

POLICY AND PROCEDURE

SUBJECT/TITLE:	Staff Immunization and Vaccination Policy
SCOPE:	All CPH Staff and identified students and trainees
CONTACT PERSON & DIVISION:	Mysheika W. Roberts, M.D., M.P.H., Health Commissioner
ORIGINAL DATE ADOPTED:	1/4/2023
LATEST EFFECTIVE DATE:	Latest effective date is 14 days after date of last signature/publish to PowerDMS
REVIEW/REVISION DATE(S):	1/4/23, 12/13/2024
REVIEW FREQUENCY:	Every 2 years

PURPOSE

The intent of this document is to:

1. Protect the health of clients, visitors, employees and the general public from exposure to vaccine preventable diseases;
2. Implement vaccination requirements for healthcare personnel (HCP) per the Centers for Disease Control and Prevention (CDC) [Recommended Vaccines for Healthcare Workers¹](#); and
3. Strongly encourage all non-healthcare personnel (Non-HCP) to get vaccinated per the Centers for Disease Control and Prevention (CDC) [Recommended Adult Immunizations Schedule for Ages 19 Years or Older²](#).

POLICY

This policy addresses:

1. Requirements for vaccination/proof of immunity for post offer/pre-employment and all current employees in healthcare personnel (HCP) positions; and
2. Recommendations and requirements for all employees in non-healthcare personnel (Non-HCP) positions for vaccination from vaccine preventable disease.

GLOSSARY OF TERMS

1. **Exemption from Vaccinations** – Employees may be considered for exemption from required vaccinations due to:
 - a. Medical contraindications for each specific required vaccination documented by the employee's health care provider; or
 - b. Objection based on the employee's sincerely held religious beliefs, practices, or observances.
2. **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 bodily substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.³ For purposes of this policy, these HCP include, but are not limited to, full-time, part-time, temporary, and seasonal; supervisory/managerial and non-supervisory managerial employees who are physicians, advanced practice registered nurses, registered nurses, licensed practical nurses, licensed social workers and/or counselors, dentists, dental hygienists, dental assistants, dietitians, dietetic technicians, peer advocates, care coordination assistants, outreach workers, medical assistants, medical technicians, phlebotomists, disease intervention specialists, health education program planners, students and trainees, and persons (e.g., clerical, environmental services, security, maintenance, facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients/clients.

3. **Healthcare Settings** – Refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.³ Specifically for this policy, this includes, but is not limited to programs where healthcare is routinely delivered and patient or client direct services are provided such as clinical health clinics, WIC clinics, alcohol & drug prevention and rehabilitation clinics and services, dental clinics and hygiene services, nursing or social services, home visiting services, mobile clinics, etc. where infectious agents can be transmitted to and from HCP and patients/clients. Healthcare settings do not include settings where healthcare is not provided.
4. **Proof/Evidence of Immunity** - For purposes of this policy, “proof/evidence of immunity” is dependent on the current recommendations and guidance of the CDC as it pertains to the individual vaccine preventable disease. Appendix A provides a list of vaccine preventable diseases relative to this policy and the “proof/evidence of immunity” required of each disease.
5. **Seasonal Influenza (Flu) Season** – October 1 through March 31 of each year.

POLICY, PROCEDURES & STANDARD OPERATING GUIDELINES

I. Requirements and Exemptions for Healthcare Personnel (HCP)

A. Requirements for Post-offer/Pre-employment Candidates for HCP positions

1. As a condition of employment, prior to starting employment with CPH, candidates offered employment in HCP positions must comply with all Proof/Evidence of Immunity requirements or other Requirements for Post-offer/Pre-employment candidates for each vaccine preventable disease, except:
 - a) If the candidate cannot produce proof/evidence of immunity for Hepatitis B, upon hire, the new employee will be offered the Hepatitis B (HBV) vaccine per the [CPH Blood Borne Pathogens Policy](#) that may be accepted or declined due to an exemption. An employee who declines HBV vaccination who later requests HBV vaccination will be provided with the HBV vaccination series; and
 - b) If the candidate’s start date for employment is not during the Seasonal Influenza (Flu) Season, the candidate will not be required to comply with Proof/Evidence of Immunity requirements until the next Seasonal Influenza (Flu) Season.
2. Candidates for employment in HCP positions, upon offer and acceptance of an HCP position, are responsible for any and all costs associated with obtaining immunizations or providing proof/evidence of immunity, with exception of the Hepatitis B vaccination.
3. All Proof/Evidence of Immunity, exemption requests, and opt-out forms will be maintained in employee medical files in the CPH Human Resources Office.

B. Requirements for All Current HCPs

Following the CDC’s [Recommended Vaccines for Healthcare Workers](#), CPH requires all employees in healthcare personnel (HCP) positions to receive immunizations and/or provide proof/evidence of immunity, or request and receive approval for exemption or opt-out form (where permitted) for the vaccine preventable communicable diseases listed in Appendix A.

All Proof/Evidence of Immunity, exemption requests, and opt-out forms will be maintained in employee medical files in the CPH Human Resources Office.

III. **Recommendations and Requirements for Non-Healthcare Personnel (Non-HCPs)**

A. **Recommendations**

As part of CPH's promotion and support of a healthy and safe workplace and workforce, all employees are strongly encouraged to be immunized against all vaccine preventable infectious diseases that they may be potentially exposed.

B. **Requirements**

Employees in Non-HCP positions are required to:

1. Complete and submit the [Seasonal Influenza Vaccination Verification Form](#) to CPH HR no later than November 15 of each year indicating whether the employee received or declined seasonal influenza vaccination for the current Seasonal Influenza (Flu) Season. (NOTE: Employees in Non-HCP positions are not required to be vaccinated for seasonal influenza under this policy, although it is highly recommended.)

IV. **Procedures**

A. **Hepatitis B; Measles, MumpsRubella (MMR); Tetanus, Diphtheria, Pertussis (Tdap/Td); Varicella (Chickenpox); and COVID-19**

1. Candidates for Hire in HCP positions

Post offer, as a condition of employment, candidates for employment shall provide proof/evidence of vaccinations/immunity, or if applicable, an exemption application or opt out forms, prior to their respective start date for employment.

2. Current employees in HCP Positions

- a) For employees who have already provided all required proof/evidence of vaccinations/immunity, or if applicable, an exemption application or opt-out forms, such information shall be provided to the CPH Human Resources Office where it will be maintained in the employee's medical file;
- b) For situations where CPH has not received required proof/evidence of vaccinations/immunity, or if applicable, an exemption application or opt out forms, the affected employee(s), within 30 days of such request for information, shall:
 - Provide such documentation; and/or
 - Receive any vaccinations/boosters that the employee cannot provide proof/evidence of immunity and an exemption application is not made or approved, or an opt out form is not completed; **and**
 - Provide written medical verification of receiving vaccinations/boosters.

B. **Seasonal Influenza**

1. Employees in HCP positions

Are required to submit documentation of receipt of vaccine or an application for exemption to the CPH Human Resources Office on or prior to November 15 of each year.

- a) Documentation of receipt of vaccine must include the healthcare provider who provided the vaccination, original signature, printed name, and provider number or be a receipt from the provider's business. Other documentation that clearly identifies the employee as the patient, the administration of an acceptable influenza vaccine; i.e., a vaccine listed on the CDC's or FDA's lists of quadravalent or greater level of seasonal influenza vaccines for the current year; and the date of vaccination may be accepted at the discretion of the City Health Commissioner or designee.
- b) Documentation will be maintained in the employee's medical file in the CPH Human Resources Office.

2. Employees in Non-HCP positions

Are required to complete and submit to CPH Human Resources by November 15 of each year a completed [Seasonal Influenza Vaccination Verification Form](#).

3. Newly Hired Employees, Employees on Extended Leave, Intermittent Employees

Newly hired employees, employees returning to work after extended leave circumstances, or temporary, part-time, or seasonal employees called to work after November 15 of each year through March 31, who are in HCP positions and have not presented a verification of vaccination or exemption form, are required to present a completed [Verification of Seasonal Influenza Vaccination Form](#) or equivalent proof of vaccination, or a completed exemption form to CPH Human Resources Office within ten (10) days of the employee's first date of return to employment. These employees may be required to wear a mask until vaccination is verified.

V. Protection of Employees with Exemption Status or Otherwise Not Immunized

Employees in HCP positions who decline (for HBV only), have been granted an exemption for one or more immunizations, are in the process of requesting an exemption, or are in the process of providing proof/evidence of immunity as permitted in this policy, may be reassigned, required to wear special personal protective equipment (PPE), be periodically tested for infection, be required to be excluded from work during an outbreak situation, or at minimum, the incubation period of the disease, or subject to any other reasonable infection control requirements at the discretion of the Health Commissioner.

CITATIONS

Centers for Disease Control and Prevention (CDC) [Recommended Vaccines for Healthcare Workers](#) NOTE: The CDC no longer has specific recommendations for Healthcare Workers, but now uses the [Recommended Adult Immunizations Schedule for Ages 19 Years or Older](#)

Centers for Disease Control and Prevention (CDC) [Recommended Adult Immunizations Schedule for Ages 19 Years or Older](#)

Centers for Disease Control and Prevention (CDC) [Infection Control, Appendix 2. Terminology](#)

CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Kevin G. Williams, Human Resources Officer, Primary Author

Reviewed by City Attorney's Office on 9/15/2023.

APPENDICES

Appendix A: Vaccine Preventable Diseases and Requirements/Recommendations for Proof/Evidence of Immunity

REFERENCE FORMS

Seasonal Influenza Vaccination Verification Forms

[HCP staff](#)

[Non-HCP staff](#)

Medical Exemption Forms

[Seasonal Influenza Vaccination](#)

[COVID-19 Vaccination](#)

Religious Exemption Forms

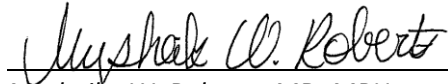
[Seasonal Influenza Vaccination](#)

[COVID-19 Vaccination](#)

[Hepatitis B Vaccination Opt-out Form](#)

SIGNATURES

I have reviewed this document and endorse it as an official CPH Policy:



Mysheika W. Roberts, MD, MPH
Health Commissioner

2 / 22 / 2024
Date



Tiffany S. Krauss, RN, MSN
Assistant Health Commissioner/Chief Nursing Officer

2 / 15 / 2024
Date



Anita Clark, MS, LSW
Assistant Health Commissioner/Administration

2 / 14 / 2024
Date



J. Edward Johnson
Assistant Health Commissioner/External Affairs

2 / 16 / 2024
Date

Appendix A – Vaccine Preventable Diseases and Requirements/Recommendations for Proof/Evidence of Immunity

Vaccine Preventable Disease	Required Proof/Evidence of Immunity and Other Requirements for HCP Positions		Recommendations/Requirements for Non-HCP Positions
	Pre-Employment/Post Offer Candidate	Current Employee	Pre-Employment/Post Offer Candidates and Current Employee
Hepatitis B	Evidence of: 1) Two (2) single antigen hepatitis B and one (1) combination hepatitis A and hepatitis B vaccine (preferred); or 2) Three (3) single antigen hepatitis B vaccines; or 3) Laboratory evidence of immunity; OR 4) CPH will offer the vaccination regimen following start of employment per the CPH <i>Blood Borne Pathogens Policy</i> ; OR 5) The candidate may complete an opt-out form per the CPH <i>Blood Borne Pathogens Policy</i> .	Evidence of: 1) Two (2) single antigen hepatitis B and one (1) combination hepatitis A and hepatitis B vaccine (preferred); or 2) Three (3) single antigen hepatitis B vaccines; or 3) Laboratory evidence of immunity; OR 4) If the employee previously completed an opt-out form per the CPH <i>Blood Borne Pathogens Policy</i> , he/she may request vaccination at any time of employment.	Recommendation 1) Two (2) single antigen hepatitis B and one (1) combination hepatitis A and hepatitis B vaccine (preferred); or 2) Three (3) single antigen hepatitis B vaccines.
Seasonal Influenza (between September 1 and November 15, or if hired after November 15 and before March 31, within the first 10 days of employment)	Acceptable documentation of an acceptable annual vaccination; or A completed and approved exemption form; AND A completed <i>Seasonal Influenza Vaccination Verification Form</i> .	Acceptable documentation of an acceptable annual vaccination; or A completed and approved exemption form; AND A completed <i>Seasonal Influenza Vaccination Verification Form</i> .	Recommendation: Acceptable annual vaccination. Requirement: A completed <i>Seasonal Influenza Vaccination Verification Form</i> .

Vaccine Preventable Disease	Requirements for HCP Positions		Recommendations/Requirements for Non-HCP Positions
	Pre-Employment/Post Offer Candidate	Current Employee	Pre-Employment/Post Offer Candidates and Current Employee
Measles, Mumps, and Rubella (MMR)	1) Written documentation of vaccination with two (2) doses of separate, live measles, mumps, and rubella vaccines, or MMR vaccine, administered at least 28 days apart; or 2) Laboratory evidence of immunity; or 3) Laboratory confirmation of disease, or in the case of rubella, laboratory proof of rubella infection or disease; or 4) Birth before 1957.	1) Written documentation of vaccination with two (2) doses of separate, live measles, mumps, and rubella vaccines, or MMR vaccine, administered at least 28 days apart; or 2) Laboratory evidence of immunity; or 3) Laboratory confirmation of disease, or in the case of rubella, laboratory proof of rubella infection or disease; or 4) Birth before 1957.	Recommendation: If no known history of MMR, two (2) doses of separate, live measles, mumps, and rubella vaccines, or MMR vaccine, administered at least 28 days apart.
Tetanus, Diphtheria, Pertussis (Tdap/Td)	Evidence of Tdap vaccination or Td booster within the previous ten (10) years.	Evidence of Tdap vaccination or Td booster within the previous ten (10) years.	Recommendation: Tdap vaccination or Td booster within the previous ten (10) years.
Varicella (Chickenpox)	1) Written documentation of vaccination with two (2) doses of varicella vaccine; or 2) Laboratory evidence of immunity or laboratory confirmation of disease; or 3) Diagnosis or verification of history of varicella disease by a healthcare provider; or 4) Diagnosis or verification of a history of herpes zoster (HZ) by a healthcare provider.	1) Written documentation of vaccination with two (2) doses of varicella vaccine; or 2) Laboratory evidence of immunity or laboratory confirmation of disease; or 3) Diagnosis or verification of history of varicella disease by a healthcare provider; or 4) Diagnosis or verification of a history of herpes zoster (HZ) by a healthcare provider.	Recommendation: If no history of varicella disease or herpes zoster (HZ) disease, vaccination with two (2) doses of varicella vaccine.

Vaccine Preventable Disease	Requirements for HCP Positions		Recommendations/Requirements for Non-HCP Positions
	Pre-Employment/Post Offer Candidate	Current Employee	Pre-Employment/Post Offer Candidates and Incumbent Employee
COVID-19	Requirement: Written documentation of CDC current recommended vaccination and any recommended boosters for COVID-19 or A completed and approved exemption form.		Recommendation: CDC current recommended vaccination and any recommended boosters for COVID-19