## Sample Hospital Immunization Policy

## for Newly Hired Healthcare Personnel

The following sample immunization policy may be used by healthcare facilities to help develop immunization policies for newly hired healthcare personnel (HCP). The Michigan Department of Health and Human Services follows recommendations made by the Advisory Committee on Immunization Practices, including recommendations for the immunization of HCP.

#### IMMUNIZATION POLICY FOR HCP

##### PURPOSE

These policies have been established to reduce the risk of HCP transmitting vaccine-preventable diseases to patients and provide a service to the individual staff member. All HCP must present acceptable documentation of immunity status or submit to testing of immunity status within <<INSERT TIME FRAME>> of the effective date of their medical staff appointment. To ensure all HCP are up-to-date with recommended immunizations, staff’s vaccination and immunity status will be reviewed at time of hire and on a regular basis (i.e., at least annually), with consideration of offering needed vaccines, if necessary.

##### DEFINITION

The term [HCP includes](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html) all paid and unpaid persons working at **<<INSERT FACILITY NAME HERE>>** who have the potential for exposure to patients with vaccine-preventable diseases. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and employees (e.g., clerical, dietary, housekeeping, maintenance and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.

##### POLICY

1. **Influenza: All HCP should receive one dose of influenza vaccine annually during influenza season.**
2. **Tetanus, Diphtheria and Pertussis:** Regardless of age and interval since the previous dose of tetanus and diphtheria (Td) vaccination, HCP should receive a single dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine as soon as feasible if they have not previously received it. Prevaccination serologic testing is not recommended. All HCP should then receive a Td booster every 10 years thereafter.

Female HCP should receive Tdap vaccine during each pregnancy, preferably during 27-36 weeks gestation.

1. **Measles, Mumps and** **Rubella (MMR):** All individuals will be assessed for immunity against measles, mumps and rubella. HCP with two documented valid doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps and/or rubella, staff should be considered to have presumptive evidence of immunity and are not in need of additional MMR doses.

* HCP born in 1957 or later can be considered immune to measles, mumps or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps and rubella (i.e., two doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least one dose of live rubella vaccine).
* The birth date of HCP born before 1957 generally is considered acceptable evidence of measles, mumps and rubella immunity. Two doses of MMR vaccine should be considered for unvacci­nated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, two doses of MMR vaccine are recommended during an outbreak of measles or mumps and one dose during an outbreak of rubella.

1. **Hepatitis B:** All HCP whose work, training and volunteer-related activities involve reasonably anticipated risk for exposure to blood or body fluids should be vaccinated with a complete > three-dose hepatitis B (hepB) vaccine series. The Michigan Occupational Safety and Health Administration [mandates](http://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf) that vaccination and testing be available for employees within 10 days of initial assignment.

* HCP who are unvaccinated and/or those who cannot provide documentation of hepB vaccination should receive > three-dose series of hepB vaccine at 0, 1 and 6 months. **If HCP has an incomplete hepB vaccine series, they should receive additional dose(s) to complete their three-dose hepB vaccine series. HCP who perform tasks that may involve exposure to blood or body fluids should have serologic testing for hepatitis B surface antibody (anti-HBs) one to two months after the third vaccine dose to document immunity.**
* **HCP who are at risk of occupational blood or body fluid exposure and who have documentation of a complete hepB vaccine series of > three doses, but no documentation of anti-HBs of 10mIU/mL or greater, should consider anti-HB testing. The employee is considered immune if the test shows anti-HBs of 10mIU/mL or greater. If the test indicates a level of less than 10mIU/mL, another dose of hepB vaccine should be given, followed by anti-HBs testing one to two months later. If this test indicates a level of 10mIU/mL or greater, the HCP’s immunity should be documented. If the anti-HBs test indicates a level of less than 10mIU/mL, a second hepB vaccine series should be administered by giving two additional doses of vaccine and repeating anti-HBs testing one to two months after the second series.**

1. **Tuberculosis:** For those whose Tuberculin Skin Test (TST) is found to be positive, a chest X-ray within three months and referral to a physician for assessment and clearance will be required before final staff privileges can be granted. For those individuals with previous history of positive TST, the report of a chest X-ray taken after the finding of positive TST that indicates no evidence of active tuberculosis must be provided. Thereafter, no further evaluation is required in the absence of symptoms of tuberculosis.
2. **Varicella:** All HCP must provide evidence of immunity against varicella zoster virus (VZV). This includes any of the following: written documentation of two doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity or laboratory confirmation of disease, diagnosis or verification of a history of varicella disease or herpes zoster (shingles) by a healthcare provider. Routine testing for varicella immunity after two doses of vaccine is not recommended.

The names of those individuals unable to be vaccinated should be kept on file in case of an exposure. Those HCP who do not begin the vaccination schedule or who do not receive a medical exemption within <<INSERT TIME FRAME>> of appointment will have their privileges suspended until they meet this requirement.