



MaineHealth System-Wide Policy

This policy was approved jointly by MaineHealth organizations and applies to all MaineHealth organizations and subsidiaries including each of the entities below: MaineHealth Corporate, MaineHealth Medical Group, Maine Medical Center-Portland, Maine Medical Center-Biddeford, Maine Medical Center-Sanford, Lincoln Hospital, Franklin Hospital, Mid Coast Hospital, Stephens Hospital, Pen Bay Hospital, Waldo Hospital, Memorial Hospital, Behavioral Health at Spring Harbor (MaineHealth Behavioral Health), MaineHealth Home Health and Hospice, MaineHealth CHANS Home Health & Hospice, and NorDx.

Policy Title: Healthcare Worker Immunization Requirements

Policy Summary:

It is the policy of MaineHealth to incorporate Occupational Safety & Health Administration (OSHA) requirements and immunization guidelines from the National and State Centers for Disease Control (CDC) along with additional federal and state regulations to promote an environment free from recognized vaccine-preventable infectious diseases. In accordance with state law and regulatory agencies, healthcare facilities must report healthcare workers' immune status for specific vaccine preventable illnesses to State CDC and the National Healthcare Safety Network. Eligible healthcare workers will receive immune status assessment and be offered applicable vaccines through Employee Health Services (EHS) or designee.

Scope and Definitions: This policy applies to all care team members of the health system.

Healthcare worker: A care team member who works on-site or in a hybrid role at a MaineHealth facility

Non-healthcare worker: A care team member who works 100% remotely whose work address is not a licensed healthcare facility or clinical location.

Procedures:

Healthcare workers must show evidence of immune status for the following diseases as a condition of employment:

- Varicella (chicken pox) – completed vaccine series or titer
- Measles (rubeola) – completed vaccine series or titer
- Mumps– completed vaccine series or titer
- Rubella (German measles) – completed vaccine series or titer
- Influenza (“flu”) – annual vaccine

Healthcare workers whose jobs include additional risks, such as reasonably anticipated exposure to bloodborne pathogens, rodents or wild animals, or daycare licensed facilities (Center of Excellence – MBH) may be required to show evidence of immune status for:

- Hepatitis B - (please see acceptable Evidence of immunity/declination)
- Td (Tetanus & diphtheria) or Tdap (Tetanus, diphtheria & pertussis (“whooping cough”) – (please Td or Tdap section in Acceptable Evidence of Immunity to see which areas are required to have this required vaccine)
- Rabies (Select MMCRI Field Research Jobs only)

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Credentials of the provider submitting immunization records or lab results must be MD, DO, NP, PA, RN, or other healthcare providers authorized to administer vaccines, such as RPh or PharmD; other credentials will not be accepted. Records must specify the vaccine name and date administered (month and year). Providers cannot submit immunization records on their own behalf.

Providers reviewing official patient records created by another practitioner, which indicate that a particular patient received a vaccine on a specific date, including the month and year, may verify immunization status for an individual. Adequately prepared secondary school or collegiate health records will be accepted as proof of immunization, including immunization records from health professionals' schools such as medical school or nursing school.

EHS provides immunity screenings to eligible persons during the Pre-Employment or Work Assignment screening to achieve compliance with this policy. In the absence of immune status documentation, individuals must undergo blood testing to assess such status. Declination of lab testing to determine immune status is not acceptable.

During flu season, seasonal flu vaccination is required by December 1. For new hires starting on or after December 1, must be completed by new hire healthcare workers prior to start date. For all other vaccine preventable diseases, individuals with laboratory evidence (titers) not demonstrating immunity must follow up with Employee Health to complete immunization requirements or be approved for exemption within the first 90 days of employment.

Non-healthcare worker care team members who work 100% remotely and whose work address in is not a licensed healthcare facility or clinical location are exempt from these requirements upon attestation of their remote status. Hybrid positions do not qualify for this exemption.

Vaccine requirements may be altered in the event of changing healthcare worker vaccination guidelines and/or emerging infectious disease threats. MaineHealth may require care team members to provide updated information on vaccination, including information on receipt of any recommended additional or booster doses of vaccines.

IMMUNIZATION COMPLIANCE GUIDELINES

ACCEPTABLE EVIDENCE OF IMMUNITY

Varicella (chicken pox)	Laboratory evidence of immunity	OR	Two doses of live Varivax or MMRV vaccine OR Physician documentation of documentation of active illness (chicken pox OR Shingles)
Rubella (German measles)	Laboratory evidence of immunity	OR	One dose of live Rubella or MMR vaccine
Rubeola (Measles)	Laboratory evidence of immunity	OR	Two doses of live Rubeola or MMR vaccine
Mumps	Laboratory evidence of immunity	OR	Two doses of live Mumps or MMR vaccine
Hepatitis B */**	Laboratory evidence of immunity	OR	2 or 3 dose complete series OR * Has a signed Hep B Declination on file in EHS. **Employed individuals whose job duties are at risk for occupational exposure to bloodborne pathogens (BBP) or other potentially infectious materials are offered Hepatitis B Vaccination.
Influenza ***	Current annual dose of FDA-approved seasonal influenza vaccine	OR	***All care team members are required annually to either: • Show documentation of receipt of an FDA approved seasonal influenza vaccine given on or after 8/1 during the current flu season– OR • Receive seasonal influenza vaccine, if offered, at work – OR • Have an approved exemption
Td or Tdap****	One dose of Td or Tdap vaccine within the past 10 years	OR	****A one-time Tdap (tetanus, diphtheria & pertussis) vaccine to replace one Td booster is strongly recommended for all healthcare workers. Individuals working with or at risk of animal contact are required to have a Td (tetanus & diphtheria) booster every 10 years. Also provided for injury care as needed. Center of Excellence employees have to show proof of Tdap in their adult life.
Rabies*****	Laboratory evidence of immunity		*****Individuals whose job duties require them to work with wild animals in an indoor or outdoor environment will be offered the rabies vaccine series and biannual lab testing

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MaineHealth makes the following vaccines available to eligible care team members as availability allows:

- Varicella (chicken pox) – Varivax vaccine
- Measles (rubeola), Mumps & Rubella (German measles) - MMR vaccine
- Hepatitis B vaccine and Hepatitis B Immune Globulin if indicated
- Influenza (“flu”) vaccine
- Based on job requirements:
- Td (Tetanus & diphtheria) vaccine or Tdap (Tetanus, diphtheria & pertussis (“whooping cough”))
- Rabies

EXEMPTIONS, DEFERRALS AND ACCOMMODATIONS

The availability of exemptions or other accommodations are determined by applicable law.

Care team members may request medical exemptions for any of the required vaccinations. Medical exemptions may be authored by an actively licensed MD, DO, NP or PA only. Other credentials will not be accepted. The care team member must have a treating relationship with the provider authorizing the exemption. Providers are not able to write exemptions for themselves.

Religious/philosophical exemptions are available based on applicable state law.

- None
- New Hampshire: MMR, Varivax (chicken pox), Td (Tetanus, Diphtheria) Tdap, Influenza

In the event of a communicable disease exposure or outbreak, a susceptible individual, including those who have an approved exemption, may be reassigned or removed from work until cleared by EHS or may be required to use additional personal protective equipment and follow other applicable guidelines or protocols.

A vaccine exemption form indicating full understanding of the risks of refusing the vaccine(s) must be completed for all exemptions. Exemptions will be reviewed and either approved or denied based on CDC or ACIP recommendations. Individuals will be informed of the outcome. Documentation of the approved exemption will be recorded in the Employee Medical Record maintained by EHS.

On occasion, a deferral for medical reasons may be necessary. The treating provider advising the care team member to defer vaccination due to medical reasons must complete the deferral form. Once the deferral period is over, individuals must meet compliance requirements.

Hepatitis B vaccine declination must include terminology required by OSHA. See [Appendix A](#). The individual may contact EHS at any time to receive a vaccination, even if that vaccination was previously declined.

Care team members who have received an approved exemption or deferral must comply with all additional requirements, which may include the following: additional precautions, reassignment of duties, or other requirements.

ACCOUNTABILITY FOR NON-COMPLIANCE

Healthcare workers must comply with immunization requirements as a condition of employment. This compliance must be completed within 90 days of hire. During flu season, seasonal flu vaccination is required by December 1. For new hires starting on or after December 1, flu vaccination is required prior to start date.

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Related References:

1. “Hepatitis B Vaccination Declination”, OSHA, Standards 29-CFR
2. “Immunization Requirements for Health Care Workers”, Maine Department of Health & Human Services, Maine Center for Disease Control, 10-144, Chapter 264, amended September 5, 2023
3. “Immunization of Healthcare Personnel”, Centers for Disease Control, MMWR RR 60/7, November 25, 2011
4. CDC/ACIP Annual Immunization Schedule <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
5. New Hampshire law N.H. Rev. Stat. Ann. § 151:9-b

APPENDIX A:

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HEPATITIS B VACCINE DECLINATION STATEMENT

PLEASE SUBMIT FORM TO
EHSMR@MAINEHEALTH.ORG

I have reviewed and understand the information in the Centers for Disease Control and Prevention (CDC) Vaccine Information Sheet (VIS) on Hepatitis B vaccine. My questions have been answered. Per the Occupational Safety and Health Administration standard 1910.1030 App A I attest to the following:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I decline the Hepatitis B vaccine at this time.

Signature of employee/volunteer or legal guardian

Date

Printed name of employee

Date of Birth

If legal guardian, state relationship to employee/volunteer

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APPENDIX B:

COMMUNICABLE DISEASE - VACCINE RELIGIOUS/PHILOSOPHICAL
EXEMPTION FORM

PLEASE SUBMIT FORM TO
EHSMR@MAINEHEALTH.ORG

Full legal name

Date of Birth

I have read and understand the information in the Centers for Disease Control and Prevention (CDC) Vaccine Information Sheet (VIS/EUA) regarding applicable vaccines as indicated below.

I understand that due to my employment I may be at risk of exposure to infection(s) these vaccines are intended to prevent. I have been offered vaccine free of charge due to my history, records and/or lab results. **However, I am requesting exemption from vaccination at this time. I understand that exemption requests are individually analyzed and that religious exemptions are unavailable for many healthcare positions in Maine and that I may request alternate accommodations if my exemption request cannot be granted.**

If, in the future, I am at risk and I change my mind and want to be vaccinated, I can receive the vaccine for free by contacting Employee Health Services. I also understand that if I am exposed to one of these vaccine preventable diseases, either at home or work, I may not be allowed to work until I am medically cleared by Employee Health Services. If I am taken out of work due to a work-related or non-work-related exposure to a vaccine preventable disease, this may be unpaid time. I understand In the event of a communicable disease exposure or outbreak, as a susceptible individual, I may be reassigned or furloughed from work until cleared by EHS, this may be unpaid time.

New Hampshire Healthcare Workers:

Vaccine(s): ☐ MMR ☐ Varivax (chicken pox) ☐ Td (Tetanus, Diphtheria) ☐ Tdap ☐ Influenza

Healthcare worker signature

Date

Legal guardian signature (include relationship)

Please describe how your sincerely held religious or philosophical beliefs conflict with receipt of this vaccine:

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APPENDIX C:

COMMUNICABLE DISEASE - VACCINE MEDICAL EXEMPTION FORM

PLEASE SUBMIT FORM TO
EHSMT@MAINEHEALTH.ORG

TO BE COMPLETED BY CARE TEAM MEMBER:

Full legal name

Date of Birth

I have read and understand the information in the Centers for Disease Control and Prevention (CDC) Vaccine Information Sheet (VIS/EUA) regarding applicable vaccines as indicated below.

I understand that due to my employment I may be at risk of exposure to infection(s) these vaccines are intended to prevent. I have been offered vaccine free of charge due to my history, records and/or lab results. **However, I am requesting exemption from vaccination at this time at the advisement of my treating provider that I not be vaccinated. I understand that exemption requests are individually analyzed and that I may request alternate accommodations if my exemption request cannot be granted or does not qualify as a contraindication to vaccination.**

If, in the future, my condition changes and I am able to be vaccinated, I can receive the vaccine for free by contacting Employee Health Services. I also understand that if I am exposed to one of these vaccine preventable diseases, either at home or work, I may not be allowed to work until Employee Health Services medically clears me. If I am taken out of work due to a work-related or non-work-related exposure to a vaccine preventable disease, this may be unpaid time. I understand In the event of a communicable disease exposure or outbreak, as a susceptible individual, I may be reassigned or furloughed from work until cleared by EHS, this may be unpaid time.

Healthcare worker signature

Date

Legal guardian signature (include relationship)

TO BE COMPLETED BY TREATING PROVIDER:

I am advising my patient, not to receive the following vaccine(s):

Vaccine(s): ☐ MMR ☐ Varivax (chicken pox) ☐ Td (Tetanus, Diphtheria) ☐ Tdap ☐ Influenza

My patient has the following condition(s) [diagnoses] that is/are medical contraindications for vaccination:

I have reviewed the CDC and ACIP information on contraindications for these vaccines. It is my professional opinion it is medically inadvisable for my patient to be vaccinated due to their qualifying medical condition. I am recommending this individual be exempted from vaccination requirements based on the recognized clinical contraindications.

Provider signature/ Printed Name

Date

Please check your credentials: ☐ MD ☐ DO ☐ NP ☐ PA

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APPENDIX D:

COMMUNICABLE DISEASE - VACCINE DEFERRAL FORM

PLEASE SUBMIT FORM TO
EHSMR@MAINEHEALTH.ORG

TO BE COMPLETED BY CARE TEAM MEMBER:

Full legal name

Date of Birth

I have read and understood the information in the Centers for Disease Control and Prevention (CDC) Vaccine Information Sheet (VIS/EUA) regarding applicable vaccines as indicated below.

I understand that due to my employment I may be at risk of exposure to infection(s) these vaccines are intended to prevent. I have been offered vaccine free of charge due to my history, records and/or lab results. **However, I am requesting temporary deferral from vaccination at this time at the advisement of my treating provider to not be vaccinated. I understand that temporary exemption requests are individually analyzed and that I may request alternate accommodation if my exemption request cannot be granted.**

If approved, when my deferral is up, I will complete vaccination. I also understand that if I am exposed to one of these vaccine preventable diseases, either at home or work, I may not be allowed to work until Employee Health Services medically clears me. If I am taken out of work due to a work-related or non-work-related exposure to a vaccine preventable disease, this may be unpaid time. I understand In the event of a communicable disease exposure or outbreak, as a susceptible individual, I may be reassigned or furloughed from work until cleared by EHS, this may be unpaid time. I will follow any additional requirements such as weekly testing, wearing of additional personal protective equipment, if required of me.

Healthcare worker signature

Date

Legal guardian signature (include relationship)

TO BE COMPLETED BY PROVIDER (MD, DO, NP or PA):

I am advising my patient, to delay vaccination for the following vaccine(s):

Vaccine(s): ☐ MMR ☐ Varivax (chicken pox) ☐ Td (Tetanus, Diphtheria) ☐ Tdap ☐ Influenza

My patient has the following condition(s) [diagnoses] warranting a delay:

I have reviewed the CDC and ACIP information on contraindications for the above vaccine(s). I am advising my patient to delay vaccination at this time. I am recommending this individual to be temporarily exempted from vaccination requirements based on the recognized clinical contraindications. My patient may receive vaccine on this date:_____

Provider signature/ Printed Name

Date

Please check your credentials: ☐ MD ☐ DO ☐ NP ☐ PA

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APPENDIX E:
REMOTE WORKER VACCINE EXEMPTION FORM

PLEASE SUBMIT FORM TO
EHSR@MAINEHEALTH.ORG

Full legal name

Date of Birth

I attest that I work 100% remotely and do not come on-site to a MaineHealth licensed healthcare facility or clinical location. I understand that if my work location changes, I may be required to be vaccinated or have an approved medical or religious exemption (if applicable).

Healthcare worker signature

Date

Legal guardian signature (include relationship)

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