GENERAL POLICY STATEMENT: PeaceHealth Southwest Medical Center (PHSW) employees and volunteers will participate in the medical center’s pre-placement, annual/periodic immunization and screening program. Maintenance of immunity is an essential part of prevention and infection control programs for healthcare personnel who have a responsibility to obtain vaccinations to protect the transmission of diseases to patients, co-workers, and family members.

PURPOSE: To identify the processes that ensure the protection of PeaceHealth Southwest Medical Center (PHSW) employees, volunteers, contractors, and patients from acquiring Hepatitis B, Measles, Mumps, Rubella, Varicella, Tuberculosis, Influenza, and Pertussis; and, to reduce the risk of nosocomial transmission to patients.

PROCEDURE:
A. Tuberculosis
   1. Employees and volunteers will be evaluated for tuberculosis upon employment, following exposure, and annually as determined by the yearly infection prevention and control assessment conducted in accordance with the Center for Disease Control (CDC) guidelines.
      a. New employees and volunteers will complete two Tuberculosis Skin Tests (TST) upon employment.
         1) Exception to two-step TST will be given to individuals who provide documentation of proof of a negative TST within the last 12 months.
      2. New employees and volunteers with a history of past positive TST will provide documentation of TST and Chest X-ray.
         a. A positive TST is defined as induration of 10 millimeters or more at 48-72 hours after placement.
         1) These individuals will complete an annual TB Risk Factor Screen questionnaire and return it to Employee Health to be part of their personal file.
      3. Employees and volunteers with a history of a positive TST or health hazard exemption will receive an annual letter reviewing signs and symptoms of TB and will be required to report to Employee Health when they have symptoms of:
         a. Unexplained malaise for more than 3 weeks
         b. Unexplained weight loss
         c. Unexplained anorexia
         d. Unexplained fever
         e. Night sweats
         f. Unexplained cough for more than 3 weeks
         g. Hemoptysis

When symptoms of TB are reported, the Health Care Worker or Volunteer will be referred, at their own expense, to their Primary Care Physician for evaluation and clearance to return to work.
4. Compliance
   a. Employees with past positive TB history will complete the Annual TB Risk Factor
      Screen form and return to Employee Health Services by December 31 of each year
      1) The Risk Factor Screen form will be mailed to the employee at home on or
         before December 1 of the previous year.
         a) The employee will be suspended from work until the Risk Factor Screen
            is returned and evaluated by Employee Health Services as of December
            31.

5. All employees and volunteers will be required to have a TST annually, or as indicated by the
   infection prevention and control assessment.
   a. Annual TST will be administered from December 1 to February 28 of each year.
   KEYPOINT: Prior Bacillus Calmette-Guerin (BCG) vaccination does not preclude TST.
   b. TST will be administered by Employee Health or designated licensed healthcare
      workers trained by Employee Health.
   c. The TST will be read by a qualified licensed healthcare worker 48-72 hours after the
      TST injection.
   KEYPOINT: Employees will NOT interpret their own TST.

6. Post exposure evaluation
   a. Employees will be evaluated after exposure to a patient with active pulmonary
      Tuberculosis.
   b. Employee Health will notify the employee of the exposure and plan for follow-up.
      1) Employees with a past positive TST result will be advised of the signs and
         symptoms and requirement to report to Employee Health should symptoms
         present.
      2) Employees with a history of negative TST will have a TST as soon as possible
         following the exposure.
         a) This requirement will be satisfied when a negative TST has been
            documented in the 6 months preceding date of exposure.
      3) Employees testing negative at baseline testing will be required to complete a
         post-exposure TST at 8 weeks following the known exposure.
      4) When an employee is non-compliant with the 8 week follow-up testing
         requirement, the responsible manager/director will be informed and the
         employee will be suspended from work until the TST has been completed and
         documentation provided to Employee Health.

7. Medical Records
   a. TST forms, Chest X-ray reports, and medical evaluations will be stored in the
      employee’s health record located at Employee Health.

B. Measles, Mumps, Rubella
   1. Employees and volunteers susceptible to Measles, Mumps, and Rubella will be identified and
      vaccinations given when appropriate.

   2. Immunity to Measles, Mumps, and Rubella will be demonstrated as follows:
      a. Laboratory evidence of immunity presence of serum Measles/Mumps/Rubella IgG;
b. Documentation of two Measles, Mumps, and Rubella immunizations, given at least four (4) weeks apart;
c. Vaccination of employees and volunteers identified as being susceptible will be required unless medically contraindicated;
d. Immunization will be provided to susceptible employees and volunteers through Employee Health Services.

C. Varicella
1. Employees and volunteers susceptible to Varicella will be identified and vaccination given when appropriate.

2. Immunity to Varicella will be demonstrated as follows:
   a. Laboratory evidence of immunity – presence of serum Varicella IgG;
   b. Documentation of two doses of varicella vaccine at least four (4) weeks apart;
   c. Vaccination of employees and volunteers identified as being susceptible will be required unless medically contraindicated;
   d. Immunization will be provided to susceptible employees and volunteers through Employee Health Services.

D. Influenza
1. Influenza vaccination of patients and healthcare personnel is the most important means of preventing Influenza from spreading in a healthcare facility.
   a. All employees and volunteers will be required to participate in the annual Influenza vaccine program as recommended by the Health Department and Center for Disease Control.

   KEYPOINT: Active Influenza Season: Time period within the October to April timeframe that coincides with community Influenza viral activity per the Public Health Department. The hospital Epidemiologist will be responsible for establishing the time periods beginning and ending the active Influenza season.

   2. PHSW will provide Influenza vaccine at no cost to employees and volunteers, and at the worksite, or the vaccine may be received free of charge from a primary care provider under PHSW insurance plans.
   a. Written documentation is required and must be sent to Employee Health to be considered compliant.
   b. Any caregiver who has NOT been vaccinated will wear a mask per the masking requirements, for the duration of the active influenza season. The Hospital Epidemiologist will be responsible for establishing the time periods beginning and ending the active influenza season. These time periods will coincide with community influenza viral activity per the Public Health Department.

   KEYPOINT: An employee or volunteer declining influenza vaccine will be required to complete an Influenza Vaccination Declination form.

   3. Employees and volunteers will self assess daily for signs and symptoms of influenza-like-illness (ILI): temperature > 100.0 F/37.8 C plus cough or sore throat.
   a. Employees and volunteers who develop these symptoms will not report to work, or if at work, will immediately notify their supervisor and cease working.
b. All personnel are to be excluded from work for at least 24 hours after they no longer have a fever, without the use of fever-reducing medicine.
c. Employees returning to work within 7 days of onset of symptoms and are coughing, must wear a surgical mask.

4. Failure to be vaccinated or sign a Flu Declination Form, or failure to follow the above procedures, is considered a violation of infection control and patient safety policy and will result in corrective action.

E. Hepatitis B
   1. Hepatitis B vaccine will be offered to:
      a. All new employees within ten (10) days of employment;
      b. All employees whose duties may place them at risk of occupational exposure to blood or other potentially infectious materials.
         1) Vaccine will be provided by PHSW free of charge through the Employee Health Department.

      2. New employees who are at risk of blood borne exposure will sign a form consenting to vaccine or declining vaccination if they choose not to be vaccinated.

      3. For new employees in high-risk areas with a history or documentation of Hepatitis B vaccination and unknown anti-HBs antibody titer, testing for immunity will be obtained.

      4. Vaccination administration will be provided through Employee Health Services
         a. Immunization consists of three intramuscular injections administered in accordance with the Audit immunization schedule.
         b. Eight weeks after the third injection, an anti-HBs antibody titer will be drawn.
            1) A positive titer indicates active immunity.
         c. If a titer is negative, an evaluation will be made, including possible further testing (i.e. HBaAG).
            1) Repeating the series may be recommended.

F. Tetanus, Diphtheria, Pertussis (Tdap)
   1. Tdap immunization for healthcare providers is required for ages 19 through 64 years.

   2. Immunity to Tetanus, Diphtheria, and Pertussis will be demonstrated as follows:

   4. Immunity to Pertussis is not life long.
      a. Employees exposed to Pertussis are considered susceptible, regardless of vaccine status or history of disease (refer to policy 8714.8.13 Pertussis [Whooping Cough]; Guidelines for management of Occupational Exposures).

G. Compliance
   1. Newly hired caregivers, as well as current caregivers, transfers, contractors and medical providers are required to meet standard health requirements as per recommendation of CDC (last modified February 2012). Newly hired caregivers must meet this requirement within four weeks of hire.
a. Measles/Mumps/Rubella: For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart or obtain laboratory evidence of immunity. Give SQ.

b. Varicella (chickenpox): For HCP who have no serologic proof of immunity or prior vaccination, give 2 doses of varicella vaccine, 4 weeks apart or obtain laboratory evidence of immunity. Give SQ.

c. Hepatitis B: Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1-2 months after dose #3.

d. Influenza: Give 1 does of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.

e. Tetanus, Diptheria, Pertussis: Give a one-time dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td boosters every 10 years thereafter. Give IM.

f. Meningococcal: Give 1 does microbiologists who are routinely exposed to isolates of *N meningitidis*. Give IM or SC.

2. Declination: Health Care Workers may sign declination document for vaccines; a copy of this policy will be provided prior to signing the declination document. Health Care Workers will be furloughed during periods of infectious activity for communicable diseases for the vaccine that was declined.

**RELATED POLICIES:**
- 8714.8.13 Pertussis (Whooping Cough) Guidelines for Management of Occupational Exposures
- 8650.HS027 Infection Prevention and Control
- 8714.3-5-1 Influenza (Control Measures)

*End of Policy*

The last page of this policy document contains approval, review and revision information only.
**CREATION (Original Version):**

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**PERIODIC REVIEW:**

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**REVISIONS:**

| Responsible Party: | Carmen Gonzales |
| Revised By: | Carmen Gonzales |
| Approved By: | Cheri Meyerhofer | Date: 09/12 |
| Reason/Summary of Changes: | Deleted attendance to education session for Influenza. TB: eliminated chest x-ray, added send to PCP for clearance to return to work. Revised compliance notification. Tdap: eliminated evidence of immunization to Tdap. Added section G – Compliance. Added to the influenza section |
| Replaces: |  |

**RETIRED:**

| Requested By: |  |
| Approved By: | Date: |
| Reason for Retirement: |  |