

POLICY

Employee Health Services incorporates Occupational Safety & Health Administration (OSHA) requirements and immunization guidelines from the National and State Centers for Disease Control (CDC) to promote an environment free from recognized vaccine-preventable infectious diseases.

In accordance with state law and regulatory agencies, healthcare facilities must report healthcare workers' immune status for specific vaccine preventable illnesses to State CDC and the National Healthcare Safety Network. Eligible healthcare workers will receive immune status assessment and be offered applicable vaccines through Employee Health Services (EHS) or designee.

SCOPE

This policy applies to all care team members of the health system.

Healthcare workers must show evidence of immune status for the following diseases and is a condition of employment:

- Varicella (chicken pox) – completed vaccine series or titer
- Measles (rubeola) – completed vaccine series or titer
- Mumps– completed vaccine series or titer
- Rubella (German measles) – completed vaccine series or titer
- Influenza (“flu”) – completed vaccine
- Sars-CoV2 (Covid-19) – completed vaccine series

Healthcare workers whose jobs include additional risks, such as reasonably anticipated exposure to bloodborne pathogens, rodents or wild animals, may be required to show evidence of immune status for

- Hepatitis B
- Td (Tetanus & diphtheria) or Tdap (Tetanus, diphtheria & pertussis (“whooping cough”))
- Rabies (Select MMCRI Field Research Jobs only)

Vaccine requirements may be altered in the event of changing CDC healthcare worker vaccination guidelines and/or emerging infectious disease threats.

MaineHealth makes the following vaccines available to eligible care team members as availability allows:

- Varicella (chicken pox) – Varivax vaccine
- Measles (rubeola), Mumps & Rubella (German measles) - MMR vaccine
- Hepatitis B vaccine and Hepatitis B Immune Globulin if indicated
- Influenza (“flu”) vaccine
- Sars-CoV2 (Covid19) vaccine
- Based on job requirements:
 - Td (Tetanus & diphtheria) vaccine or Tdap (Tetanus, diphtheria & pertussis (“whooping cough”))
 - Rabies

IMMUNIZATION COMPLIANCE GUIDELINES

<i>ACCEPTABLE EVIDENCE OF IMMUNITY</i>			
<i>Varicella (chicken pox)</i>	Laboratory evidence of immunity	OR	Two doses of live Varivax or MMRV vaccine OR Physician documentation of month and year of active illness
<i>Rubella (German measles)</i>	Laboratory evidence of immunity	OR	One dose of live Rubella or MMR vaccine
<i>Rubeola (Measles)</i>	Laboratory evidence of immunity	OR	Two doses of live Rubeola or MMR vaccine
<i>Mumps</i>	Laboratory evidence of immunity	OR	Two doses of live Mumps or MMR vaccine
<i>Sars-CoV2 (Covid 19)</i>	Completion of Covid-19 vaccine series		<ul style="list-style-type: none"> • Completion of 2nd dose in a 2 dose series, such as Pfizer or Moderna • Completion of a single-dose vaccine, such as Johnson & Johnson
<i>Hepatitis B *</i>	Laboratory evidence of immunity		<ul style="list-style-type: none"> • Employed individuals whose job duties are at risk for occupational exposure to bloodborne pathogens (BBP) or other potentially infectious materials are offered Hepatitis B Vaccination.
<i>Influenza **</i>	Current annual dose of FDA-approved seasonal influenza vaccine		**All care team members are required annually to either: <ul style="list-style-type: none"> • Show documentation of receipt of an FDA approved seasonal influenza vaccine – or • Receive seasonal influenza vaccine, if offered, at work – or • Request exemption
<i>Td or Tdap ***</i>	One dose of Td or Tdap vaccine within the past 10 years		***A one-time Tdap (tetanus, diphtheria & pertussis) vaccine to replace one Td booster is strongly recommended for all healthcare workers. Individuals working with or at risk of animal contact are required to have a Td (tetanus & diphtheria) booster every 10 years. Also provided for injury care as needed.
<i>Rabies****</i>	Laboratory evidence of immunity		****individuals whose job duties require them to work with wild animals in an indoor or outdoor environment will be offered the rabies vaccine series and biannual lab testing

PROCEDURES

SCREENING FOR IMMUNIZATION COMPLIANCE

EHS provides immunity screenings to eligible persons during the Pre-Employment or Work Assignment screening to achieve compliance with this policy. In the absence of immune status documentation, individuals must undergo blood testing to assess such status.

NEW HIRES

For Influenza, new hires must become compliant within 30 days of starting employment with MaineHealth during the active flu season.

For Sars-CoV2 (Covid-19) new hires must be fully vaccinated (two weeks post completion of a covid vaccine series like Moderna or Pfizer or single dose vaccine like Johnson & Johnson) or be approved for exemption, prior to starting employment.

For all other vaccine preventable diseases, Individuals with laboratory evidence (titers) not demonstrating immunity must follow up with Employee Health to complete immunization requirements or be approved for exemption within the first 90 days of employment.

EXEMPTIONS AND DEFERRAL

Declination of lab testing to determine immune status is not acceptable.

Exemptions offered are determined by State law. Care team members who work in Maine may request exemption for medical reasons only unless otherwise indicated under state law. Care team members who work in New Hampshire may request exemption for medical and religious reasons. Medical exemptions may be submitted by an MD, DO, NP or PA only. Other credentials will not be accepted.

In the event of a communicable disease exposure or outbreak, a susceptible individual including those who have an approved exemption may be reassigned or removed from work until cleared by EHS or may be required to use additional personal protective equipment and follow other applicable guidelines or protocols.

A vaccine exemption form indicating full understanding of the risks of refusing the vaccine(s) must be completed for all exemptions. Exemptions will be reviewed and either approved or denied based on CDC or ACIP recommendations. Individuals will be informed of the outcome.

On occasion a deferral for medical reasons may be necessary. Individuals should have their treating provider complete the deferral form. Once the deferral period is over, individuals must meet compliance requirements.

Hepatitis B vaccine declination must include terminology required by OSHA. See [Appendix A](#). The individual may contact EHS at any time to receive a vaccination, even if that vaccination was previously declined.

SEASONAL INFLUENZA

On an annual basis MaineHealth will run a seasonal influenza vaccination campaign offering FDA approved influenza vaccine. The campaign runs September through November with individuals needing to meet compliance requirements by December 1st. Individuals meeting contraindications will have a permanent accommodation unless contraindication information is updated. Individuals with exemptions must apply annually. Exemptions offered are determined by State law.

ACCOUNTABILITY FOR NONCOMPLIANCE

Healthcare workers must comply with immunization requirements as a condition of employment.

By regulation “Immunization Requirements for Health Care Workers” - No chief administrative officer may permit any employee to be in attendance at work without a certificate of immunization for each disease or other acceptable evidence of immunity to each disease, or documentation of exemption or declination.”

All healthcare institutions are required to report employee immunization status annually.

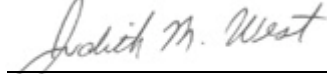
REFERENCES

1. "Hepatitis B Vaccination Declination", OSHA, Standards 29-CFR
2. "Immunization Requirements for Health Care Workers", Maine Department of Health & Human Services, Maine Center for Disease Control, 10-144, Chapter 264.
3. "An Act to Require Additional Vaccines for Employees of Health Care Facilities", Sec. 1., 22 MRSA §802, sub-§4, CHAPTER 378, H.P. 846 - L.D. 1180
4. "Immunization of Healthcare Personnel", Centers for Disease Control, MMWR RR 60/7, November 25, 2011
5. CDC/ACIP Annual Immunization Schedule <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
6. New Hampshire law N.H. Rev. Stat. Ann. § 151:9-b
7. "Hepatitis B Vaccine", Maine Medical Center Employee Health Policy

CONTACT FOR MORE INFORMATION

Questions about this policy may be directed to Employee Health Services.
Forms in the Appendix should be sent to: EHS_vaccine@mainehealth.org

ADMINISTRATIVE APPROVAL



Judith M. West
Chief Human Resource Officer

9/03/2021

Date

**APPENDIX A: PLEASE SUBMIT FORM TO EHS_VACCINE@MAINEHEALTH.ORG
COMMUNICABLE DISEASE - VACCINE EXEMPTION FORM**

Full legal name _____ Date of Birth _____

I have read and understand the information in the Centers for Disease Control and Prevention (CDC) Vaccine Information Sheet (VIS/EUA) regarding applicable vaccines as indicated below.

I understand that due to my employment I may be at risk of infection(s) these vaccines are intended to prevent. I have been offered vaccine free of charge due to my history, records and/or lab results. **However, I am requesting exemption from vaccination at this time and understand that to be valid I must provide a note from my provider (Physician [MD or DO], Nurse Practitioner, or Physician Assistant) providing my diagnosis and their recommendation on vaccination.** I understand that the State of Maine does not typically allow exemptions for religious reasons and that such exemptions may only be available for care team members working in New Hampshire.”

If, in the future, I am at risk and I change my mind and want to be vaccinated, I can receive the vaccine for free by contacting Employee Health Services. I also understand that if I am exposed to one of these vaccine preventable diseases, either at home or work, I may not be allowed to work until I am medically cleared by Employee Health Services. If I am taken out of work due to a work-related or non-work-related exposure to a vaccine preventable disease, this may be unpaid time. I understand In the event of a communicable disease exposure or outbreak, as a susceptible individual, I may be reassigned or furloughed from work until cleared by EHS, this may be unpaid time.

Vaccine(s): MMR Varivax (chicken pox) Td (Tetanus, Diphtheria) Tdap Influenza Sars-CoV2 (Covid)

Exemption Reason: Medical - **requires provider note** Religious – complete form below

Healthcare worker signature _____ Date _____ Legal guardian signature (include relationship) _____

Please describe how your sincerely held religious beliefs relate to receipt of this vaccine (attach additional pages as needed):

Please identify the religion to which you belong or with which you identify. If a nontraditional or nontheistic faith, please briefly explain the belief system:

FOR HEPATITIS B VACCINE DECLINATION ONLY, PLEASE READ THIS STATEMENT:

I 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 me; 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. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Healthcare worker Signature: _____ Date: _____

Legal guardian signature (include relationship) if minor: _____

DATE OF ISSUANCE: 01/01/2019

DATES OF REVISION: 08/13/2021, 8/25/2021, 9/3/21

Appendix B: PLEASE SUBMIT FORM TO EHS_VACCINE@MAINEHEALTH.ORG

Vaccination Deferral Request Form

Full legal name _____ Date of Birth _____

Care Team members for MaineHealth must demonstrate immunity to Measles, Mumps, Rubella, Varicella.

Mandatory vaccinations include seasonal influenza and Sars-CoV2 (Covid-19)

In certain limited instances it may be medically advisable for vaccination to be deferred. Deferrals are not permanent. If a permanent exemption is needed, please complete the exemption form and submit the necessary medical information.

Any request for an accommodation of deferral or exemption needs to be medically based and submitted with medical information by the treating provider (MD, DO, NP, PA)

To Be Completed by Attending Provider:

Vaccine(s) being deferred:

MMR Varivax (chicken pox) Sars-Cov2 (Covid19) Seasonal Influenza

Diagnosis: _____

Date your patient will be able to receive vaccination: _____

By signing below, you are indicating that in your opinion, it is medically inadvisable for your patient to receive vaccination at this time.

Provider's Printed Name: _____ Provider Credentials: _____

Provider's Signature: _____ Date: _____

Care Team members with approved deferrals must meet compliance within 14 days of eligibility for single dose immunizations and 45 days for two dose immunizations. Individuals on leave of absence at the time the deferral expires must be fully vaccinated prior to return to work.