

**Name of Policy:**

[Healthcare Worker Immunizations](#)

**Policy Number:**

3364-109-EH-603

**Department:**

Infection Prevention and Control

Hospital Administration

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other potentially infectious materials that might result from the performance of an

documentation of

- (b) Proof of vaccination is to be documented in the flu prep website annually, prior the date specified in Healthcare Worker Influenza Vaccination procedure ([3364-109-EH-603.1](#)), unless an exemption has been granted.
- (c) Employees transferring into a department on the HSC are required to be compliant prior to their start date. HSC HCWs who are on an approved leave of absence prior to the specified date in procedure [3364-109-EH-603.1](#) are required to be in compliance with this policy prior to their first shift of work.
- (d) Exemptions to influenza vaccination may be granted for documented medical contraindications or sincerely held religious beliefs. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention (CDC).
- (e) Visit <http://www.utoleons Tc210eee>

Immunization Action Coalition: Healthcare Personnel Vaccination Recommendations, 2017.  
<http://www.immunize.org/catg.d/p2017.pdf>

| <b>Approved by:</b>                |          | <b>Review/Revision Date:</b> |            |
|------------------------------------|----------|------------------------------|------------|
| /s/                                | 1/5/2024 | 05/01/1999                   | 12/09/2021 |
| _____                              | _____    | 04/15/2002                   | 09/25/2023 |
| Michael Ellis, MD                  | Date     | 04/21/2005                   | 01/05/2024 |
| Chair, Infection Control Committee |          | 05/19/2008                   |            |
|                                    | 1/5/2024 | 05/23/2011                   |            |
| /s/                                | _____    | 01/28/2013                   |            |
| Puneet Sindhwani, MD               | Date     | 06/28/2013                   |            |
| Chief of Staff                     |          | 09/25/2014                   |            |
|                                    | 1/5/2024 | 01/16/2015                   |            |
| /s/                                |          | 09/15/2015                   |            |
| Michael Ellis, MD                  |          | 08/08/2016                   |            |
| Chief Medical Off                  |          | 08/25/2017                   |            |
|                                    |          | 09/17/2018                   |            |
|                                    |          | 05/11/2019                   |            |
|                                    |          | 11/22/2019                   |            |
|                                    |          | 09/28/2020                   |            |

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| Appendix A: Immunization of Health Care Workers Chart |
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| Patient Contact | Non Patient Contact | Vaccine  | Documentation of Immunizations  | Additional Information   |
|-----------------|---------------------|--|---|--|
| X               |                     | Hepatitis B                                    | Documentation of completed depending on the vaccine type 2 dose (e.g., Heplisav-B) or 3 doses (e.g., Engerix-B) <b>OR</b> proof of positive serologic titer.    | Certain HCWs may be screened for chronic hepatitis B prior to vaccination.<br><br>If vaccination is not administered a declination for HepB vaccination is required according to OSHA standards.   |
| X               | X                   | Measles, Mumps, Rubella (MMR)                  | Documentation of completed 2 doses <b>OR</b> proof of positive serologic titer to all three diseases.   |  |
| X               | X                   | Varicella (chicken pox)                        | Documentation of completed 2 doses <b>OR</b> proof of positive serologic titer.   |  |
| X               | X                   | Tetanus-Diphtheria- acellular Pertussis (Tdap) | Single Tdap for all HCWs<br>Repeat Tdap for pregnant HCWs   | Give Td booster every 10 years.  |
| X               | X                   | Influenza                                      | Annual influenza immunization is required for all employees, students, faculty, providers, volunteers and contracted employees on the Health Science Campus(s). | Request for exemption for medical or religious reasons can be made. See <a href="http://influenza.utoledo.edu">influenza.utoledo.edu</a> for details. Individuals granted an exemption will be required to wear a surgical mask according to manufacturer recommendations when in the hospital or clinics during flu season. |