pertussis vaccination not due to another cause. Unstable or progressive neurologic disorder, uncontrolled epilepsy or progressive encephalopathy. Fever or acute infection.	Tdap vaccine may be administered concomitantly with other routinely provided parenteral vaccines. Different injection sites and separate needles and syringes must be used for concomitant parenteral injections. Vaccination is recommended in all pregnant women at or after 26 weeks gestation. Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting Tdap vaccination prior to receiving the vaccine.

		Pregnancy, unless documentation from the LHC's treating practitioner is provided.	
tetanus, diphtheria **(Td)** vaccine 0.5 mL intramuscularly x 1 dose.	Previous Td vaccination status is unknown or it has been greater than 10 years since previous dose. Previous tetanus containing vaccine was more than 5 years ago and the LHC sustained a wound caused by a dirty object or has a deep puncture wound that cannot be adequately cleansed (i.e. a tetanus prone wound).	Consent is not obtained Severe allergic reaction to a previous dose of or components of the Td vaccine Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior tetanus and/or diphtheria containing vaccine. Fever or acute infection. Pregnancy, unless documentation from the LHC's treating practitioner is provided.	If at least one dose of pertussis vaccine has not yet been given since age 18, or documentation of same provided, then the LHC should receive the Tdap vaccine instead of Td. Td vaccine may be administered concomitantly with other routinely provided parenteral vaccines. Different injection sites and separate needles and syringes must be used for concomitant parenteral injections. Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting Td vaccination prior to receiving the vaccine.

Hepatitis B vaccine 1 mL intramuscularly up to 3 doses.	Hepatitis B surface antibody blood titres indicate insufficient immunity to Hepatitis B when there are no prior documented positive titres and the LHC is immunocompetent. No previous Hepatitis B immunization series. Post-exposure prophylaxis.	Consent is not obtained Severe allergic reaction to a previous dose of or components of the Hepatitis B vaccine. Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior Hepatitis B containing vaccine. Fever or acute infection. Pregnancy, unless documentation from the LHC's treating practitioner is provided. Known Hepatitis B carrier.	A series is given at 0, 1, and 6 months. The series may be repeated once for those who did not develop sufficient immunity to one course of the vaccine. Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting Hepatitis B vaccination prior to receiving the vaccine. Refer to the OHA/OMA protocol for Blood Borne Diseases and the LH policy and procedure for further guidance.

quadravalent conjugate meningococcal **(Menactra)** vaccine 0.5 mL intramuscularly x 1 dose.	Microbiology Lab LHCs up to age 55 who are routinely exposed to preparations or cultures of N. meningitides. May be administered 5 years from a previous dose.	Consent is not obtained Severe allergic reaction to a previous dose of or components of the meningococcal vaccine. Previously diagnosed Guillain-Barre Syndrome (GBS). Immunized with Menomune or Menactra within the past 5 years.	Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting meningococcal (e.g. Menomune, Menactra) vaccination prior to receiving the vaccine. Vaccination with meningitis B vaccine may also be recommended. Individuals will

		Immunized with meningococcal C conjugate vaccine in the past month. Fever or an active infection at present. Pregnancy, unless documentation from the LHC's treating practitioner is provided.	be assessed by the OH Physician.
quadravalent polysaccaharide meningococcal **(Menomune)** vaccine 0.5 mL subcutaneously x 1 dose.	Microbiology Lab LHCs age 56 and above who are routinely exposed to preparations or cultures of N. meningitides. May be administered 5 years from a previous dose.	Consent is not obtained Severe allergic reaction to a previous dose of or components of the meningococcal vaccine. Previously diagnosed Guillain-Barre Syndrome (GBS). Immunized with Menomune or Menactra within the past 5 years. Immunized with meningococcal C conjugate vaccine in the past month. Fever or an active infection at present.	Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting meningococcal (e.g. Menomune, Menactra) vaccination prior to receiving the vaccine. Vaccination with meningitis B vaccine may also be recommended. Individuals will be assessed by the OH Physician.

		Pregnancy, unless documentation from the LHC's treating practitioner is provided.	
Meningococcal type B vaccine **(Bexsero)**, 0.5 mL intramuscularly, up to 2 doses.	Microbiology Lab LHCs up to age 25 who are routinely exposed to preparations or cultures of N. meningitides Only one dose should be given if the LHC has previously received a primary series of the Bexsero vaccine. Two doses (at least one month apart) should be given if the LHC has never received the Bexsero primary dose schedule.	Consent is not obtained. Severe allergic reaction to a previous dose of or components of the meningococcal type B vaccine. Previously diagnosed Guillain-Barre Syndrome (GBS). Immunized with meningococcal type B vaccine primary series or booster dose in the past 5 years. Fever or an active infection at present. Pregnancy, unless documentation from the LHC's treating practitioner is provided.	

References

Canadian immunization guide. Government of Canada . (2023). Immunization of workers: Canadian Immunization Guide – Recommended immunization, health care workers. .Retrieved from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1

Ontario Hospital Association - Communicable Diseases Surveillance Protocols. (2019, May 1). Retrieved from: https://www.oha.com/labour-relations-and-human-resources/health-and-safety/communicable-diseases-surveillance-protocols

Product Monograph – MMR II . Kirkland, Quebec, Canada . (March 10, 2023).

Product Monograph -Vaxigrip . Toronto, Ontario, Canada . (2014, April 30).

Product Monograph - Menomune . Swiftwater, PA 18370 USA . (2013, July).

Product Monograph - Menactra . Toronto, Ontario, Canada . (2017, November 28).

Product Monograph - Engerix-B. Mississauga, Ontario, Canada . (2020, November 9).

Product Monograph - Adacel. Toronto, Ontario Canada . (2012, June 11).