



Immunization Programs (Occupational Health and Wellness)

Description: This medical directive authorizes the Occupational Health Nurse or designate to administer the following vaccines in accordance with the recommendations of the Ministry of Health and Long Term Care and Ministry of Health routine vaccination schedule and with Ontario Public Health Division communicable disease surveillance protocols.

Procedure:

1. The Occupational Health Nurse or designate will complete a health history and assessment of the employee inclusive of all available immunization records.
2. The Occupational Health Nurse or designate will refer to the Immunization Administration Chart (Appendix A) for immunization specific information.
3. The Occupational Health Nurse will determine the appropriate immunization to offer employee:
 - Tetanus-Diphtheria (Td Adsorbed)
 - Tetanus-Diphtheria, Acellular Pertussis (TDap)
 - Energix B™ (Hepatitis B vaccine)
 - Twinrix™ (Hepatitis A & B vaccine)
 - Influenza vaccine (current to the year)
 - Measles, Mumps, Rubella (MMR™)
4. The Occupational Health Nurse will document the vaccination name, dose, route, time of vaccination administered.

SECTION 1	<p>THIS AREA MUST BE COMPLETED BY IMPLEMENTING PROFESSIONAL:</p> <p>Signature with classification _____ Date: _____ (yyyy/mm/dd)</p> <p>Name (Print) _____ Time: _____ (hh:mm)</p> <p>Name of most responsible physician for the client's care related to the directive: _____</p>	
SECTION 2	<p>MEDICAL ADVISORY COMMITTEE:</p> <p>Signature _____</p> <p>Date _____ (yyyy/mm/dd)</p>	<p>PHYSICIAN AUTHORIZING USE:</p> <p>Signature _____</p> <p>Date _____ (yyyy/mm/dd)</p>

Medical Directive: *enter number (MED-DIR-X-X)*
 Approved: *enter date*
 Review due by: *enter date*



Guidelines for Implementation of a Medical Directive

Before implementing a directive, the health professional will be responsible for:

1. Documentation in Parklane with reference to this medical directive .
2. Ensuring the implementer meets the criteria as set out in Section 4.
3. Ensuring the client meets the criteria as set out in Section 3.
4. This completes the implementation process. The directive is now processed as any medical order and is subject to all policies pertaining to a medical order.

Section 3

Implementation Criteria

1. Specific conditions/circumstances that must exist:

- Employee health history must be complete, including employee providing all available immunization records for review
- The Occupational Health Nurse will inquire about allergies or underlying conditions which would contraindicate administration of the vaccine
- Obtain consent for treatment

2. Contraindications:

- Any allergies to the specific vaccine or any of the vaccine components
- See Immunization Administration Chart (Appendix A) for contraindications specific to each vaccine
- Consent for treatment refusal

Section 4

1. **Health professional(s) that can implement the directive:** Occupational Health Nurse or designate
2. **Specific education qualifications, designation or competencies:** Registered Nurse or Registered Practical Nurse with current registration with College of Nurses of Ontario

Section 5

Criteria for selection of the responsible physician:
Employee's most responsible care provider

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Appendix A: Immunization Administration Chart

DRUG	DOSE	ROUTE	FREQUENCY	INDICATIONS	CONTRAINDICATIONS
Tetanus Diphtheria Toxoid (Td Adsorbed)	0.5 mL	IM/Deltoid	10 years	health care workers who have not previously received a dose within the past 10 years	pregnancy , major allergy, a high fever
Tetanus-Diphtheria-Pertussis (Tdap)	0.5 mL	IM/Deltoid	10 years A single dose of Tdap should be offered to all HCWs who have not previously received an adolescent or adult dose of Tdap The interval between the last tetanus-diphtheria booster and the tetanus-diphtheria-acellular pertussis vaccine does not matter. The long-term effectiveness of a single dose of acellular pertussis vaccine is unknown at this time	health care workers who have not previously received an adolescent or adult dose of Tdap	anaphylactic reaction to a previous dose or any constituent of the vaccine, a high fever or serious infection , pregnancy
Enerix B™ (Hepatitis B vaccine)	1 mL	IM/Deltoid	3 series as directed 0, 1 month, 6 months standard	no history of anti-HBs negative	pregnancy , major allergy, a high fever
Twinrix™ (Hepatitis A & B vaccine)	1mL	IM /Deltoid	3 series as directed 0, 1 month and 6 months	Health care workers who have not previously received a dose of Energix B or Twinrix	Anaphylactic to a previous dose or any constituent of the vaccine ,a high fever, or serious infection , allergic to Neomycin, pregnancy or breastfeeding
Influenza Vaccine (current to the year)	0.5 mL	IM/Deltoid	once yearly	health care workers who have contact with individuals in high-risk groups	serious adverse reaction to a previous dose or any component of the vaccine, anaphylactic or

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					hypersensitivity to eggs, acute neurological disorder, a high fever
Measles Mumps Rubella (MMR™)	0.5 mL	SQ/outer aspect of upper arm	once	Laboratory evidence of no immunity, no documented evidence of 2 doses of Mumps/Measles containing vaccine given at least 4 weeks apart on or after the first birthday	Pregnancy and avoid pregnancy for 1 month following vaccination, anaphylactic or hypersensitivity to eggs, gelatin, or Neomycin, high fever, known hypersensitivity to any component of the vaccine or history of past allergic reactions to the vaccine
PLEASE NOTE: Reference will be made to Communicable Disease Surveillance Protocols for Ontario Hospitals and the most current Canadian Immunization Guide for complete vaccination administration information.					

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