



POLICY/PROCEDURE TITLE: Immunization Requirements for Healthcare Workers	
ENTITY: <input checked="" type="checkbox"/> CMHC <input type="checkbox"/> CMMC <input type="checkbox"/> CMMG <input type="checkbox"/> BRIDGTON HOSPITAL <input type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME <input type="checkbox"/> ELSEMORE DIXFIELD <input type="checkbox"/> SWIFT RIVER FAMILY MEDICINE FAMILY MEDICINE	
CATEGORY: Administrative	ORIGINATION DATE: 1/22/2022
OWNER GROUP: Occupational Health	PUBLICATION DATE: 3/7/2022

SCOPE

This policy applies to all Central Maine Healthcare Corporation facilities, practices, entities, and services (“CMHC”) and all CMHC team members.

PURPOSE

To outline vaccination and immunization requirements for team members under the State of Maine Immunization Requirements for Healthcare Workers and CMS Conditions of Participation.

STATEMENT OF POLICY

Central Maine Healthcare is committed to following Maine Department of Health and Human Services and CMS requirements for vaccination and immunization of healthcare workers.

DEFINITIONS

Certificate of Immunization- A written statement from a physician, nurse, physician assistant or health official who has administered an immunization to an employee, specifying the vaccine administered and the date it was administered. Secondary school or collegiate health records, having been compiled and maintained as an official document based on certificates of immunization, which provide at a minimum the month and year that the immunization was administered and/or which contain copies of laboratory evidence of immunity, may also be accepted as proof of immunization.

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Declination- A formal process where an individual makes an informed choice declining Hepatitis B vaccination, following standards and procedures established by the federal Occupational Safety and Health Administration (OSHA) regulations (29 CFR §1910.1030(f)(2)(iv) (effective July 6, 1992).

Team member- For purposes of this rule, any person who performs any services for wages or other remuneration for Central Maine Healthcare Corporation (CMH) facilities, practices, entities, and service including hospice and dialysis staff, physical therapists, mental health professionals, licensed practitioners or adult students, trainees, volunteers or independent contractors. It would not include anyone who provides only telemedicine services or support services outside of the hospital and does not have any direct contact with patients and other staff. Persons who provide ad hoc, non-health care services for CMH facilities, practices, entities, or services and have no potential for direct contact (clinical, hands-on, or face-to-face interaction) with staff, patients, or visitors of a CMH facility, practice, entity, or service, are not included in this definition of employee. For illustrative purposes only, these may include, but are not limited to, landscapers, snow plow operators, and delivery persons. [Verify that this definition is consistent with “Staff”]

Valid Medical Exemption- A written statement from a licensed physician, nurse practitioner or physician assistant that, in the physician’s, nurse practitioner’s or physician assistant’s professional judgement, immunization against one of more diseases may be medically contraindicated.

Booster- per CDC refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccinations series is likely to have waned over time.

Clinical Contraindications – refers to conditions or risks that preclude the administration of a treatment or intervention. With regard to recognized clinical contraindications to receiving a COVID-19 vaccines, facilities should refer to the CDC informational document, *Summary Document of for Interim Clinical Considerations for the Use of Covid-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary=interim-clinical-considerations>. Pdf. For COVID-19 vaccines, according to the CDC, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g. anaphylaxis) after a previous dose or to component of the COVID-9 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

Fully Vaccinated- refers to staff who are two weeks or more out from completion of their primary vaccination series for COVID-19

Good Faith Effort- refers to a provider that has taken aggressive steps toward achieving compliance with staff vaccination requirement **and/or** the provider has no or has limited access to vaccine and has documented attempts to access the vaccine.

Primary Vaccination Series- refers to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19.

Temporarily Delayed Vaccination- refers to vaccination that must be temporarily postponed, as recommended by CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illnesses secondary to COVID-19, or individuals who

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received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.

PROCEDURE/PROCESS

Central Maine Healthcare team members, as defined in this policy, who do not work exclusively remotely, are required to have a Certificate of Immunity or Proof of Immunity on file with the Occupational Health Department of Central Maine Healthcare. Contracted team member documentation may be filed with the contracted employer but must be made available immediately upon request of the Central Maine Healthcare Occupational Health Department in the event of an infectious disease outbreak investigation or review by a licensing or accreditation body. [Do we need to require that we have this documentation prior to the team member arriving on campus] Team members arriving on campus for a new hire appointment must bring/send ahead, their COVID-19 vaccine card in order to come on campus.

Team members who submit fraudulently obtained medical exemptions or vaccination records are subject to CMH progressive discipline policies.

A. VACCINE REQUIREMENTS

1. **Rubeola, Mumps, Rubella and Varicella** immunity is verified by titer (laboratory test) during team member Pre-placement/ Post Offer Examination. If immunity is not evidenced by titer, the MMR and/or Varicella vaccine is offered to the team member. Team members are exempt from the vaccination/ immunity requirement with a valid medical exemption as defined by this policy.
2. **Hepatitis B** immunity is verified by titer during the team member Pre-Placement/Post Offer Examination. If immunity is not evidenced by titer, the team member is offered the Hepatitis B vaccine. Team members declining the vaccine are required to sign a waiver stating that the vaccine was offered but that they are declining at this time. Team members may opt to receive the vaccine at any time during their employment regardless of whether they signed the waiver.
3. **COVID-19** vaccination is required prior to the team members first scheduled day of work. Team members must receive full vaccination based upon the manufacturer's EUA (Emergency Use Authorization), full CDC approval or label.
4. **Influenza** vaccination is required annually during a designated time frame, typically October 1-May 1 of any given year, utilizing the current year specific influenza vaccine available.

B. EXEMPTIONS

Medical Exemption

Team members who are eligible for a medical exemption as defined above, must present a completed request for medical exemption form to Occupational Health for approval. The medical exemption must contain a documented history of a severe

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allergic reaction or a documented history of the circumstance related to why the immunization is contraindicated. The documentation must indicate whether the exemption is permanent or temporary.

Team members who are designated as remote workers only are not required to provide a Certificate of Immunization, Proof of Immunity or valid medical exemption for each disease included in the vaccine requirements. However, exclusively remote team members who are engaged in patient contact outside of the healthcare facility must also have a Certificate of Immunization, Proof of Immunity or valid medical exemption for each disease included in the vaccine requirements. [Attached Exemption Form]

C. RECORD KEEPING

1. Individual Health Records

CMH Occupational Health maintains a health record containing information regarding the health status of each team member. The immunization status of each team member with regard to each disease is noted in the team member's health record. The health record of each team member includes, at a minimum, the month and year that each immunization, and any subsequent vaccine booster, was administered or that Proof of Immunity was determined. Health records are retained a minimum of six years after the date the team member provided services.

Where an exemption is granted for a reason authorized by law, the documentation supporting the exemption (including any information regarding the anticipated duration of the exemption) is on file with the team member health record.

2. List of Non-Immunized Team Members

The CMH Occupational Health Department keeps a listing for each disease of the team members who are not currently immunized and do not have Proof of Immunity. This list includes the names of all team members with authorized exemptions from immunization as well as any who are otherwise not known to be immune and states the reason that the team member is not immune. The purpose of the list is to provide an efficient means to rapidly contact non-immunized team members in the event of disease outbreaks and exclude them from the workplace as necessary.

3. Required Reports

The CMH Occupational Health Department is responsible for completing the Maine CDC's annual survey regarding the immunization status of all team members by December 15 of each calendar year. The survey includes the following information at a minimum:

- a. Specific contact information identifying the facility;
- b. The name of the Chief Administrative Officer;

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- c. The total number of team members; and
- d. The number of team members identified by vaccine type as either being immunized, having demonstrated serological proof of immunity, having an exemption in accordance with law, having declined hepatitis B vaccine, or being out of compliance.

DISCLAIMER STATEMENTS

Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

CROSS REFERENCES

N/A

REFERENCES AND SOURCES OF EVIDENCE

State of Maine Immunization Requirements for Healthcare Workers 10-144 Code of Maine Rules Chapter 264 Amended November 10, 2021

REVIEW/APPROVAL SUMMARY

SUPERSEDES: N/A	
REVIEW/REVISION DATES <i>(dates in parentheses include review but no revision):</i> 3/4/2022	
APPROVAL BODY(IES): Senior Leadership Team, Human Resources	APPROVAL DATE: 3/4/2022

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MANDATORY VACCINE MEDICAL EXEMPTION FORM

Form with fields: Team Member Name, Date of Birth, Primary Phone, Team Member E-mail, Home Address

The State of Maine Department of Health and Human Services has established Immunization Requirements for Healthcare Workers (10-144 Code of Maine Rules, Chapter 264) as set forth in 22 MRSA §802. The Centers for Medicare & Medicaid Services (CMS) have established COVID-19 Vaccination Requirements (State Operations Manual Appendix A - §482.42(g). The requirements allow for a medical exemption from a physician, nurse practitioner or physician assistant who provides a written statement that in their professional judgement, immunization is medically contraindicated.

Medical contraindications and precautions for immunizations are based upon the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC. Available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html or https://www.cdc.gov/vaccines/covid-19/index.html or https://redbook.solutions.aap.org/redbook.aspx

My patient is requesting a medical exemption from the COVID-19 vaccination requirement for the following reason:

Allergy

[] A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine. NOTE: Since egg-free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

List component causing allergy by vaccine:

Moderna _____

Pfizer _____

Johnson & Johnson _____

[] A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine. Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction.

List date and type of reaction by vaccine:

Moderna _____

Pfizer _____

Johnson & Johnson _____

Physical Condition/ Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Explanation: _____

Attestation

I am a physician (MD or DO) licensed to practice medicine in a jurisdiction of the United States or a Nurse Practitioner or Physician Assistant licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current CDC/ACIP Contraindications or Precautions and affirm that any contraindication(s)/precaution(s) is enumerated by the CDC/ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation.

PLEASE PRINT:

Healthcare Provider Name: _____

NPI #: _____ License #: _____ State of Licensure _____

Phone: _____ Fax: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____