Learners/Instructors carrying on activities within RVH are considered workers according to the Ontario Hospital Association and must provide proof of immunity to measles, mumps, rubella, varicella (chickenpox), and hepatitis B as well as documentation of tuberculosis screening.

The attached Occupational Health and Safety (OHS) Immunization Record/Respirator Fit form is to be completed by either your family doctor, nurse practitioner or local walk-in clinic.

Relatives are not permitted to complete and sign this record. Any costs associated with the completion of this form are your responsibility.

**TUBERCULOSIS (TB) STATUS**

Workers are required to have a documented 2-step tuberculosis skin test (TST) to identify a truly positive skin test. It is essential to have accurate baseline information at the beginning of your placement as this is the comparison that is used in the event of an exposure. A 2-step TST involves the planting of a TST in the forearm and having it read by a physician or other qualified health care professional two to three days later. If negative, the process will be repeated in the other arm one to four weeks after the first TST. This must be completed no more than four weeks prior to your start date. TST is safe to have while pregnant.

If a previous 2-step TST has been established, documentation of the established 2-step must be provided with one additional single TST planted no more than four weeks prior to your start date. If a 1-step has been done in the last 12 months, a current 1-step is also required.

If a worker is scheduled for more than one placement at RVH within a 1 year timeframe, the following is required:

1. Documented proof of a negative result from first placement (e.g. Parklane documentation, Medical documentation with date and result of previous test, etc.)
2. Negative declaration to the following two risk assessment questions:
   a. Have you traveled to a country with a high risk of TB exposure ([http://www.stoptb.org/countries/tbdata.asp](http://www.stoptb.org/countries/tbdata.asp))
   b. Have you worked with patients with query TB receiving the following procedures (sputum induction, bronchoscopy, administration of aerosolized therapies, respiratory therapy, chest physio, autopsy, morbid anatomy and pathology examinations, and/or manipulation of *M. tuberculosis* cultures)

I confirm that I have not traveled to a country with a high risk of TB exposure as per link in 2a above, nor have I worked with patients with query TB as outlined in 2b above.

Student Name:_______________________________ Instructor Name:___________________________
Student Signature:____________________________ Instructor Signature:________________________
Date:_______________________________________ Date:____________________________________

If you have had a positive TST, you are required to submit documentation of the positive TST and an updated chest x-ray completed no more than 12 months prior to your start date.

TST is required despite having a past history of vaccination for TB (called BCG). If TST is positive from BCG, a 2-step TST is not required. In this case, you must submit a chest x-ray report that has been completed within the last 12 months.

The TST can be affected by live vaccines and should be completed before immunizations such as MMR (measles, mumps, rubella) or varivax (chickenpox) vaccine.
IMMUNIZATION STATUS

Acceptable documentation of immunity to the highly communicable childhood diseases of measles, mumps, rubella, and chickenpox include:

**Measles** - One of the following is acceptable:
- Laboratory evidence of measles immunity (blood test resulting in a positive titre), OR
- Documentation of receipt of 2 doses of live measles virus vaccine on or after the first birthday.

**Rubella** - One of the following is acceptable:
- Laboratory evidence of rubella immunity (blood test resulting in a positive titre), OR
- Documented evidence of immunization with a live rubella vaccine on or after the first birthday (1 dose)

**Mumps** - One of the following is acceptable:
- Laboratory evidence of mumps immunity (blood test resulting in a positive titre), OR
- Documentation of receipt of 2 doses of mumps vaccine (or trivalent MMR) given at least 4 weeks apart on or after the first birthday.

**Varicella (Chickenpox)** - One of the following is acceptable:
- Documentation of receipt of 2 doses of varicella vaccine, OR
- Lab evidence of immunity, OR
- Lab confirmation of disease, OR
- Diagnosis or verification of a history of typical varicella by a health care provider, OR
- Diagnosis or verification of a history of herpes zoster (shingles) by a health care provider

**Hepatitis B Vaccine:** This is highly recommended but all workers must at least disclose their immune status. That is, for those persons who have been immunized, a Hepatitis B antibody titre (positive or negative result) must be provided. Workers who have the potential for exposure (may need to define this) to the blood and/or body fluids of patients must be protected by hepatitis B vaccination.

**Tetanus/Diphtheria/Pertussis vaccine:** This is not mandatory but is desirable. Tetanus/Diphtheria vaccine is given every 10 years. Tetanus/Diphtheria/Pertussis is recommended for all health care providers (one dose).

**Influenza Vaccine:** The flu vaccine is highly recommended during influenza season (October-April). Please consult your instructor for further information.

**List of N95 respirators supplied by RVH:**
- 3M 1860 regular or small
- 3M 8110 small
- 3M 8210
- 3M 8511
- 3M 9210 plus