

# MEDICAL STAFF DISEASE PREVENTION POLICY NORTHWEST TEXAS HEALTHCARE SYSTEM

## MEDICAL STAFF DISEASE PREVENTION REQUIREMENTS FOR MEDICAL STAFF AND ALLIED HEALTHCARE MEMBERSHIP

**As a condition of NWTHS Medical Staff and Allied Healthcare membership, NWTHS requires documentation of immunity against the following vaccine-preventable diseases:**

1. Influenza: Documented **annual** influenza vaccination of all healthcare personnel is required.
  2. Measles: Documentation of two doses of Measles vaccine *or* laboratory evidence of immunity to Measles.
  3. Mumps: Documentation of two doses of Mumps vaccine *or* laboratory evidence of immunity to Mumps.
  4. Rubella: Documentation of one dose of Rubella vaccine *or* laboratory evidence of immunity to Rubella.
  5. Varicella: Documentation of two doses of Varicella vaccine, *or* laboratory evidence of immunity to Varicella.
  6. Tetanus, diphtheria, and acellular pertussis (Tdap): Documentation of a one-time dose of Tdap.
  7. Hepatitis B: Documentation of 3 doses *or* laboratory evidence of immunity to Hepatitis B. Healthcare workers may decline the HBV vaccination series, but those who do so will sign a waiver to that effect.
- A. Proof of immunization documentation shall include: the **date, type of vaccine and the name of the person/clinic where received.**
- B. A written or electronic record will be maintained for each physician by the Occupational Health Department.
- C. Exemptions to immunization may be granted for medical contraindications and precautions. Standard criteria for medical exemption will be established based on the most current recommendations from the Advisory Committee on Immunization Practices (ACIP) published by the Centers for Disease Control and Prevention.
1. Individuals requesting exemption due to medical contraindications must submit the "Medical Exemption Statement for Healthcare Personnel" signed by their healthcare provider. (ATTACHMENT A or ATTACHMENT B for influenza vaccine exemption)

2. Each request will be evaluated individually by Occupational Health with assistance from Infection Control and the Occupational Health Medical Director.
  3. If an exemption is granted, the individual will be notified in writing by the Occupational Health Department.
  4. If exemption is granted for a temporary condition, the individual must resubmit a request for exemption and a written release when the temporary condition is no longer a contraindication. If exemption is granted for a permanent condition, the exemption does not need to be requested each year unless vaccine technology would change to eliminate the issues regarding the exemption.
  5. NWTHS has adopted infection control procedures, which must be followed to prevent the spread of infection to patients. Procedures include the use of protective personal equipment such as gloves and masks.
- D. In addition to vaccine-preventable diseases, medical staff members are also required to have an annual TB test (PPD) and provide documentation of such, including the **date, the name of the person/clinic where received, and the result**. (For individuals who have received BCG or who have had a previous positive TB skin test, it may be necessary to have additional studies performed Chest Xray or an Interferon-Gamma Release Assay), and a questionnaire will need to be completed annually thereafter.)
- E. Physicians in the Affiliate Staff category (whom do not provide care for patients in the facility) will be exempted from the above requirements. Other physicians who never see patients in the facility may request exemption from the above requirements based on that fact.

# ATTACHMENT A

## Medical Exemption Statement For A Physician

### 1 PHYSICIAN INFORMATION (for whom statement is being made):

Physician Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date: \_\_\_\_\_

### 2 Northwest Texas Healthcare System requires all healthcare personnel to have documentation of immunity against the following vaccine-preventable diseases: Measles, Mumps, Rubella, Varicella, Pertussis, Hepatitis B and Influenza.

Medical exemption from vaccinations is allowed for contraindications or precautions identified by the Centers for Disease Control and Prevention. Guidance for medical exemptions can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can also be found at the following website: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

Please complete the form below to request medical exemption.

### 3 HEALTHCARE PROVIDER STATEMENT:

My patient should not be vaccinated against: (check those that apply and state the reason per ACIP contraindications and precautions:

- Measles \_\_\_\_\_
- Mumps \_\_\_\_\_
- Rubella \_\_\_\_\_
- Varicella \_\_\_\_\_
- Pertussis \_\_\_\_\_
- Hepatitis B \_\_\_\_\_
- Influenza: *Complete Attachment B*

### 4 Temporary Medical Condition \_\_\_\_\_ Date exemption ends (only if applicable):

- Permanent Medical Condition

### 5 HEALTHCARE PROVIDER INFORMATION:

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For NWTHS Use Only:

Medical Exemption Status:

\_\_\_\_\_ Accepted

Date: \_\_\_\_\_

\_\_\_\_\_ Not Accepted for: \_\_\_\_\_

## ATTACHMENT B

### Influenza Vaccine Medical Exemption Statement for A Physician

1

#### PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

2

Guidance for medical exemptions for influenza vaccination can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can also be found at the following website: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

**Contraindications are conditions that indicate when the vaccines should not be given.**

**Contraindications to all influenza vaccines include:**

- Severe allergic reaction after a previous dose.\*
- Severe egg allergy\*
- Severe allergy to any vaccine component\*

**Precautions are conditions that should be reviewed. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. Precautions include:**

- History of Guillain Barre Syndrome within 6 weeks of previous influenza vaccine.

***\*A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching, , urticaria (hives), angioedema (swelling of the lips, face, or throat), severe bronchospasm (wheezing), shortness of breath, shock or cardiovascular collapse.***

3

#### HEALTHCARE PROVIDER STATEMENT:

Please document the patient's contraindication here:

4

Date exemption ends (only if applicable):

5

#### HEALTHCARE PROVIDER INFORMATION:

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For NWTHS Use Only:

Medical Exemption Status:

\_\_\_\_\_ Accepted

Date: \_\_\_\_\_

\_\_\_\_\_ Not Accepted for: \_\_\_\_\_