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| <u>HUMAN RESOURCES MANUAL</u> | Policy Number: HRM-R.0040 |
| Subject: Required Vaccination for Employees and Others Covered Individuals working at Central Regional Hospital | Effective Date: June 26, 2017 |
| | Supersedes: New |

Purpose: This policy is designed to protect Central Regional Hospital (CRH) patients, employees, and others from vaccine preventable, healthcare associated transmissible infections. “Facility” means the entire campus of CRH.

I. Policy Applies to All Employees and Individuals in Clinical Areas: Broad Coverage

- A. Covered Individuals: This policy of required vaccination applies to *all* CRH employees, volunteers, students, and trainees, working for or within the facility and all other DHHS employees whose assigned primary worksite is in or on the grounds of CRH. In addition, this policy of required vaccination applies to *all* contracted and temporary workers who have direct contact with patients/residents or their environment and all contracted and temporary workers with an employee-employer relationship working for or within CRH. Examples of covered contracted entities include clinical staff, temporary support staff, biomedical repair staff, and administrative staff. Examples of non-covered contracted entities include vending machine contractors and construction contractors.
- B. Definition of Volunteer: For purposes of this policy, a volunteer is defined as an individual from the community who registers as a member of the facility’s volunteer services who is certified or accepted by the facility to perform assigned duties for the facility and its residents and/or patients without remuneration, and who is not an employee, contracted or temporary worker, student, or trainee.
- C. When indicated, based on the presence of a communicable disease, CRH facility Directors may order control measures, reassignment, furlough, or physical isolation from patients/residents of any covered individual who 1) has regular contact with patients/residents; *or* 2) who provides services to patients/residents; *or* 3) who work in any facility area.

II. Background

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices of the CDC (ACIP) are federal agencies which make recommendations regarding the use of vaccinations in all settings, including in healthcare settings. This policy follows the recommendations of those agencies.

III. Policy

A. Vaccinations:

All covered personnel must be immune (unless there is an approved medical exemption based on a medical contra-indication, as described by CDC/ACIP, or approved religious exemption) to measles, mumps, rubella, varicella and pertussis. In addition, all covered personnel must receive an influenza vaccine annually, unless there is an approved medical or religious exemption. For employee influenza vaccination policies, procedures, and requirements see CRH Human Resources Manual Policy Number: HRM-I.0020. All newly covered personnel are required to complete an immunization screen administered by the facility. CRH must complete immunization screening of newly covered employees by 5:00pm June 15, 2018. In addition, for newly covered personnel, CRH must complete required employee immunizations by 5:00pm June 14, 2019. All newly hired covered personnel, including rehired personnel, are required to complete an immunization screen prior to start date. Failure to complete the immunization screening prior to start date will prevent the employee from working until this requirement is met. Within 12 months of the date of hire, newly hired employees must either a) meet all immunization requirements and provide proof of immunity as specified in attachment D or b) apply for and obtain exemption for the required vaccination(s).

B. Employees and Other Covered Individuals Must Read the Policy:

Individuals who will be newly covered by the policy must sign a statement by December 1, 2017 indicating that they have read this policy. Beginning December 1, 2017, newly hired individuals who will be covered by this policy must sign a statement indicating that they have read and agree to this policy **prior to start date**.

C. Newly Covered Individuals:

Covered persons employed or working at CRH before December 1, 2017 must:

1. Review and sign the attestation by December 1, 2017.
2. Complete a facility administered immunization screen by 5:00pm June 15, 2018
3. Apply for exemption approval by 5:00pm January 12, 2019
4. Complete proof of immunization process by 5:00pm June 14, 2019

D. Newly Hired Covered Individuals

Persons hired on or after December 1, 2017 must:

1. Review and sign the attestation prior to start date
2. Complete a facility administered immunization screen prior to start date
3. Within 12 months of the date of hire, either a) meet all immunization requirements and provide proof of immunity as specified in attachment D or b) apply for and obtain exemption for the required vaccination(s).

E. Proof of Immunity for Required Vaccinations:

All covered individuals shall provide proof of immunity as specified in Attachment D.

F. Failure to Provide Proof of Immunity Disciplinary Action:

Employees who have not completed the CRH administered immunization screen by 5:00pm June 15, 2018, shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

Employees who have neither provided documented proof of immunity to measles, mumps, rubella, varicella, and pertussis as specified in Attachment D nor have obtained an approved exemption by 5:00pm June 14, 2019, shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from CRH premises.

G. Record-Keeping: CRH shall maintain records as to the proof of immunity and approved Certificates of Exemption. Each facility must designate Employee Health, Personnel, or another suitable department to maintain these records.

IV. EXEMPTIONS

A. Exemption from Vaccination

1. For CRH employees who are covered by this policy, and all other covered individuals, all exemptions must be pre-approved in writing by the Facility Director or his or her designee. Each application will be evaluated on an individual basis by the director (or designee). For medical exemptions, the current recommendations of the CDC and ACIP shall be applied in the evaluation. The facility shall provide a written decision within **15 days** of a timely and complete application.
2. All exempt employees and other exempt covered individuals may, based on the presence of a communicable disease, be reassigned, furloughed, physically isolated from patients/residents, or required to implement other control measures to protect the health of the involved employee, patients, residents, and other employees.
3. Any exempt employee who fails to comply with control measures may be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

B. Only Two Types of Exemptions:

Exemption shall be granted only for these two documented reasons:

1. A medical condition and/or contraindication certified to by a licensed physician, physician's assistant or nurse practitioner: *or*
2. A bona fide religious objection such that requiring the vaccination would conflict with his or her religious beliefs.

C. Application for Exemption

1. A newly covered individual must apply for and obtain an exemption to the required vaccination(s) by 5 pm January 12, 2019. An exempt employee must reapply for an exemption by **the anniversary date of the initial exemption application** of each

- year for any temporary condition. All applications for exemption must be submitted on the official *Application for Exemption to Vaccination Form* (Attachment A).
2. All newly hired covered personnel, including rehired personnel, are required to complete an immunization screen prior to start date. Within 12 months of the date of hire, newly hired covered personnel must either a) meet all immunization requirements and provide proof of immunity as specified in attachment D or b) apply for and obtain exemption for the required vaccination(s).
 3. If the exemption is granted for a permanent condition, there is no need to re-apply for an exemption, unless there is a pertinent change in the vaccination composition or technology, such as the elimination of allergenic component. In such an event, DSOHF will provide timely notice of the need to reapply.

V. Appeals

Any disciplinary action taken as result of non-compliance with this policy is appealable to the extent provided by the State of North Carolina Employee Grievance Policy.

NOTE: THREE ATTACHMENTS/ FORMS to “Required Vaccination for Employees and Others Who Work in DSOHF Facilities:”

1. Application for Exemption to Vaccination (Attachment A)
2. NC DHHS Vaccination Exemption Form/ for Health Care Provider (Attachment B)
3. NC DHHS Vaccination Exemption Form for Religious Reasons (Attachment C)

Review/ Approval History:

| Review/Approval Date | Reviewed/Approved By |
|----------------------|-----------------------------|
| June 2017 | CRH Policy Review Committee |
| | |
| | |

Responsible Owner: Director of Medical Services

CEO Approval: _____ **Date:** _____

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Application for Exemption to Vaccination

Name of employee (or other covered individual): _____

Work location, e-mail address, and phone number: _____

Phone, printed name and signature of Immediate Supervisor: phone #: _____

Signature Printed Name

Vaccination(s) for which exemption is being requested: _____

Type of Exemption Applied For

Please indicate which type of exemption you are seeking by placing an X in the box below.

1) FOR MEDICAL CONDITION

The vaccination is contra-indicated due to a medical condition

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "NC DHHS Vaccination Exemption Form for Health Care Provider;" &
2. Form must include the following documentation:

A signed medical assessment for that employee with responses to questions 1 through 9 documented on the NC DHHS Vaccination Exemption Form from the Health Care Provider, signed by a licensed physician, physician's assistant, or nurse practitioner. If the condition is temporary, the covered individual must present proof of vaccination as soon as feasible and when deemed medically advisable by his or her health practitioner. This form must contain the provider's license number and the other information specified on the official form.

2) FOR RELIGIOUS REASONS

A bona fide religious objection:

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "NC DHHS Vaccination Exemption Form for Religious Reasons" &
2. Form must include the following documentation:

A statement that the individual has a bona fide religious objection to the vaccination.

*Additional documentation which **may** accompany your Form is as follows:*

This Form may be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form.

For all applicants: I understand that, if my "Application for Exemption" is approved, I may be required to follow procedures for control measures, be reassigned, furloughed, or isolated physically from patients to protect my health and/or the health of others. I give permission to contact my physician/healthcare provider or clergy member for additional information if needed to render a decision regarding my application for exemption.

Signature of Applicant (required on all applications)

Date: _____

Attach all required documentation to this form

Facility CEO or Designee Review and Response to Request for Exemption

Approved

Not Approved

Temporary or Permanent (Circle One)

Signature _____

Date _____

CENTRAL REGIONAL HOSPITAL

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

Vaccination Exemption Documentation Form

From the Health Care Provider

TO THE HEALTH CARE PROVIDER:

The North Carolina Department of Health and Human Services has adopted a policy, "Required Vaccination for Employees and Others Who Work in DSOHF facilities." The purpose of this policy is to protect DHHS patients, employees, and others who work in DSOHF facilities from vaccine preventable healthcare associated transmissible infections. Employees working in DSOHF facilities must be immune to measles, mumps, rubella, pertussis, and varicella, unless a valid medical or religious exemption has been approved. **NC DHHS follows the CDC and the ACIP recommendations for immunization practices.** Additional information is available at: <http://www.ncdhhs.gov/>.

The following employee or other covered individual, _____, (*name to be provided by Applicant*), has filed an "Application for Exemption to Vaccination" for medical reasons for the following vaccination(s) _____. To support that application, the covered individual must request and submit the following documentation completed and signed by you, their Healthcare Provider:

1. When did you last examine the applicant? _____
2. Does this patient have a history of anaphylaxis to Neomycin? Yes No
3. Does this patient have a history of **severe allergic reaction** to any component of the vaccine or after a previous dose of the vaccine? Yes No If yes, which vaccine(s)? _____

NOTE: "Severe allergic reaction" includes cardiovascular changes (e.g. hypotension), respiratory distress (e.g. wheezing), gastrointestinal changes (e.g. nausea/vomiting), that required treatment with epinephrine, or any other reaction that required emergency medical attention.

4. Does this patient have known severe immunodeficiency? Yes No
5. Has this patient had recent administration of blood products? Yes No
6. Is this patient pregnant? Yes No
7. Does this individual have a history of Guillain-Barre within 6 weeks or encephalopathy within 7 days of receipt of Tdap, Td, DTP, or DTaP vaccine? Yes No
8. Does this patient have a progressive neurologic disorder? Yes No If yes, specify _____
9. Other vaccination contraindication or precaution: _____
10. Is the condition temporary or permanent? (Circle applicable term).

Physician/PA/NP Printed Name: _____

Physician/PA/NP Signature: _____

License number: _____

Date Signed: _____ Telephone number: _____

Address: _____

Note: May attach additional documentation.

CENTRAL REGIONAL HOSPITAL

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

Vaccination Exemption Form for Religious Reasons

TO THE APPLICANT AND, if consulted, CLERGY:

The North Carolina Department of Health and Human Services has adopted a policy, "Required Vaccination for Employees and Others Who Work in DSOHF Facilities." The purpose of this policy is to protect DHHS patients, employees, and others who work in DSOHF facilities from vaccine preventable healthcare associated transmissible infections.

The following employee or other covered individual, _____, (*name to be provided by Applicant*), has filed an "Application for Exemption to Vaccination" for religious reasons. To support that application, the individual ***must*** provide the following information:

A statement that the individual has a bona fide religious objection to the vaccination, that the vaccination conflicts with their religious beliefs, and the statement must be signed by the Applicant.

This Form ***may*** be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form.

I, _____ (printed name of applicant), have a bona fide religious objection to the following vaccination(s): _____. Requiring me to be vaccinated conflicts with my religious beliefs as follows:

(continue on additional pages if needed)

Signature of Applicant (required on all applications)

_____ **Date:** _____

Signature and other information below may also be provided for religious exemption:

Signature of clergy member: _____ **Date:** _____

Physical Address: _____

Name of Denomination or Other Recognized Religious Body: _____

May attach additional documentation