

**MEDINA HEALTHCARE SYSTEM
MEDINA REGIONAL HOSPITAL AND MEDICAL CLINICS
POLICIES & PROCEDURES**

**Policy Name: Required Vaccinations and Immunization
Requirements for Employees and Volunteers**

Policy Number: IC.502.1

DEPARTMENTS AFFECTED: ALL DEPARTMENTS	EFFECTIVE DATE: 2/15/12
ORIGINATOR: INFECTION CONTROL	REVISION DATE(S): 9/13/13, 9/17/15
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SIGNATURE: ON FILE	REPLACES POLICY: POLICY RETIRED:

PURPOSE

To protect patients, visitors, Medina Healthcare System (MHS) employees and volunteers from communicable diseases as recommended by the Centers for Disease Control and Prevention (CDC).

POLICY

MHS employees and volunteers must furnish proof of immunity to selected diseases (as recommended by the CDC and outlined below) upon offer of employment. Proof of immunity must be received before employee begins working in his/her department.

PROCEDURES

Vaccinations Required as a Condition of Employment:

1. Mumps Measles Rubella (MMR)
2. Varicella (Chicken Pox)
3. Tdap (Tetanus, Diphtheria, Acellular Pertussis Booster)
4. Tuberculosis Skin Test, while not a vaccination, it is also required as determined by the annual employee risk assessment questionnaire

Employee Exposure Levels (Levels Determined by Employee's/Volunteers job role)

Level I	Highly likely to come in contact with a patient
Level II	Somewhat likely to come in contact with a patient
Level III	Unlikely to come in contact with a patient

Responsibility:

1. Immunities required as a condition of employment are MMR and Varicella. Level 1 & Level 2 employees who have direct patient care of infants aged \leq 12 months are required to have a one-time vaccination of Tdap.
2. Testing for immunity will be offered to employees.

Failure to comply :

1. Requires signed declination.
2. Wearing of Appropriate Personal Protective Equipment (PPE) while on duty.
(Not complying with the above shall result in disciplinary action up to and including termination).
3. Exemption from required vaccines: If required vaccinations have not been received because of medical reasons (including contraindications or precautions identified by the Centers for Disease Control and Prevention) or reasons of conscience including religious beliefs, declination statements indicating the reason for declination will be required.
[SB7]
4. Individuals exempt from required vaccines must follow indicated procedures to protect facility patient from exposure to disease, such as the use of PPE, i.e. masks and gloves.
[SB7]
5. Discrimination or retaliatory action against an individual who is exempt from the required vaccines as indicated by the CDC is prohibited. Required use of protective equipment i.e. masks and gloves may not be considered retaliatory action. {SB7}
6. Any questions regarding any of the following vaccinations can be directed to the Employee Health Nurse.

Requirements

1. **Tuberculosis:** All employees and volunteers in patient care areas are required to receive (or provide prior documentation of) a TB skin test upon hire, another test will be done within a week of hire (Two Step TB skin testing method), and annually thereafter.
 - a. If an employee provides documentation of a skin test within the preceding 12 months prior to their hire date, MRH will provide a second test within one week of their first day of employment. Written documentation of the preceding TB skin test results must be written in millimeters and read 48-72 hours after the test was placed to be considered valid.
 - b. If the result is not provided in millimeters or if the new employee has not received a TB test within the previous 12 months, two Tuberculin skin test will be required. The first test will be administered and read prior to the employee's first day on the job and the second test will be administered 1 to 3 weeks after the first.
 - c. If at any time a TB skin test is determined to be positive, documentation of a chest x-ray will be required to determine if the employee has latent TB or TB disease.
 - d. New and established employees who have a history of a positive TB skin test will be required to have documentation of a chest x-ray in their Employee Health file. New employees with documentation of a chest x-ray within the 3 months preceding the hire date may be considered exempt from additional chest x-ray provided a copy of the radiologist's reading is present and the employee is not exhibiting signs and symptom of pulmonary or laryngeal TB disease and described in Policy IC.901.1 Tuberculosis (TB) Control Plan. A TB screening/questionnaire will be administered annually in place of a TB skin test for any employee with a history of a positive TB skin test. If at any time an employee becomes symptomatic, an additional chest x-ray will be obtained.

- e. After hire, the skin test or other screening must be repeated as required annually, or as required by MRH risk assessment.
 - f. Skin tests and/or x-rays will be provided for employees and volunteers at no charge.
- 2. MMR (mumps, measles & rubella):** All hospital employees are required to receive or provide documentation of receiving the MMR series at the time of hire. Documentation for MMR can include:
- a. Official written documentation of adequate vaccination after one year of age. This includes a vaccine on or after one year of age and one vaccine after age four. If the vaccine series was not completed in this manner, documentation of 2 doses a minimum of 28 days part will be considered valid.
 - b. Physician (Provider)-diagnosed rubella, rubeola, and mumps diseases is **NOT** considered acceptable evidence of Immunity.
 - c. Official documentation of positive Rubella, Rubeola, and Mumps titers.
 - d. 2 doses of MMR are recommended for healthcare workers and for individuals who have been vaccinated with an unknown type of measles vaccine during 1963-1967. In addition, persons born before 1957 are considered immune, but unvaccinated healthcare personnel born before 1957 whom lack evidence of MMR should receive the 2 doses series at the appropriate interval. (MMWR/January 28, 2013/Vol.62 Pg. 9 & 15)
- 3. Varicella (chicken pox):** Vaccination for varicella was not recommended for routine use in the United States until 1995. Therefore all employees are **required** to provide documentation of immunity to Varicella. Acceptable documentation for Varicella can include:
- a. Birth in the U.S. before 1980 is **NOT** considered evidence of immunity for a healthcare worker,
 - b. Immunity is demonstrated by providing documentation of a positive antibody test (titer), or by providing proof of immunization with 2 Varicella vaccinations at least 28 days apart.
 - c. History of herpes zoster based on healthcare provider diagnosis or laboratory confirmation of disease.
- 4. Tetanus/diphtheria and acellular Pertussis (Tdap) booster:** ACIP (Advisory Committee on Immunization Practices) recommends a onetime Tdap immunization in place of a Td booster for healthcare professionals of all ages. All level I and II employees who have direct patient care of infants aged ≤ 12 months are **required** to receive the Tdap vaccination unless medically contra indicated or prohibited by religious belief, in which case a statement of declination will be signed. MRH will provide the Tdap for healthcare workers who have direct patient care of infants aged ≤ 12 months. These healthcare workers should receive a single dose of Tdap in place of the Td booster as soon as feasible if they have not previously received Tdap. Tdap can be safely be administered regardless of interval since the most recent Td-containing vaccine. All other hospital employees are **strongly encouraged** to receive and provide documentation of receiving the Tdap immunization to Employee Health. The Tdap vaccine will be offered to all level III employees upon hire.
- 5. Tetanus/Diphtheria (Td):** ACIP recommends the Td booster every 10 years. Employees are responsible for obtaining these booster immunizations. Employees are strongly encouraged to provide Employee Health with documentation of TD immunizations.

6. **Hepatitis B Vaccine:** All direct patient care employees (Level I&II) are highly encouraged to receive and/or provide documentation of receiving the Hepatitis B vaccination series to Employee Health. Level I&II employees are required to either provide documentation of having the Hepatitis B vaccine series or decline receiving the series. Level III employees that do not have documentation of receiving the Hepatitis B series will be offered the vaccines series at no cost. In the event that the Level III employee declines the series a signed declination will be maintained in their Employee Health file. If testing for immunity is warranted it will be offered to Level I&II employees at no charge.

The OSHA Bloodborne Pathogen Standard rule requires that any employee who may have occupational exposure to blood, bodily fluids or other potentially infectious materials (OPM) as a routine part of their responsibilities must, within 10 days of working start date be offered the opportunity to accept or decline the Hepatitis B vaccination series through the Employee Health Department.

7. **Influenza Vaccine:** Influenza vaccine is offered every influenza season at no charge to employees as well as volunteers, physicians and other contract healthcare workers. Those employees who elect not to receive the influenza vaccination will sign a statement of declination and wear the appropriate PPE.

8. **Color vision screen:** The “Neitz” color vision screen will be completed for new hires in the following positions/departments: RN, LVN, CNA, Medical Assistants, Laboratory and Plant Operations.

9. **Pneumonia Vaccination:** During pandemic influenza outbreaks, the pneumonia vaccine (Pneumovax) will be offered at no charge to those employees deemed to be at high risk of developing pneumonia per CDC interim guidelines. High risk categories include:

- Chronic cardiovascular disease
- Chronic pulmonary disease
- Diabetes
- Alcoholism
- Asthma
- Smoke cigarettes
- Chronic liver disease, including cirrhosis
- Cerebrospinal fluid leaks
- Functional or anatomic asplenia including sickle cell disease and splenectomy
- Immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, those receiving immunosuppressive chemotherapy (including corticosteroids), and those who have received an organ or bone marrow transplant.

10. **Documentation:** Documentation of employee immunizations will be maintained in the individual’s health record located in Employee Health. Documentation for physician immunizations will be maintained with physician credentialing files.

****** In the event that a new employee presents with an incomplete MMR, Varicella, or Hepatitis B vaccine series, MRH will provide the additional vaccines needed to complete the series at no cost. The next vaccine in the series needed will be administered prior to the first day on the job if an appropriate time interval has elapsed since the previous dose was administered. If the vaccines are unable to be administered due to an incomplete time interval, the vaccines will be administered as soon as possible after the appropriate time interval has expired.

REFERENCES

1. “Interim guidance for use of 23-valent pneumococcal polysaccharide vaccine during novel influenza A (H1N1) outbreak” www.cdc.gov/h1n1flu/guidance/ppsuh1n1.htm
2. MMWR December 15, 2006 / vol. 55/ No. RR-17 “Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine....Recommendations of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for Use of Tdap Among Health-Care Personnel”.
3. MMWR 2006;55: 1-5 “CDC Update: multistate outbreak of mumps United States, Jan 1- May 2, 2006.
4. MMWR QuickGuide/ Vol. 62 ACIP “Recommended Adult Immunization Schedule for Adults Aged 19 years and older – United States, 2013, January 28, 2013.
5. “Guide to Vaccine Contraindications & Precautions: www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf
6. Texas Senate Bill 7 passed by 82nd Legislature June 2011 (pp159-161).
7. “Latent Tuberculosis Infection: A Guide for Primary Health Care Providers”: www.cdc.gov/tb/publications/LTBI/diagnosis.htm