

Title: Staff Immunization or Proof of Immunity	Procedure Number: PRO 120.002.01
Reference(s): Staff Immunization or Proof of Immunity Policy, #120.002, April 15, 2019 SHD Bloodborne Pathogens Control Plan Recommended Vaccines for Healthcare Workers, March 25, 2019 <a href="http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html">www.cdc.gov/vaccines/adults/rec-vac/hcw.html</a>	Effective Date: April 15, 2019 Revised Date: June 12, 2020  Supersedes:
Approved By:  Chris Spitters, MD, Health Officer	Date:

## PURPOSE:

This procedure establishes responsibilities of District Administration and employees, temporary staff, and interns to comply with the District's immunization or proof of immunity policy.

## PHILOSOPHY:

SHD believes that its staff and clients should be protected against transmission of preventable communicable diseases in accordance with accepted guidelines and as part of good public health practice. District Administration and employees have responsibility to comply with all Centers for Disease Control and Prevention recommendations regarding immunizations.

## DEFINITIONS:

**Category I and II Staff:** District employees whose jobs present the reasonably anticipated risk of exposure to blood or other infectious materials

**Declination:** Refusal to receive the vaccinations addressed in this policy

**Immunity:** Protection from a communicable disease through vaccination or history of disease

**Immunization/Vaccination:** Administration of vaccine against communicable diseases

**Medical verification:** Documentation of vaccination or laboratory-confirmed immunity by a healthcare provider

**Proof of Immunity:** Documentation that an individual is immune to certain diseases

**Vaccine Preventable Disease:** An infectious disease for which an effective preventive vaccine exists

## PROCEDURE:

### ADMINISTRATION:

1. Upon hiring, Human Resources staff will inform the new employee of the immunization/immunity requirements and ask them to submit their record no later than their start date.
2. Immunization/immunity records will be sent to the Prevention Services Division Director or designee for review and determine if additional immunization or immunity information is needed.

3. The Division Director or designee will inform the new employee if their records are complete or if more information is needed. If information is missing, the new employee has up to 6 weeks from start of service to submit requirements or sign a declination.
4. If an employee does not meet initial or annual requirements, the Division Director or designee will notify the employee's manager/supervisor.
5. The Division Director or designee will document the new employee's information on a vaccine data log, which will be maintained and stored as required for employment records.
6. Vaccination requirements will be based upon Centers for Disease Control and Prevention guidelines, as follows:
  - a. Measles  
All employees will have presumptive evidence of immunity to measles. Recently vaccinated staff do not require any restrictions in their work activities.
    - Written documentation of vaccination with 2 doses of live measles or MMR administered at least 28 days apart
    - Laboratory evidence of immunity
    - Laboratory confirmation of disease, or
    - Birth before 1957
  - b. Mumps  
All employees will have presumptive evidence of immunity to mumps. Recently vaccinated staff do not require any restrictions in their work activities.
    - Written documentation of vaccination with 2 doses of live mumps or MMR vaccine administered at least 28 days apart
    - Laboratory evidence of immunity
    - Laboratory confirmation of disease, or
    - Birth before 1957
  - c. Rubella  
All employees will have presumptive evidence of immunity to rubella. Recently vaccinated staff do not require any restrictions in their work activities.
    - Written documentation of vaccination with 1 dose of live rubella or MMR vaccine
    - Laboratory evidence of immunity
    - Laboratory confirmation of rubella infection or disease, or
    - Birth before 1957
  - d. Varicella  
All employees will have evidence of immunity to varicella upon hire. Recently vaccinated staff do not require any restrictions in their work activities; however, staff who develop a vaccine-related rash after vaccination should avoid contact with persons without evidence of immunity to varicella who are at risk for severe disease and complications unless all lesions resolve or no new lesions appear within a 24-hour period. Evidence of immunity includes any of the following:
    - Written documentation of vaccination with 2 doses of varicella vaccine
    - Laboratory evidence of immunity or laboratory confirmation of disease
    - Diagnosis or verification of a history of varicella disease by a health care provider, or
    - Diagnosis or verification of a history of herpes zoster (shingles) by a health care provider

e. Tdap

All employees will have evidence of a Tdap vaccine upon hire, regardless of age. Immunity cannot be demonstrated through serologic testing.

f. Hepatitis B

All covered staff in Categories I and II of the SHD Blood borne Pathogens Control Plan need to have documentation upon hire, as follows:

- Completion of a 3-dose series of hepatitis B vaccination (or satisfactory progress toward completion in case of new employees), with or without documentation of a vaccination response of 10 mIU/mL or more of anti-HBs one-two months following completion of the vaccination series OR
- Serologic evidence of chronic hepatitis B infection
- Serologic evidence of resolved infection

For new employees in Categories I and II, serologic testing for anti-HBs will be required 1-2 months following completion of the 3-dose series. Serologic testing for antibodies may be done through the employee's health care provider. If the result of testing shows less than 10mIU/mL of anti-HBs, then one additional dose of vaccine will be required, followed by another serologic test. If serologic testing still shows less than 10 mIU/mL of anti-HBs, two additional doses will be required with repeated serologic testing. If serologic testing after six doses is less than 10mIU/mL of anti-HBs, and employee is known to be Hepatitis B surface antigen (HBsAG) negative, the employee will be considered a non-responder to the vaccine. Periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended.

g. Influenza

All employees will be required to have an annual influenza vaccination documented in the personnel file by December 1<sup>st</sup> of each year. New staff hired after April 1 are not required to receive the current year vaccine (vaccine is typically available from October through April of the following year).

Employees who do not wish to receive the influenza vaccination will be asked to sign a declination indicating an understanding of SHD requirements and possible consequences of working without disease protection, which may include exclusion of work during an outbreak.

STAFF:

1. Submit their immunization record to Human Resources either before or on their first day of hire.
2. If information is missing, the employee will submit complete immunization information or sign a declination within 6 weeks of start of service.
3. Receive the annual influenza vaccination and submit documentation or submit a signed declination by December 1 of each year.

## Attachment 1

### Declination of Personnel Requirements Relating to Communicable Diseases

EMPLOYEE NAME \_\_\_\_\_ (Please print)

#### DECLINATION OF PERSONNEL REQUIREMENTS RELATING TO COMMUNICABLE DISEASES

I have read and am familiar with the SHD requirements relating to communicable disease. I understand that this recommendation is from the Centers for Disease Control and that there is a need for SHD to know the immune status of staff for certain infectious diseases in order to respond quickly and effectively to large communicable disease outbreaks or other public health emergencies.

I understand that SHD is making the following recommendation(s) in order for me to be in compliance and are identified with a checked box. I decline the following recommendations signified by my initials after the box.

##### Vaccines

Hepatitis B	<input type="checkbox"/>	_____
Tetanus/Diphtheria	<input type="checkbox"/>	_____
Tetanus/Diphtheria/Pertussis	<input type="checkbox"/>	_____
Varicella	<input type="checkbox"/>	_____
Measles/Mumps/Rubella	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	_____
Influenza	<input type="checkbox"/>	_____

##### Antibody Tests

Hep B Surface Antibody	<input type="checkbox"/>	_____
Hep B Surface Antigen	<input type="checkbox"/>	_____
Hep B core Antibody	<input type="checkbox"/>	_____
Varicella Antibody	<input type="checkbox"/>	_____
Measles Antibody	<input type="checkbox"/>	_____
Mumps Antibody	<input type="checkbox"/>	_____
Rubella Antibody	<input type="checkbox"/>	_____

I understand that I do not currently meet all the requirements of these recommendation(s), and I acknowledge that SHD has advised me to be vaccinated with the recommended vaccines(s) and/or to be tested for immunity or otherwise brought into compliance with the recommendations. I understand that by declining the recommendations of SHD related to this policy I make it difficult or impossible to know if I can safely participate in certain disease control activities or emergency responses. I further understand that I may be at risk of any disease covered in this policy for which my immunity is not documented. I also understand that I may reconsider at any time in the future. I further understand that the following possible consequences could result if I do not follow the recommendations indicated above: In the event of a community outbreak of measles, mumps, rubella, diphtheria, pertussis, varicella or influenza, or in the event of a public health emergency where exposure to one of these diseases is possible, if it is the judgment of the Health Officer that my lack of demonstrated immunity could potentially place me and/or the public at risk, then I may be required to take paid or unpaid leave (as those terms are defined by Washington State Law) for the duration of the period of potential risk to myself or others.

If hepatitis B vaccination is one of the above recommendations, I also understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prevention Services Director

\_\_\_\_\_  
Date

Send original to Human Resources