MaineHealth Corporate Policy

This policy was approved jointly by MaineHealth (MH) member organizations and applies to each of the entities below: MaineHealth Corporate, Maine Medical Center, MaineHealth Medical Group, Southern Maine Health Care, LincolnHealth, Franklin Memorial Hospital, Mid Coast Hospital, Stephens Memorial Hospital, Pen Bay Medical Center, Waldo County General Hospital, Memorial Hospital, Spring Harbor Hospital (Maine Behavioral Healthcare), MaineHealth Care at Home, 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

Background: This policy applies to all care team members of the health system.

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

- Varicella (chicken pox) – completed vaccine series or titer
- Measles (rubella) – completed vaccine series or titer
- Mumps– completed vaccine series or titer
- Rubella (German measles) – completed vaccine series or titer
- Influenza (“flu”) – completed vaccine
- Sars-CoV2 (Covid-19) – completed vaccine series prior to 4/18/2023 or single Bivalent booster after 4/18/2023

Healthcare workers whose jobs include additional risks, such as reasonably anticipated exposure to bloodborne pathogens, rodents or wild animals, may be required to show evidence of immune status for:

- Hepatitis B - (please see acceptable Evidence of immunity/declination)

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• 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)

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 Sars-CoV2 (Covid19) vaccine.

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

• Varicella (chicken pox) – Varivax vaccine
• Measles (rubella), Mumps & Rubella (German measles) - MMR vaccine
• Hepatitis B vaccine and Hepatitis B Immune Globulin if indicated
• Influenza (“flu”) vaccine
• Sars-CoV2 (Covid19) vaccine
• Based on job requirements:
  • Td (Tetanus & diphtheria) vaccine or Tdap (Tetanus, diphtheria & pertussis (“whooping cough”)
  • Rabies

**IMMUNIZATION COMPLIANCE GUIDELINES**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Acceptable Evidence of Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (chicken pox)</td>
<td>Laboratory evidence of immunity OR Two doses of live Varivax or MMRV vaccine OR Physician documentation of month and year of active illness (chicken pox OR Shingles)</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Laboratory evidence of immunity OR One dose of live Rubella or MMR vaccine</td>
</tr>
<tr>
<td>Rubeola (Measles)</td>
<td>Laboratory evidence of immunity OR Two doses of live Rubeola or MMR vaccine</td>
</tr>
<tr>
<td>Mumps</td>
<td>Laboratory evidence of immunity OR Two doses of live Rubeola or MMR vaccine</td>
</tr>
<tr>
<td>Sars-CoV2 (Covid 19)</td>
<td>Completion of Covid-19 vaccine series • Prior to 4/18/23: Completion of 2nd dose in a 2 dose series, such as Pfizer, Moderna, Novavax OR Completion of a single-dose vaccine, such as Johnson &amp; Johnson is required. • After 4/18/23: completion of one Bivalent vaccine. • Approved exemption</td>
</tr>
</tbody>
</table>
Policy Title: Healthcare Worker Immunization Requirements

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<table>
<thead>
<tr>
<th>Disease</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B <strong>/</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Influenza ***</td>
<td>Current annual dose of FDA-approved seasonal influenza vaccine ***All care team members are required annually to either: • Show documentation of receipt of an FDA approved seasonal influenza vaccine – or • Receive seasonal influenza vaccine, if offered, at work – or • Have an approved exemption</td>
</tr>
<tr>
<td>Td or Tdap ****</td>
<td>One dose of Td or Tdap vaccine within the past 10 years ****A one-time Tdap (tetanus, diphtheria &amp; 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 &amp; 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.</td>
</tr>
<tr>
<td>Rabies*****</td>
<td>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</td>
</tr>
</tbody>
</table>

I. Definitions:

SEASONAL INFLUENZA – On an annual basis a seasonal influenza vaccination campaign offering FDA approved influenza vaccine. The campaign runs September through November with individuals needing to meet compliance requirements by December 1st. Individuals meeting contraindications will have a permanent accommodation unless contraindication information is updated. Individuals with exemptions must apply annually. Exemptions offered are determined by State law.

DOCUMENTATION OF IMMUNIZATION A Certificate of Immunization from a physician, nurse or health official who has administered the immunization(s) to the employee will be accepted as proof of immunization. The certificate must specify the immunization(s), and the date(s), including month and year, on which it was administered. Physicians, having reviewed official patient records created by another practitioner which indicate that a particular patient has received an immunization on a specified date, demonstrating at a minimum the month and year the immunization was given, may certify that the immunization was given. Adequately prepared secondary and/or collegiate school health records will also be considered acceptable as proof of immunization. The employee health record in Employee Health will be used for maintaining information regarding the health status of each employee. The immunization status of each employee with regard to each disease must be noted on the employee's health record. The health record of each employee must include, at a minimum, the month and year that each immunization was administered. Health records are retained a minimum of six years after termination.
II. Policy Statements:

NEW HIRES

For Influenza, new hires must be compliant prior to starting employment with MaineHealth during the active flu season.

For Sars-CoV2 (Covid-19) new hires must have completed a vaccine series prior to starting employment for all offers of employment after 3/11/2022.

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.

EXEMPTIONS, DEFERRALS AND ACCOMMODATIONS

Declination of lab testing to determine immune status is not acceptable.

The availability of exemptions or other accommodations are determined by applicable law. Care team members may request exemptions for medical and/or religious reasons. Care team members working in Maine should be aware that Maine law currently prohibits religious exemptions for most healthcare positions. Care team members working fully remote outside the state of Maine may request a remote exemption. An out of state remote worker exemption is added to the care team member’s employee medical record. The submitted exemption request is reviewed to see if the person works entirely remote and lives outside the State of Maine. If the person meets this criteria a remote exemption will be considered for exemption.

When exemptions cannot be reasonably granted, including due to consideration of state law or operational concerns, employees may request other accommodations. 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 authoring the exemption. Providers are not able to write exemptions for themselves.

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.

**COVID EXEMPTIONS**

When a medical exemption is requested, it is added to the care team member’s employee medical record. The submitted exemption request is reviewed for all elements required to meet CMS regulations. If those conditions are met, the exemption is submitted for provider review to confirm contraindication to vaccination consistent with CDC recommendations. The outcome of the review is entered into the medical record and the decision is communicated to the care team member. Exemptions not meeting elements required to meet CMS regulations are denied and resubmission is requested for reconsideration. Temporary exemptions are monitored for expiration. Care team members are notified of the pending exhaustion.

A religious exemption request is added to the care team member’s employee medical record and submitted for review. Outcome of that review is documented in the medical record and the decision is communicated to the care team member. Should an exemption request not be approved, the care team member may submit additional information for reconsideration.

**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.

**III. Procedures:**
SCREENING FOR IMMUNIZATION COMPLIANCE

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.

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.
5. CDC/ACIP Annual Immunization Schedule https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
APPENDIX A: HEPATITIS B VACCINE

DECLINATION STATEMENT

PLEASE SUBMIT FORM TO
EHS_VACCINE@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: Basis of declination:

____ Immunization against Hepatitis B is medically inadvisable.

☐ See document in file.

____ I oppose immunization because of sincere religious or philosophical reasons.

______________________________
Signature of employee/volunteer or legal guardian

_____
Date

If legal guardian, state relationship to employee/volunteer
APPENDIX B: PLEASE SUBMIT FORM TO EHS_VACCINE@MAINEHEALTH.ORG

COMMUNICABLE DISEASE - VACCINE RELIGIOUS EXEMPTION FORM

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.

Vaccine(s): □ MMR □ Varivax (chicken pox) □ Td (Tetanus, Diphtheria) □ Tdap □ Influenza □ Sars-CoV2 (Covid)

<table>
<thead>
<tr>
<th>Healthcare worker signature (relationship)</th>
<th>Date</th>
<th>Legal guardian signature (include relationship)</th>
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Please describe with specificity how your sincerely held religious beliefs relate to or conflict with receipt of this vaccine (attach additional pages as needed):

Please identify the religion to which you belong or with which you identify. If a nontraditional or nontheistic faith, please briefly explain the belief system, including how it addresses fundamental and ultimate questions about life, purpose and death:

DATE OF ISSUANCE: 01/01/2019
Appendix C: PLEASE SUBMIT FORM TO EHS_VACCINE@MAINEHEALTH.ORG

COMMUNICABLE DISEASE - VACCINE MEDICAL EXEMPTION FORM

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 due 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.

__________________________ Date __________________________
Healthcare worker signature

__________________________ Date __________________________
Legal guardian signature (include relationship)

I am advising my patient, not to receive the following vaccine(s):
Vaccine(s): □ MMR □ Varivax (chicken pox) □ Td (Tetanus, Diphtheria) □ Tdap □ Influenza □ Sars-CoV2 (Covid) Please specify which specific vaccines are contraindicated: □ Moderna □ Pfizer □ Johnson & Johnson

My patient has the following condition(s) [diagnoses] that are medically contraindicated for vaccination:

__________________________ Date __________________________
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.

__________________________ Date __________________________
Provider signature/ Printed Name

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

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DATES OF REVISION: 08/13/2021, 08/25/2021, 09/3/21, 01/05/2022, 02/04/2022, 4/4/2022, 4/6/2022, 6/1/2022, 6/15/2022, 7/1/2022; 4/18/2023; 5/16/2023, 6/21/2023
Appendix D: PLEASE SUBMIT FORM TO
EHS_VACCINE@MAINEHEALTH.ORG

COMMUNICABLE DISEASE - VACCINE DEFERRAL FORM

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 accommodations 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)

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

Vaccine(s): □ MMR  □ Varivax (chicken pox)  □ Td (Tetanus, Diphtheria)  □ Tdap  □ Influenza  □ Sars-CoV2 (Covid)

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

DATE OF ISSUANCE: 01/01/2019
APPENDIX E: PLEASE SUBMIT FORM TO EHS_VACCINE@MAINEHEALTH.ORG

REMOTE WORKER VACCINE EXEMPTION FORM

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 vaccination.

I have been offered vaccine free of charge. However, I am requesting exemption from vaccination at this time. I understand that exemption requests are individually analyzed and that non-medical exemptions are unavailable for many healthcare positions in Maine.

I attest that I work fully remotely outside the state of Maine in __________________ (insert state) and do not come on-site to a MaineHealth facility. I understand that if my work location changes to be within the state of Maine, I will be required to be vaccinated.

Vaccine(s): □ MMR □ Varivax (chicken pox) □ Td (Tetanus, Diphtheria) □ Tdap □ Influenza □ Sars-CoV2 (Covid)

__________________________________________ Date __________________________
Healthcare worker signature Date
Legal guardian signature (include relationship)
Policy Title: Healthcare Worker Immunization Requirements

Original Adoption Date: 01/01/2019

Review Date(s): 06/20/2023

Revision Date(s): 08/13/2021, 08/25/2021, 09/3/21, 01/05/2022, 02/04/2022, 04/4/2022, 04/6/2022, 06/15/2022, 07/11/2022, 04/18/2023, 06/21/2023

Policy Owner: Cindy Edwards, Director of Employee Health, MaineHealth Corporate

Executive Sponsor: Scott Ballard, Chief People Officer, MaineHealth Corporate