



Dear Volunteer:

There are legislated health requirements for working or volunteering in a hospital setting which are outlined on this form, and are in compliance with *The Ontario Hospitals Association & Ontario Medical Association Communicable Disease Surveillance Protocols*. If you are offered a volunteer position you will need to provide us with some information about your immunity. Some basic information is outlined below.

Note that TB tests are not covered by OHIP. We are unable to reimburse any fees that may be charged for this service. Health screening may take several weeks. **Volunteers should be aware that completion of health screening does not guarantee a volunteer placement therefore you should wait until requested by Volunteer Services to proceed with it.**

TUBERCULOSIS (TB)

A TB skin test involves an injection into the skin of the forearm, with results being read 48 to 72 hours later. If the test is positive it is because you have received BCG vaccine for Tuberculosis or you have been exposed to someone with Tuberculosis. Your doctor will further assess this with a Chest x-ray and discuss any symptoms.

If the first test is negative, a second test is performed in the other arm, one to four weeks later. This is followed by another reading in 48 to 72 hours. *The second test is taken as the final result.*

If you are a returning volunteer or you have had a 2-step TB skin test done ≥ 2 years ago then you only require a 1-step TB Skin Test.

MEASLES, MUMPS, RUBELLA (German Measles) and VARICELLA (Chicken Pox)

If your vaccinations are up to date you are considered immune, and nothing further has to be done. If your immunity status is unknown, your doctor will do some blood tests (the results take about a month) and follow up with you if necessary.

Please take the attached information sheet and form to your doctor to initiate appropriate testing. Your doctor will give you the **Health Surveillance Form as soon as the TB testing (or x-ray if required) is done, in order to begin volunteering as soon as possible.** Please be sure to follow up with your doctor to complete additional immunization, if required. Return this form to Volunteer Services as soon as possible, for our records.

If you don't have a family doctor, you can take the information sheet and form to a Walk-In Clinic.

We hope you enjoy your experience as a volunteer.

Volunteer Services
Halton Healthcare

April, 2018



Dear Doctor:

Your patient has applied to be a volunteer at Halton Healthcare which has some surveillance requirements.

Tuberculosis Status:

Unless your patient has a previously documented positive Mantoux test he/she will require testing. The **two-step** test requires an initial 5 TU skin test even in those persons with a previous history of BCG vaccine. If the result is 0-9 mm of induration (not erythema), the test is repeated one to three weeks later. Readings are performed 48 to 72 hours following the testing. If the initial test is positive (10 mm or greater), the second test is not done. Evaluation of any positive tests must be carried out. This includes a chest x-ray, unless contraindicated, and review of symptoms.

If your patient is a returning volunteer or has had a 2-step TB skin test done ≥ 2 years ago; then they only require a 1-step TB Skin Test.

Measles, Mumps, Rubella and Varicella (MMRV) Status:

If immunizations are up to date, no further follow up is required.

If immunity status is uncertain, send blood work to Public Health for assessment of immunity to all four diseases.

Please give your patient the completed Health Surveillance Form (attached, or on the back of this letter) as soon as the Tuberculosis status is determined,

Or FAX or EMAIL to (c/o Volunteer Services):

OAKVILLE: F: (905) 338-4435 / E: volunteer@haltonhealthcare.com
MILTON: F: (905) 878-0498 / E: mdhvolunteer@haltonhealthcare.com
GEORGETOWN: F: (905) 873-4594 / E: ghvolunteer@haltonhealthcare.com

Please follow up with your patient if any additional immunization is required after receiving results of the blood work. We appreciate your cooperation in this matter. Do not hesitate to contact us if any clarification is required.

Volunteer Services
Halton Healthcare

PHONE:

OAKVILLE (905) 338-4643 #1
MILTON (905) 878-2383 ext. 7740
GEORGETOWN (905) 873-0111 ext. 8153

April, 2018

Health Surveillance Form



To: Halton Healthcare
Volunteer Services Department

- Oakville Hospital
- Milton Hospital
- Georgetown Hospital

Volunteer Name: Phone:

Address:

- My patient has had a **two step** TB test and/or Chest X-Ray and is free of disease. *
 - My patient has known immunity to Measles, Mumps, Rubella and Varicella.
- OR**
- My patient's MMRV status is unknown at this time, as titre results are pending. I will administer appropriate immunization when results are known. *

Physician Signature: Date:

Phone number:

Stamp if available:

*** Please give this completed form to your patient as soon as
TB testing or X-ray results are available**

OR

Fax, mail or e-mail a scanned copy to Volunteer Services at:

OAKVILLE: F: (905) 338-4435 / E: volunteer@haltonhealthcare.com
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GEORGETOWN: F: (905) 873-4594 / E: ghvolunteer@haltonhealthcare.com