New Employee Immunization Requirements

Welcome to Grand River Hospital!

As part of your employment requirements at GRH, you are required to complete a Health Review with Occupational Health, Safety and Well-being (OHSW)

The New Employee Health Review package contains the following documents:

- New Employee Immunization Requirements (review and provide supporting documents)
- Respiratory Health Screening Questionnaire (complete to the best of your ability)
- New Employee Health Review (complete to the best of your ability)
- OHSW – How your Personal Information is Managed (for your information)

The Health Review, Immunization Requirements and Respiratory Health Screening Questionnaire forms and any supporting documents are to be **completed and brought to your Health Review appointment**.

The Occupational Health nurse will review all your documents with you and advise if all requirements have been met. Further direction will be provided if follow-up is needed.

Please contact us at 519-749-4300 ext. 2300 (Press 1) to book your appointment.

Sincerely,

Occupational Health, Safety and Well-being
Grand River Hospital

GRAND RIVER HOSPITAL
Advancing Exceptional Care

New Employee Immunization Requirements

All new employees are required to provide the following immunization information. Please obtain and attach immunization records, including lab reports, TB testing and/or CXR if available.

Immunizations and Vaccines:

- ☐ proof of vaccination for MMR (Measles, Mumps, Rubella – 2 doses)
- ☐ proof of vaccination for Varicella (Chicken Pox – 2 doses)
- ☐ proof of vaccination for Covid (fully vaccinated)

and/or lab reports of immune status for:

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Varicella
- ☐ documentation of last Tetanus vaccine (Td / Tdap) regardless of last date given
  Note: an updated vaccination is not mandatory, but highly recommended
- ☐ lab report of immune status for Hepatitis B, regardless of vaccine history

TB skin test:

- ☐ documentation of a current 2-step TB test done within 4-8 weeks PRIOR to your first day at GRH **OR**
- ☐ documentation of a previous **negative** 2-step TB test done at any time **AND** a 1-step TB test done within 4-8 weeks PRIOR to your first day at GRH **OR**
- ☐ documentation of a previous positive TB skin test and a copy of CXR report

FOR OCCUPATIONAL HEALTH USE ONLY:

- ☐ Lead Surveillance - Radiation Department
- ☐ Hep B Antigen Surveillance – Renal Program
- ☐ TB Surveillance – PT, OR, PACU, Lab –Path/Histo/Cytology, RT
- ☐ MenC/MenB – Lab- Micro (MLT/MLA)

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Respirator Health Screening Questionnaire

If you are not certain whether you need a fit-test or not, contact your educator or manager to discuss.

Last Name:		First Name:	
Height:	Weight:	If contract employee/student, name of agency/school:	
Job Title:	Unit/Dept:		Work Extension:
Do you wear glasses? Yes ☐ No ☐	Facial hair: Yes ☐ No ☐ If Yes, describe: _____		Do you wear dentures? Yes ☐ No ☐
Do you currently smoke? Yes ☐ No ☐	Are you pregnant? Yes ☐ No ☐		

Have you previously completed a Fit Test? Yes ☐ No ☐ If Yes, Model of Respirator: _____ Date Tested: _____

*If you were not fit tested to one of the style/sizes that GRH carries, you will be required to get your fit test re-done to one of GRH's styles/sizes.

Do you currently have, or ever had in the past, any of the following conditions?

1.	Allergies ……	☐ Now	☐ Past	☐ Never
2.	Claustrophobia (fear of closed in spaces) ……	☐ Now	☐ Past	☐ Never
3.	Difficulty smelling odors……	☐ Now	☐ Past	☐ Never
4.	Lung conditions ex: Chronic Bronchitis, Pneumonia, Injuries……..	☐ Now	☐ Past	☐ Never
5.	Heart problems……	☐ Now	☐ Past	☐ Never
6.	High blood pressure ……..	☐ Now	☐ Past	☐ Never
7.	Frequent pain or tightness in your chest ……	☐ Now	☐ Past	☐ Never
8.	Shortness of breath ……..	☐ Now	☐ Past	☐ Never
9.	Persistent cough or wheezing…….	☐ Now	☐ Past	☐ Never
10.	Chest pain when you breathe deeply ……	☐ Now	☐ Past	☐ Never

If you checked "NOW" or "YES" to any of the above questions (1-12), please briefly explain your answers below.

Have you ever used a respirator? Yes ☐ No ☐

If yes, did you experience any of the following:

13.	Eye irritation ……	☐ Now	☐ Past	☐ Never
14.	Skin allergies or rashes ……	☐ Now	☐ Past	☐ Never
15.	Anxiety ……	☐ Now	☐ Past	☐ Never
16.	General weakness or fatigue ……..	☐ Now	☐ Past	☐ Never
17.	Any other problem that interfered with your use of a respirator ……	☐ Now	☐ Past	☐ Never

After carefully reviewing your completed form, do you have any reason to believe that you will be unable to use or wear a half-face respirator while performing your duties?

Signature:	**Date:**

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New Employee Health Review

A. IDENTIFICATION (Please print) –*to be completed by employee*

Last Name:	First Name:	DOB (DD/MM/YYYY):
Telephone:	Email:	
Position:	Department:	Manager:

B. PERSONAL MEDICAL HISTORY –to be completed by employee

The following questions are important to identify any health conditions that could be affected by potential exposure to workplace hazards.

Have you ever received medical treatment for the following? Please check all that apply:

- ☐ Respiratory Issues
- ☐ Migraines
- ☐ Arthritis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Seizures/Loss of Consciousness
- ☐ MRSA/VRE
- ☐ Mental Health Concerns
- ☐ Hepatitis/HIV
- ☐ Hearing Issues
- ☐ Visual Issues
- ☐ Diabetes
- ☐ Immunosuppression
- ☐ Latex Allergies/other skin sensitivities
- ☐ Vertigo/Dizziness
- ☐ Mobility Concerns

Have you ever received medical treatment for any of the following musculoskeletal issues? Please check all that apply:

- ☐ Spine (neck, upper back, mid back, low back) injury or pain
- ☐ Upper Limb (shoulder, elbow, wrist, hand) injury or pain
- ☐ Lower Limb (hip, knee, leg, ankle, foot) injury or pain

Do you require accommodation to complete your essential job duties at this time? Yes ☐ No ☐

If yes, please describe:_____

_____

Do you have any skin conditions on your hands (i.e. redness, open areas, cracks, dryness, burning) that might impact your ability to follow proper hand hygiene requirements? Yes ☐ No ☐

If yes, please describe:_____

_____

Please list any major surgeries, excluding pregnancy:

_____

List Allergies (environmental, food, medication). Is an Epipen required? Yes ☐ No ☐

_____

C. AUTHORIZATION

I hearby declare that this information is true and complete. I understand that all medical information provided by me will be kept confidential as per the GRH Privacy, Confidentiality and Information Security Policy, ADM-B-5080.

Employee Signature: _____ Date: _____

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New Employee Health Review

D. PREVIOUS WORK AND EXPOSURE HISTORY- *to be completed by Occupational Health Nurse*

Have you ever had a work-related illness or injury? Yes ☐ No ☐

If yes, please describe:_____

_____

Do you have any permanent restrictions from a previous WSIB claim? Yes ☐ No ☐

If yes, please identify:

Date of Claim: _____ Present Status: _____

Name of Employer: _____

Please describe restrictions: _____

_____

Have you previously (with another employer) had exposure to the following:

Exposure to toxic substances (i.e. lead)	Yes ☐	_____	No ☐
Exposure to noise (i.e. without hearing protection)	Yes ☐	_____	No ☐
Heavy lifting (i.e. without mechanical lifts)	Yes ☐	_____	No ☐
Repetitive movement (i.e. assembly line work)	Yes ☐	_____	No ☐

Do you have restrictions that require accommodation related to your personal safety in the event of an emergency evacuation? Yes ☐ No ☐ If yes, you will be referred to the Safety Consultant.

Occupational Health Nurse Signature: _____

Date: _____

Grand River Hospital is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act. It will be used and maintained by the institution for the intended purpose of providing you with Occupational Health and Safety services. If you have any questions about the collection, use and disclosure of the information provided on this form, please email the OHS department at occupational.health@grhosp.on.ca or call x2300.

How your Personal Information is Managed

As an employee or agent of Grand River Hospital, it is your right to know how and where your information travels when an incident occurs on the job. This document will provide the details you need to know to understand how your information is protected, collected, used and disclosed.

How We Protect Your Personal Information:

GRH protects your information in a number of ways including, but not limited to:

- Putting in place policies and procedures that address information flow
- Limiting access to your personal information (PI) and personal health information (PHI) to only those in the OHSW Department who need to know in order to perform their function

Your information remains confidential within the OHSW department and is not shared outside of the department unless there is consent provided.

Why We Collect Your Personal Information:

- OHA Guidelines (Baseline Standards)
- Legislative Compliance
- Documentation/Meet reporting requirements
- Attendance Management
- Incident Investigation
- Care Provisions (nursing, OT, PT)
- Managing WSIB Claims
- Accommodation in the workplace

Your information is collected for the purpose of ensuring that the hospital is meeting legislative compliance and hospital policy and procedure; as well as managing the employment relationship while you are recovering from injury or illness.

OHSW evaluates if a WSIB claim needs to be submitted and assists with the accommodation process for reasons related to your claim (modified work, pay, etc.).

How is Your Information Used?
Your information is stored securely in a database specifically for Occupational Health, Safety and Well-being. Your information will only be accessed by OHSW staff if it is a requirement of their role.

Disclosure of Your Personal Information:
We will disclose your personal information:

- When required by law
- To an appropriate union according to the terms of the collective agreement
- When requested by other third parties provided you have consented to the disclosure. **You have the right to withdraw consent at any time, except when required by the law.**

What can my Manager see?

When the case manager is assisting with an accommodation, your manager will only be informed of your restrictions and limitations. Your manager is not authorized to view or access personal health information related to the incident without your express consent.

Below are some examples of how we collect, use and disclose your information based on type:

Information Type	Source	Purpose	Disclosure
Occupational Health	- Pre-employment Health Review (vaccinations, general health status, etc.) - Standard patient information collection for baseline (exposure, outbreaks, etc). - Reports – specific to certain groups of individuals based on risk	- To review the health of employees who are at risk of pathogen or disease exposure - To establish the employees baseline health status - Used in the event of file reviews, status checks, etc.	- Occupational Health Nurses - Occupational Health Physician - Manager/Supervisor only if required in the event of an outbreak
Workplace Incident	- SafetyNet Report	- For the purposes of incident investigation – potential to initiate WSIB claim - Evaluate details of the incident to determine if there was a significant injury	- Health & Safety - Employee Health & Wellness - Manager/Direct Supervisor of employee
Workplace Injury/Illness	Workplace Safety and Insurance Board (WSIB) Forms	- Communicate pay information, modified work and incident details to WSIB	- Employer - WSIB - Health & Safety - Union

Occupational Health and Safety

Phone: 519-749-4300 ext. 2300
Fax: 519-749-4331

Information Privacy & Security (IPS) Office

Phone: 519-749-4275
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