

Staff Immunization & Surveillance Policy Healthcare Provider Certification – Non-Payroll Staff

Healthcare Provider refers to a licensed physician, occupational health nurse, or registered nurse, active and in good standing with their respective college. Any costs associated with the completion of this form are the responsibility of the staff member/student.

Information for the Healthcare Provider:

SickKids requires all new staff to provide Occupational Health & Safety Services (OHSS) with current immunization records that meet our organizational policy and the minimum standards for all Ontario hospitals. The purpose of these requirements is to limit the risk of exposure and transmission of communicable diseases for staff and patients and support a healthy and safe work environment.

As it may take 4-6 weeks to complete these requirements, **the requirements should be started well in advance of your start date**. Staff are not permitted to verify their own record and are advised to retain a copy of this form for their own records.

To meet policy requirements, all non-payroll staff are requested to have the attached Healthcare Provider Certification completed and submitted to the appropriate hiring department prior commencing any work/placement at SickKids. **Failure to do so will make the individual ineligible to work on SickKids premises.**

Mandatory Requirements:

TUBERCULOSIS (MANTOUX) STATUS:

- New staff whose TB skin testing status is unknown require a baseline two-step TB test.
- If you can provide documentation of a previous 2 step TB skin test, then you will require a one-step test completed within 4 weeks of your start date.
- If any TB test is positive, documentation of the positive TB including induration is required, along with a chest x-ray.
- The chest x-ray must be performed after the positive TB test and within 12 months of your start date.
- Previous vaccination with Bacille Calmette-Guerin (BCG) is **NOT** a contraindication for TB skin testing and therefore the above requirements **still apply**.

IMMUNIZATION STATUS

It is also necessary to provide documentation of immunity to the highly communicable childhood diseases of Measles, Mumps, Rubella and Varicella (Chickenpox)

Measles - One of the following is acceptable:

- documentation of 2 doses of the Measles, Mumps and Rubella (MMR vaccine) given at least 4 weeks apart on or after the first birthday, or
- laboratory evidence of immunity (blood test resulting in a positive titre)

Mumps - One of the following is acceptable:

- documentation of 2 doses of the Measles, Mumps and Rubella (MMR vaccine) given at least 4 weeks apart on or after the first birthday, or
- laboratory evidence of immunity (blood test resulting in a positive titre)

Rubella - One of the following is acceptable:

- documentation of 1 doses of the Measles, Mumps and Rubella (MMR vaccine) given at least 4 weeks apart on or after the first birthday, or
- laboratory evidence of immunity (blood test resulting in a positive titre)

Varicella (chickenpox) - One of the following is acceptable:

- documentation of 2 chickenpox vaccines, given at least 4 weeks apart, or
- laboratory evidence of immunity (blood test resulting in a positive titre)

A history of having had chickenpox is not acceptable.

Strongly Recommended:

- Tetanus, Diphtheria & Pertussis vaccination
- Annual Influenza vaccine
- Updated COVID-19 vaccination per Public Health guidance
- Hepatitis B status

Evidence of Immunity to Hepatitis B

Strongly recommended for staff members who will work with patients and/or may be exposed to blood, bodily fluids, or infectious waste.

- laboratory evidence of immunity (blood test resulting in a positive titre), or
- documentation of 3 doses of Hepatitis B vaccines

Further questions regarding requirements, please contact SickKids Occupational Health via email at: occupational.healthnurses@sickkids.ca

LAST NAME:	FIRST NAME:
DEPARTMENT:	SUPERVISOR:

HEALTHCARE PROVIDER CERTIFICATION

This form is to be used for staff not on payroll.

I, _____ certify that, _____
Healthcare Provider (PRINT NAME) *(PRINT NAME)*

Meets the requirements of the Staff Immunization and Surveillance Policy as outlined on the reverse (or previous page) of this form.

Additionally, I am not aware of any medical condition that prevents this individual from participating in their role at SickKids.

HEALTHCARE PROVIDER SIGNATURE **DATE**

Professional Designation: _____

Address: _____

Phone: _____

NON-PAYROLL STAFF

In the event of a communicable disease exposure or outbreak I, _____
Non-Payroll Staff (PRINT NAME)

understand that this certification must be made available to Occupational Health & Safety Services at SickKids if requested. I may also be required to provide written documentation of immunity and/or TB testing.

This certification is to be kept in my SickKids file by the department sponsor/designate to which I am assigned for the duration of my placement.

NON-PAYROLL STAFF SIGNATURE **DATE**