

KINGSTON HEALTH SCIENCES CENTRE

ADMINISTRATIVE POLICY MANUAL

Subject: Communicable Disease Screening for Staff and Affiliates

Number: 02-210

Issued by: President and Chief Executive Officer

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Original Issue: 2022.01

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Introduction

As per the [Public Hospital Act R.R.O. 1990, Regulation 965](#), all hospitals in Ontario are required to have health surveillance programs in place that include the tests and examinations as set out in the [Communicable Disease Surveillance Protocol Guide](#) that has been published jointly by the Ontario Hospital Association and the Ontario Medical Association with input from Public Health Ontario. All individuals carrying out activities in Ontario hospitals must meet specific immunity requirements. By ensuring individuals in the hospital environment have the required immunity, we prevent the transmission of communicable disease among patients and individuals who work, learn, or volunteer on site. It is a condition of employment, placement, credentialing, and volunteering at Kingston Health Sciences Centre for individuals to meet the protocol requirements.

Applicability

This policy applies to **all persons carrying on activities at KHSC** including employees, physicians and credentialed staff, medical trainees, students/learners, volunteers including patient advisors, members of the KHSC Board, and research staff.

The policy also applies to contracted personnel (who meet the criteria below), including third parties that KHSC has an established contract or purchased service agreement with, or otherwise engages or retains, who provide goods and/or services, as well as any outside personnel, vendors, or a business entity working on site at KHSC. Vaccine requirements are only applicable to those contracted personnel who meet the following exposure criteria:

- they are working in a patient care area of a KHSC site; OR
- they are working in a non-patient care area regularly for greater than 30 days, or occasionally but on a repeated basis.

Policy

Communicable disease screening requirements at Kingston Health Sciences Centre (KHSC) are mandated by the [Public Hospital Act](#) and apply to all new and current workers (as described in the 'Applicability' section above), and include requirements related to several communicable illnesses including, for example,

- Measles immunity
- Mumps immunity
- Rubella immunity
- Varicella/Zoster (chicken pox/shingles) immunity
- Pertussis immunity
- Tuberculosis (TB)

Additional vaccinations are offered to workers who may be exposed to other potentially infectious agents in the course of their work, including for example, Hepatitis B, and Meningococcal illness.

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Requirements for COVID-19 vaccination are included in the [COVID-19 Staff & Affiliate Vaccination Policy #02-199](#), and for Influenza vaccination are included in the [Influenza Management- Staff Vaccination & Outbreak Management Policy #12-754](#).

KHSC's Occupational Health, Safety & Wellness (OHSW) department is responsible for monitoring changes in the protocols, modifying KHSC documentation/forms, and notifying other stakeholder groups within the organization so that their processes/forms/contract language can be revised to accurately reflect the most current evidence and requirements.

Documentation of vaccination/immunity for new hires and new appointments shall be provided as follows:

- a. New employees, including medical residents, shall provide to KHSC's Occupational Health Department as part of their pre-placement and prior to their employment start date.
- b. New volunteers shall provide to Volunteer Services.
- c. New Board Members shall provide to the Board office.
- d. New Patient Advisors shall provide to the PFCC Lead's Office.
- e. New credentialed staff (e.g., physicians, dentists, midwives, extended nursing class, departmental/research assistants, clinical observers) shall provide to Medical Affairs.
- f. New research staff, who are not KHSC employees and not credentialed through Medical Affairs, shall provide to the office of the Vice President, Research.

Vaccine Exemptions:

Personal preference to be excluded from vaccination will not be accommodated. Exemption will only be considered where one of the following exists:

- Medical exemption - Where a required vaccination is medically contraindicated, the employee or affiliate must provide supporting documentation from their treating physician, or registered nurse in the extended class, that sets out the documented medical reason for the contraindication and the effective time period for the medical reason (i.e., permanent or time-limited). Proof of medical exemption for employees must be submitted to OHSW, and for others, to the most responsible person (*see below*). Where the vaccine is medically contraindicated OHSW will work with the Manager to determine what accommodation, if any, is possible. As a health care employer, the risk to patients associated with a worker who is non-immune to one or more communicable diseases will be a factor in whether accommodation is possible.
- Exemption based on a protection ground under Human Rights - Where an employee or affiliate believes they are exempt from receiving a KHSC required vaccine, based on a protected ground under the *Ontario Human Rights Code*, such individual must provide proof, acceptable to KHSC, requesting an exemption from vaccination based on the protected ground. Such request for an exemption and proof will be submitted to the Vice President and CHRO, and for physicians and credentialed staff submitted to the Chief, Medical & Academic Affairs.

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Procedures

A) KHSC Employees (Permanent and Temporary)

New hires

1. As part of the new hire process, new employees are provided with the *Pre-Placement Communicable Disease Screening Form (see Appendix A)* which is to be used to confirm the new hire meets the communicable disease screening requirements/KHSC Policy.
2. The new hire is required to have the form completed by their health practitioner, occupational health service at a previous hospital placement, or by their school. This form, or similar document providing documented evidence of immunity, must be provided to the KHSC OHSW at the time of the new hire's scheduled pre-placement appointment.
3. Where the new hire has made every effort to obtain the required screening and/or documentation in advance of their pre-placement appointment but has been unable to complete all screening/testing/vaccinations, the KHSC OHSW department will conduct the required tests, serology, and/or provide required vaccinations. The new hire will be informed in advance of any costs associated with testing and/or vaccinations administered by OHSW.
4. KHSC reserves the right to rescind an individual's offer of employment or appointment should that individual fail to comply with this policy. The individual shall not have any claim, past or future, complaint, or cause of action against KHSC as a result of this rescission.
5. In addition to the initial immunity requirements that apply to all staff, additional provisions apply to certain staff, depending on their work area, nature of their work, and risk of exposure. KHSC OHSW will be responsible for administering the following additional vaccinations, where indicated and outstanding, and will assume the costs of these vaccines.
 - a) Hepatitis B vaccination - for workers at increased risk of occupational exposure to a blood borne pathogen who are not already vaccinated or immune. In addition to those who have direct contact with patients and/or gross contact with blood, workers at risk of needlestick injuries (e.g., housekeeping, central processing) will also be offered vaccination.
 - b) Meningococcal vaccination - for workers who are routinely exposed to preparations or cultures of *Neisseria meningitidis* (i.e., some microbiology MLTS). Vaccination will be provided at the time of the initial pre-placement and every 5 years thereafter if exposure is on-going.
6. For new hires who do not provide the required evidence of immunity/testing from their own health care practitioner, and do not present/return to KHSC OHSW to complete the required testing or vaccinations (e.g., TB skin test), a reminder notice requesting they comply will be sent to the new hire by OHSW. Continued failure to comply will result in notification to People Services and to the employee's manager. Continued non-compliance could result in disciplinary action up to and including termination.

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Current Employees

7. Current employees are required to meet the most current versions of the communicable disease screening requirements/KHSC policy.
8. Where requirements are revised to include new or different immunity requirements, OHSW is responsible for communicating and implementing required changes.
9. Annual TB screening:
In addition to baseline and post-exposure TB skin testing requirements, annual TB skin testing will be conducted on workers deemed to be at increased occupational risk for TB exposure in the workplace.
10. For employees who do not meet the communicable disease screening requirements, a reminder will be issued by OHSW. Continued failure to comply with the protocol(s) will result in notification to the employee's manager, and then to People Services. Continued non-compliance could result in disciplinary action up to and including termination.

B) Medical Residents

11. As part of the annual Resident intake, each new resident receives the *Communicable Disease Requirements for Credentialed Form (see Appendix B)*, in advance of their start date. This form must be completed by the Resident's own physician/health care practitioner in order to confirm they meet the communicable disease screening requirements/KHSC Policy.
12. Where a Resident does not provide the required documentation or does not complete outstanding testing/vaccination with their own health care practitioner or through KHSC OHSW, OHSW will notify the Chief of Medical & Academic Affairs for their follow up.
13. Additional requirements may apply to Medical Residents undertaking placement at other hospital(s) where the placement hospital has more stringent requirements in place.
14. A Medical Resident who does not comply with the requirements will not be permitted to complete their KHSC residency and will not be granted privileges.

C) Physicians and Credentialed Staff

15. As part of the credentialing process, KHSC physicians and credentialed staff will receive the *Communicable Disease Screening Requirements Form (see Appendix B)*. This form must be completed by their own physician/health care practitioner in order to confirm they meet the communicable disease screening requirements/KHSC Policy.
16. Failure to provide confirmation of immunity to Medical Administration will result in hospital privileges not being granted/approved and could lead to being suspended or revoked.
17. Where the documentation of immunity is unclear, Medical Administration may follow up with KHSC's OHSW department to seek clarification of whether all requirements have been met.

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D) Students/Learners

18. Students/learners undertaking placement at KHSC are required to meet the communicable disease screening requirements/KHSC policy as outlined in the Memorandum of Agreement between KHSC and the educational institution.
19. Where screening protocols/policy are revised to include new or different immunity requirements, OHSW will inform the KHSC Student Affairs Coordinator who will subsequently inform the schools of the changes.
20. Prior to initiation of a student/learner placement, the school must confirm with the Student Affairs Coordinator that the student/learner meets the required immunity requirements (**see Appendix C**).
21. For schools that do not provide the required confirmation, they will be informed that the placement is at risk.
22. Other than the seasonal influenza vaccine and COVID-19 vaccine, the KHSC OHSW department does not provide immunity screening, testing or vaccinations to students/learners.

E) Volunteers

23. KHSC Volunteers will receive the *Communicable Disease Screening Form* (**see Appendix D**) in advance of their start date. This form must be completed by the Volunteer's own physician/health care practitioner to confirm they meet the communicable disease screening requirements/KHSC Policy.
24. Where the documentation of immunity is unclear, Volunteer Services may follow up with KHSC's OHSW department to seek clarification of whether all requirements have been met.
25. Board Members are to provide proof of vaccination to the Board Office.
26. Patient Advisors are to provide proof of vaccination to the PFCC Lead's Office.
27. Other than the seasonal influenza vaccine and COVID-19 vaccination, the KHSC OHSW department does not routinely provide immunity screening, testing or vaccinations to volunteers.

F) Contracted Personnel

28. Contracted personnel who work in patient care area, or who work in a non-patient care areas regularly for greater than 30 days or occasionally but on a repeated basis, must use the *Communicable Disease Screening Form* (**see Appendix E**), or similar documentation, that demonstrates they meet the communicable disease screening requirements/KHSC Policy.
29. It is the responsibility of KHSC host/contact person/MRP coordinating the work/on site visit, to verify the individual(s) meets, prior to them being issued a KHSC ID Badge and/or working on site at KHSC.
30. For Contracted staff who's work location is KHSC (e.g., Mohawk Medbuy, Compass, Morrison's, Lovell Pharmacy, etc.), it is the responsibility of the service provider's employer to confirm their staff meet these requirements.

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31. For contracts established by Mohawk Medbuy under the Director of Procurement and Innovation and for internally established purchased service contracts established by the KHSC Contracts Office, language outlining the requirements related to communicable disease screening will be included in all contracts/purchased service agreements (also see [Policy # 02-195 Contractor Health & Safety, Appendix D.](#))
32. For individual contractors/consultants working on site under an employment contract or purchased service agreement, the requirement to adhere to the communicable disease screening requirements will be outlined in the employment contract/purchased service agreement. The individual will be required to provide proof to their KHSC contact, prior to initiating their work on site, showing that they meet the communicable disease screening requirements.
33. For personnel supplied through staffing agencies (e.g., Manpower, Bayshore, Adecco) the KHSC Primary Contact for the agency contract/arrangement will inform the staffing agency of the immunity/vaccine requirements. The agency supplying the personnel will be required to provide confirmation that each worker meets the requirements.
34. KHSC reserves the right to confirm proof of immunity/vaccination.
35. Exceptions will be made for EMS, Firefighters, and Police Officers, and contractors/service providers responding to the site to address an urgent need (e.g., flood, critical equipment repair, etc.)

G) Vendors

36. All Vendors, including consultants for pharmaceuticals and hospitality services, are required to register with the Standards Organization (HSO)/Accreditation Canada (AC). VendorCredentialing@healthstandards.org.
37. Vendors who are visiting a patient care area (e.g., clinical unit, operating room), OR who are regularly visiting/attending a non-patient care area or attending on a repeated basis, are required to meet the communicable disease screening protocols.
38. As a part of the HSO/AC process, vendors must confirm they meet the communicable disease screening requirements for Ontario hospitals, with submission of annual attestation.
39. Vendors are made aware of the requirement for HSO/AC registration, which carries no cost to the vendor, as part of the initial contract procurement process and any updated product/service agreements executed with the KHSC.
40. The Mohawk Medbuy Director of Procurement & Innovation is responsible for ensuring all vendor contracts/agreements include language outlining the company's requirement to register with HSO/AC as per KHSC [Vendor Monitoring System Policy #02-012](#).

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References

KHSC Administrative Policy # 02-012 [Vendor Monitoring System](#)

KHSC Administrative Policy #02-195 [Contractor Health and Safety](#)

KHSC Administrative Policy #02-199 [COVID-19 Staff and Affiliate Vaccination](#)

KHSC Administrative Policy #12-754 [Influenza Management- Staff Vaccination and Outbreak Management](#).

Ontario Hospital Association and the Ontario Medical Association (2023). [Communicable Disease Surveillance Guide](#)

Public Hospital Act. R.R.O. 1990, [Reg. 965: HOSPITAL MANAGEMENT under Public Hospitals Act](#)

Authorizing Signature

Dr. David Pichora
President and CEO