



Manual: Safety	Division: Administration
Effective Date: 02/07/2024	

Title - Healthcare Personnel Vaccinations
<p>I. Policy Statement/Purpose</p> <p>To ensure effective infection control and disease prevention through vaccination or testing for immune status against specified diseases by all agency healthcare personnel.</p> <ul style="list-style-type: none"> A. Appropriate vaccinations of healthcare personnel (HCP) are an essential part of infection control and prevention. B. HCP are at risk for exposure to, and possible transmission of, vaccine preventable diseases. C. Employers and HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients and co-workers by taking reasonable precautions. D. DHD#10 follows the guidelines regarding immunization of HCP as recommended by the CDC Advisory Committee on Immunization Practices (ACIP.) E. Vaccinations or immune status for the following diseases are required for HCP: <ul style="list-style-type: none"> 1. Hepatitis B 2. Influenza 3. Measles/Mumps/Rubella (MMR) 4. Varicella (Chicken Pox) 5. Tetanus, diphtheria, pertussis (Tdap) F. Reasonable accommodations may be provided to employees with disabilities or medical conditions that prevent them from getting vaccinated or sincerely held religious beliefs, observances, and practices that conflict with getting vaccinated. Those requesting accommodations need to complete the appropriate Declination Form, provide supporting documentation as required, and have documentation approved by appointed reviewer. <p>II. Procedure</p> <ul style="list-style-type: none"> A. Hepatitis B <ul style="list-style-type: none"> 1. All unvaccinated will be vaccinated with the complete, ≥ 3 dose Hepatitis B vaccine series per currently recommended vaccination schedule. 2. Persons with an incomplete series are not considered protected and should complete the ≥ 3 dose series. 3. Post vaccination serologic testing should be performed for all HCP at HIGH RISK for

occupation percutaneous or mucosal exposure to blood or body fluids (i.e., Category A job classifications.)

- a. This would include anyone at risk for needle stick injuries, fluid sprays to the face, spitting to the face or other perceived incident that would cause such.
 - b. If any HCP have documentation of prior serologic testing done at any time in past of ≥ 10 mIU/mL than they do not need repeat testing (enter result in MCIR.)
4. Post vaccination serologic testing is to be performed 1-2 months after administration of the last dose of vaccine. Testing for anti-HBs is to be ordered. (See Hep B Pre-exposure Evaluation Flowchart.)
- a. Immunity to hepatitis B is documented by an anti-HBs ≥ 10 mIU/mL
 - b. No further testing of this individual is needed.
 - c. Persons with anti-HBs < 10 mIU/mL should receive an additional dose of HepB vaccine followed by anti-HBs testing 1-2 months later.
 - d. If anti-HBs remains < 10 mIU/mL, administer 2 additional vaccine doses following the standard timing followed by repeat anti-HBs testing 1-2 months after the last dose.
 - e. If the anti-HBs is still < 10 mIU/mL, the individual should be evaluated for hepatitis B infection.
 - f. If not infected, they should be considered susceptible to HBV infection and counseled about the need to received hepatitis B immune globulin (HBIG) if they ever have a known or likely exposure.
 - g. Enter serologic results into MCIR
5. Persons at LOW RISK for occupational exposure (Category B classifications) do not need post vaccination serologic testing. HOWEVER, they should be counselled to seek immediate serologic testing if an exposure does occur.
- B. Measles/Mumps/ Rubella (MMR)
1. All health-care personnel should have presumptive evidence of immunity to measles, mumps and rubella.
 2. Presumptive evidence of immunity includes any of the following:
 - a. Written documentation or documentation in MCIR of vaccination with 2 doses of MMR vaccine administered at least 28 days apart
 - b. Laboratory evidence of immunity
 - c. Laboratory confirmation of disease, or
 - d. Birth before 1957. (Most persons born before 1957 are likely to have been infected naturally and may be presumed immune. Per the review and decision of the Medical Director, employees born before 1957 who lack laboratory evidence of immunity, may be required to accept two doses of MMR vaccine.)
- C. Varicella
1. All healthcare personnel should be immune to varicella
 2. Evidence of immunity includes any of the following:

- a. Written documentation of vaccination with two doses of varicella vaccine.
 - b. Laboratory evidence of immunity or laboratory confirmation of disease.
 - c. Diagnosis or verification of a history of varicella disease by a healthcare provider.
 - d. Diagnosis or verification of a history of Herpes Zoster by a health-care provider.
- D. Tetanus, Diphtheria, Pertussis (Tdap)
1. All health-care personnel should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap regardless of the time since their most recent Td vaccination.
 2. Immunity cannot be demonstrated through laboratory testing.
 3. Pregnant HCP should be vaccinated during each pregnancy – ideally between 27 to 36 weeks' gestation. DHD#10 will not be responsible for the cost of additional Tdap vaccinations due to pregnancy.

III. References/Definitions/Regulations:

- **Healthcare personnel (HCP)** refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from HCP and patients. All DHD#10 employees and others who work in agency facilities or have contact with clients meet the HCP definition.
- Centers for Disease Control and Prevention, definition of health care personnel. Accessed 12/07/2021 - [LINK](#)
- Centers for Disease Control and Prevention-Recommended Vaccines for Healthcare Workers. Accessed 12/07/2021 - [LINK](#)
- DHD#10 Policy: *Employee Influenza Vaccinations* - [LINK](#)
- DHD#10 Policy: *Exposure Control – Job Classifications* – Category A and Category B - [LINK](#)
- DHD#10 Policy Attachment: *HepB Pre-Exposure Evaluation Flowchart* - [LINK](#)