

STANDARD OPERATING PROCEDURE

Title:	Immunization Reports		
Procedure:	BB.018.01	Supersedes:	none
Originator and Date:	Lise Matzke 24OCT2008	Effective Date:	24OCT2008
Review Frequency:	annually	Approved By:	The iCAPTURE Centre Privacy Team
Total Number of Pages: 5			

Revision History		
Date	Reviewer	Summary of revision
20Apr2009	Crystal Leung	Reformatted to iCAPTURE format

Purpose

Personnel working within research or laboratory settings may be exposed to biohazardous substances which cause disease. In some instances, immunization may be recommended as one of the control measures used to prevent illness if exposure cannot be avoided.

Personnel who are at risk of exposure to human biospecimens (including tissues, blood, blood products, and body fluids) that may contain the pathogens; or are at increased risk of sharps injury, or penetrating injuries should be protected by immunizations where possible.

An immunization record must be kept for all personnel and regularly monitored and updated where necessary.

Responsibilities

This procedure is applicable to the following personnel:

- Biobank personnel

Safety

Universal precautions are a method of infection control in which all human tissue, blood and body fluids are treated as if they are infectious. Be sure to wear appropriate personal protective equipment (gloves, yellow gown, eye protection etc.). This SOP does not cover detailed safety procedures for handling Human Biological Materials or hazardous chemicals. Refer to BB.001.01 "Biohazardous Material Handling".

Definitions

Biohazardous materials	Human tissue, cells, body fluids, or culture materials that may contain infectious or other hazardous materials.
Biospecimen	All biological material of human origin, including organs, tissues, bodily fluids, teeth, hair and nails, and substances extracted from such material such as DNA and RNA.
Immunization	The process of inducing immunity to an infectious organism or agent in an individual or animal through vaccination .
Pathogen	An agent that causes disease, especially a living microorganism such as a bacterium or fungus
PPE	Personal Protective Equipment. The equipment and clothing required to mitigate the risk of injury from or exposure to hazardous conditions encountered during the performance of duty. PPE includes, but is not limited to: face shields, lab coat, goggles and gloves.
SOP	Standard Operating Procedure. Document used to control the methods and requirements by which personnel will perform their activities.

Materials and Equipment

The materials, equipment and forms listed in the following list are recommendations only and may be substituted by alternative/equivalent products more suitable for the site procedure.

Immunization Record	
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Procedures

It is recommended that those individuals who may have occupational exposure to particular pathogens be immunized where possible. However, it is the individual's choice to be vaccinated.

Vaccinations may be available through employer sponsored programs, consult Human Resources representative.

1) Immunization Record

- a. Print off form in Appendix.
- b. Fill out immunization form as applicable and attach copies where possible of vaccination records.
- c. Photocopy this form and keep one copy for your records.
- d. All subsequent vaccinations will be recorded as per form.

2) Opting Out

Those individuals opting out of vaccinations must sign a statement indicating they have chosen not to receive the relevant immunizations.

Appendix Immunization Record

NAME (First, Last): _____ DATE OF BIRTH (y/m/d) _____

ATTACH COPIES OF YOUR VACCINATION RECORDS			
TETANUS / DIPHTHERIA			
Primary series is complete: <input type="checkbox"/> Record attached and fill in below OR <input type="checkbox"/> No record available (fill in below)			
Last booster dose: Vaccine: _____ Date: _____ Signature of Phys./Nurse _____			
Adult primary series of 3 doses is required if there are no records:			
	Date	Vaccine	Physician/Nurse Signature
Dose #1			
Dose #2 1-2 mos. after 1 st dose			
Dose #3 6-12 mos. after 2nd dose			
PERTUSSIS			
One dose of pertussis vaccine (after age 14) is required -> <input type="checkbox"/> Record attached and fill in below OR <input type="checkbox"/> No record available (fill in below)			
	Date	Vaccine	Physician/Nurse Signature
Dose			
POLIO			
Primary series is complete: <input type="checkbox"/> Record attached and fill in below OR <input type="checkbox"/> No record available (fill in below)			
Last booster dose: Vaccine: _____ Date: _____ Signature of Phys./Nurse _____			
Adult primary series of 3 doses is required if there are no records:			
	Date	Vaccine	Physician/Nurse Signature
Dose #1			
Dose #2 1-2 mos. after 1 st dose			
Dose #3 6-12 mos. after 2nd dose			
VARICELLA (CHICKEN POX)			
Varicella antibodies serology is required: Serology results -> <input type="checkbox"/> attached. If serology negative, proof of vaccination required (fill in below)			
Adult primary series of 2 doses is required if serology is negative and no evidence of vaccination:			
	Date	Vaccine	Physician/Nurse Signature
Dose #1			
Dose #2 1 month after 1 st dose			
MEASLES, MUMPS AND RUBELLA (MMR)			
MMR antibodies serology to EACH of the 3 viruses is required if there is no documented proof of two MMR vaccines:			
<input type="checkbox"/> Record attached and fill in below OR Serology results for all 3 viruses -> <input type="checkbox"/> attached			
According to the serology, if you are not immune to any of these 3 communicable diseases, a trivalent MMR booster dose is required.			
<i>Please note that measles immunity requires at least 2 doses of a measles-containing vaccine.</i>			
	Date	Vaccine	Physician/Nurse Signature
Dose #1			
Dose #2			

IMMUNIZATION RECORD		Page 2 of 2						
NAME (First, Last): _____		DATE OF BIRTH (y/m/d) _____						
ATTACH COPIES OF YOUR VACCINATION RECORDS								
HEPATITIS B								
<p><u>Primary series is complete:</u> <input type="checkbox"/> Records attached and fill in below AND Serology for Surface Antibody results -> <input type="checkbox"/> attached</p> <p style="margin-left: 40px;">→ If serology results show less than 10iu/ml, refer to Section A, indicate "Booster Dose", and perform serology 2-4 weeks later. → If serology results show greater than 10iu/ml, no further action required due to adequate immunity.</p> <p><u>Primary series is not complete or records are unavailable:</u></p> <p style="margin-left: 40px;">→ Serology for <u>Surface Antibody</u> AND <u>Surface Antigen</u> -> <input type="checkbox"/> attached</p> <p>Proceed with the following directions according to the serology results:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">HBsAb < 10iu/ml AND HBsAg Undetected</td> <td style="padding: 2px;">→ Vaccinate with full series, record in Section A, and perform serology 2-4 weeks later.</td> </tr> <tr> <td style="padding: 2px;">HBsAb < 10iu/ml AND HBsAg Detected</td> <td style="padding: 2px;">→ Consult Health Services.</td> </tr> <tr> <td style="padding: 2px;">HBsAb > 10iu/ml AND HBsAg Undetected</td> <td style="padding: 2px;">→ Immune. No further action is required.</td> </tr> </table>			HBsAb < 10iu/ml AND HBsAg Undetected	→ Vaccinate with full series, record in Section A , and perform serology 2-4 weeks later.	HBsAb < 10iu/ml AND HBsAg Detected	→ Consult Health Services.	HBsAb > 10iu/ml AND HBsAg Undetected	→ Immune. No further action is required.
HBsAb < 10iu/ml AND HBsAg Undetected	→ Vaccinate with full series, record in Section A , and perform serology 2-4 weeks later.							
HBsAb < 10iu/ml AND HBsAg Detected	→ Consult Health Services.							
HBsAb > 10iu/ml AND HBsAg Undetected	→ Immune. No further action is required.							
Section A:								
1.								
	Booster Dose?	Date						
Dose #1	Yes / No	Vaccine						
Dose #2	Yes / No	Physician/Nurse Signature						
Dose #3								
Dose #4 Accelerated sched.								
<p>2. Serology for Surface Antibody 2-4 weeks post series -> <input type="checkbox"/> attached</p>								