Occupational Health Vaccination for Vaccine-Preventable Diseases – Medical Directive

Medical Advisory Committee Approved: 08NOV2019

☑ Harmonized

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Authorizing Prescriber(s)

Physician(s) for the Occupational Health, Safety and Healthy Workplace Department (herein after referred to as Occupational Health) of Lakeridge Health (LH).

Authorized to Whom

Registered Nurses working in Occupational Health (OHN).

Patient Description/Population

This Medical Directive applies to individuals who are:
- Employees of Lakeridge Health,
- Privileged staff (physicians, dentists, midwives) of LH

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

Refer to Order Table for all indications.

Contraindications to the Implementation of the Directive

Refer to Order Table for all contraindications.

Consent

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

Documentation of implementation of the medical directive will be recorded in the OH medical record AND must include the name of the medical directive, date of implementation and name and signature including credentials of the implementer.

Review/Evaluation Process

This medical directive will be reviewed annually by Occupational Health.

References

Canadian Immunization Guide
OHA/OMA Communicable Disease Surveillance Protocols for vaccine-preventable diseases
Product Monographs for each vaccine

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 3 documented doses of MMR provided. For post-exposure prophylaxis for those susceptible to measles.	Lack of signed consent. 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 last month. Immunocompromised (e.g. congenital, primary or acquired immunodeficiency; HIV infection; leukemia; lymphoma;	After vaccination female LHCs should delay pregnancy for 4 weeks. 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

		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.	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.
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.	Lack of signed consent. Pregnancy or plan to become pregnant in the next 4 weeks. Severe allergic reaction to a previous dose of or	If previous varicella vaccination is unknown, lab testing would be carried out. After vaccination, female LHCs should delay pregnancy for 4 weeks.

		components of the varicella vaccine 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 month. 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).	Lack of signed consent. 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 of a pregnant LHC may be warranted when the risk of disease outweighs the risk of vaccine both for the mother and the fetus. 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

		Pregnancy, unless documentation from the LHC's treating practitioner is provided.	Tdap vaccination prior to receiving the vaccine.
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).	Lack of signed consent. 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.	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. Vaccination of a pregnant LHC may be warranted when the risk of disease outweighs the risk of vaccine both for the mother and the fetus. 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	Lack of signed consent.	A series is given at 0, 1, and 6 months. The series may be repeated once for those who

	there are no prior documented positive titres and the LHC is immunocompetent. No previous Hepatitis B immunization series. Post-exposure prophylaxis.	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.	did not develop sufficient immunity to one course of the vaccine. Vaccination of a pregnant LHC may be warranted when the risk of disease outweighs the risk of vaccine both for the mother and the fetus. 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.	Lack of signed consent. Severe allergic reaction to a previous dose of or components of the meningococcal vaccine. Previously diagnosed Guillain-Barre Syndrome (GBS).	Vaccination of a pregnant LHC may be warranted when the risk of disease outweighs the risk of vaccine both for the mother and the fetus. Pregnant LHCs are advised to discuss vaccination with their treating physician and provide documentation supporting meningococcal (e.g. Menomune, Menactra)

		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. Pregnancy, unless documentation from the LHC's treating practitioner is provided.	vaccination prior to receiving the vaccine. Vaccination with meningitis B vaccine may also be recommended. Individuals will 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.	Lack of signed consent. 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.	Vaccination of a pregnant LHC may be warranted when the risk of disease outweighs the risk of vaccine both for the mother and the fetus. 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

		Fever or an active infection at present. Pregnancy, unless documentation from the LHC's treating practitioner is provided.	be assessed by the OH Physician.