

MCHD Vaccine Declination Process

MCHD highly recommends that students are vaccinated from known diseases as recommended in the following pages. Students do have the right however to decline vaccines of their choosing.

For students who wish to decline vaccination they must complete the appropriate accompanying form for each vaccine they wish to decline. Thus students wanting to decline multiple vaccines must complete multiple forms.

You can fill the forms out electronically and either e-sign the documents or print, sign, and upload the documents. These forms will be uploaded to Polischool just as done with vaccine requirements.

Note: You cannot decline the physical, health insurance requirement, or the TB test. The TB test is NOT a vaccine but a test to determine if you have TB. Those who do not want the PPD test can opt for the TB Gold test to prove negative TB Status.

Please understand the MCHD or clinical affiliates have the absolute right to mandate any vaccines at any time due to changes in public health needs. Clinical affiliates reserve the right to impose restrictions on students who decline vaccines including restricting areas where they can work and increased PPE requirements. Clinical affiliates reserve the right to suspend or deny students entry into the facility. At any time if students are unable to complete required clinical rotations they will not be eligible for course completion.

Students who have questions regarding the process should contact the MCHD education department via email at emtprogram@mchd-tx.org.



Workforce Health & Safety

Vaccination Recommendations for Healthcare Workers-V4

Objective

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. HCA Healthcare employs HCWs who work directly with patients or handle material that could spread infection. To reduce the chance that the HCW will get or spread vaccine-preventable diseases, when indicated, appropriate vaccines should be offered and administered during the new hire onboarding process. It is recommended that the employee health nurse assess the HCW's immunity to various infectious diseases and determine what vaccines may be necessary. The employee health nurse may encourage the HCW to receive vaccines accordingly. This will increase protection for the HCW, their patients, and their family members. It is important to ensure all HCWs are up-to-date with recommended vaccines. A vaccination program will allow for one mechanism in preventing the spread of infectious disease.

It is important to note, there will be times when State and Local regulations may differ from these recommendations, and facilities should comply with those regulations. In addition, the facility should create an HCW Vaccination Policy with specific guidance approved by local leadership and legal counsel.

The vaccine recommendations listed here apply to conditions during conventional staffing situations. This guidance may adjust to support short-term staffing in a crisis mode to maintain patient care and staffing coverage.

Purpose

Define a recommended approach for providing a vaccination program for healthcare workers following guidelines from the Centers for Disease Control and Prevention (CDC).

Summary of Recommendations

- **COVID-19:** All HCA Healthcare HCWs are encouraged to be up to date with COVID-19 vaccination.
- **Hepatitis B:** If no previous dose, give a 3-dose series of Recombivax HB. If Recombivax HB is not available, give 3 does series of Engerix-B. For HCW who perform tasks that may involve exposure to blood or body fluids, obtain antibody serology 1–2 months after final dose.
- **Influenza:** Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given intramuscularly. Live attenuated influenza vaccine (LAIV) is given intranasal.

Receiving the flu vaccine is the most effective way to protect the HCW and others against influenza complications. All HCA Healthcare Colleagues are encouraged to receive the influenza vaccination annually. The decision to receive the influenza vaccine, influenza



vaccination administration and proof of external vaccination are documented in the HCA Healthcare Vaccine Tracker.

- **Measles, Mumps, Rubella (MMR):** For healthcare workers (HCW) born in 1957 or later without serologic evidence of immunity or prior vaccination, give [subcutaneously] 2 doses of MMR, 4 weeks apart. For HCW born prior to 1957, [click this link for detailed information from the Advisory Committee on Immunization Practices \(ACIP\)](#).
- **Varicella (Chickenpox):** For HCW who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Varivax is the preferred product. Give subcutaneously.
- **Tetanus, Diphtheria, Pertussis (Tdap):** Give 1 dose of Tdap as soon as feasible to all HCW who have not received Tdap previously and to pregnant HCW with each pregnancy. Give Td or Tdap boosters every 10 years thereafter. Adacel (Tdap) and Tenivac (Td) are the preferred products. Give intramuscularly.
- **Meningococcal:** Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. If risk continues: boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years. MenQuadfi (MenACWY) and Trumenba (MenB) are the preferred products. Give MenACWY and MenB intramuscularly.
- **Hepatitis A, Typhoid, and Polio** are not routinely recommended for HCW who may have on the job exposure to fecal material.

Details

Vaccine Details

Detailed recommendation from the CDC, Advisory Committee on Immunization Practices (ACIP) for each vaccine may be found by clicking [HERE](#).

State Immunization Laws for Healthcare Workers

When implementing a vaccination program and creating vaccination policies, HCA Healthcare facilities need to follow their State & Local regulations. The CDC has provided a guide to various state vaccination laws across the country, [click this link for CDC – Vaccination Laws – Publications by Topic – Public Health Law](#).

Vaccination Declination

In the absence of a legal requirement to receive a specific vaccine, HCWs may request an accommodation as an alternative to receiving a vaccination due to the HCW's sincerely held religious belief or disability which prevents them from being vaccinated, even when they are not showing immunity. A HCW who is requesting an exemption to a policy-required vaccination must submit a declination form to Human Resources who will consult with the Employee Health Nurse and the HCW's supervisor to determine whether an accommodation can be provided. If an



accommodation is provided, the HCW will be educated on the risks of not receiving the vaccine that they are declining and specifics regarding the accommodation requirements, such as masking and/or job assignments.

The HCW should work with their facility Employee Health Nurse and Infection Prevention to determine the appropriate Personal Protective Equipment (PPE) to use when caring for patients, including those with infectious or potentially infectious diseases.

No Disease Immunity and Work Accommodations

No Immunity or Vaccination	Work Accommodation
Hepatitis B	Should use Standard Precautions and don appropriate Personal Protective Equipment (PPE) when providing patient care for all patients. If exposed to blood and body fluids or other potentially infectious material, seek immediate medical attention.
Influenza	Colleagues working in areas where patients might be and who choose not to receive the flu vaccine, whether for designated medical or faith reasons, must continue masking wherever patients might be present throughout flu season (unless prohibited by state or local regulations).
Measles	Universal masking Area of Restriction: <ul style="list-style-type: none">Any area including patient rooms with known or suspected MeaslesOnly have those HCWs with known Measles immunity provide care for and/or enter the rooms of the patient with known or suspected Measles.Maternal-Fetal care units
Meningococcal	Area of Restriction: <ul style="list-style-type: none">Any area, especially the laboratory setting, where there is routine exposure to isolates of <i>Neisseria meningitidis</i>
Mumps & Rubella	Universal masking. Area of Restriction: <ul style="list-style-type: none">Any area including patient rooms with known or suspected Mumps or Rubella



	<ul style="list-style-type: none">• Maternal-Fetal care units
Varicella (Chickenpox)	Area of Restriction: <ul style="list-style-type: none">• Any area including patient rooms with known or suspected Varicella• Maternal-Fetal care units
Tetanus, Diphtheria, Pertussis (Tdap)	Area of Restriction: <ul style="list-style-type: none">• Any area including patient rooms with known or suspected Pertussis

Masking requirements listed in the table above may vary locally or by state, please adhere to your most updated state or local regulations for masking guidance.

Important Links

- Centers for Disease Control and Prevention (CDC)
 - [Recommended Vaccines for Healthcare Workers](#)
 - [Public Health Law Program's \(PHLP\) Vaccination Laws](#)
 - [Advisory Committee on Immunization Practices \(ACIP\)](#)
 - [Vaccine Recommendations and Guidelines](#)
 - [Vaccine Abbreviations](#)
 - Menus of State Healthcare Facility Laws
 - [Hepatitis B](#)
 - [Influenza \(Ambulatory Care, Hospital, Long-Term Care\)](#)
 - [Measles, Mumps, Rubella \(MMR\)](#)
 - [Pertussis](#)
 - [Pneumococcal \(Ambulatory Care, Hospital, Long-Term Care\)](#)
 - [Varicella](#)
- COVID-19
 - [Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
 - [HCA Healthcare COVID-19 Vaccine Tracker](#)

Definitions



- **Healthcare Workers:** Healthcare Workers (HCW) refers to all individuals within HCA's healthcare settings, including colleagues working within the four walls of a hospital and colleagues working in other direct care settings.
- **Immunity:** Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.
- **Immunization:** A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.
- **Vaccination:** The act of introducing a vaccine into the body to produce protection from a specific disease.
- **Vaccine:** A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Sample Forms

- [Vaccination Declination](#)
- [Medical Exemption Request](#)
- [Religious Exemption Request](#)

References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).
2. CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. MMWR, 2018; 67(RR1):1–30.
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf
4. Immunization Action Coalition Saint Paul, Minnesota, 651-647-9009, www.immunize.org, www.vaccineinformation.org

Version History

Version	Date	Changes
1	5/25/2022	Document created
2	1/8/2024	Added vaccine product recommendations in the Summary of Recommendations section



3

5/13/2024

- Removed COVID-19 mandate & policy information
- Added clause for this guidance pertains to conventional staffing situations

4

8/5/2024

- Updated work accommodation language for those non-immune to measles

Vaccination Religious Exemption Request

Healthcare Worker (HCW) Demographics: (Please list your job title)

Job title: N/A Contract staff: N/A

Other: _____

HCW name: (Print) Last_____ First_____

HCW 3/4 ID: N/A Work location: HCA Conroe ER

Phone contact: _____ Email contact: _____

Religious Exemption Statement:

Please describe below the sincerely held religious belief which prohibits you from receiving the _____ vaccine and upon which you are basing your request for an exemption.

Religious belief _____

(Print): _____ Signature: _____

Date: _____ Phone number: _____

HCW Statement:

I am requesting a religious exemption from receiving the _____ vaccine based on the information provided above. I understand that due to my occupational exposure, I may be at risk of acquiring _____ infection. In addition, I may spread infection to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection particularly in persons at high risk for complications. In the care of an exposure or an outbreak, I will be asked to stay off work for the incubation period. Accordingly, I understand that for infection control purposes, I may be unable to work with certain designated units.

HCW Signature: _____ Date: _____

Team Review:

Exemption review and: ☐ accepted ☐ denied Reason for denial:_____

Date:_____ Reviewer signature:_____

Vaccination Medical Exemption Request

Healthcare Worker (HCW) Demographics: (Please list your job title)

Job title: _____ N/A Contract staff: _____ N/A

Other: _____

HCW name: (Print) Last_____ First_____

HCW 3/4 ID: MCHD EMT Student Work location: Conroe ER

Phone contact: _____ Email contact: _____

Physician Statement:

Please check below the medical contraindication for the above HCW to be considered for a medical exemption from receiving the (please list all vaccines that apply)_____vaccine(s).

☐ HCW has a history of severe life-threatening allergy (anaphylaxis) after a previous dose or to any vaccine components.

☐ Other contraindications

Name of Physician (Print): _____ Signature: _____

Date: _____ Phone number: _____

HCW Statement:

I am requesting a medical exemption from receiving the _____ vaccine based on the medical contraindication above. I understand that due to my occupational exposure, I may be at risk of acquiring _____ infection. In addition, I may spread infection to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection particularly in persons at high risk for complications. In the care of an exposure or an outbreak, I will be asked to stay off work for the incubation period. Accordingly, I understand that for infection control purposes, I may be unable to work with certain designated units.

HCW Signature: _____ Date: _____

Team Review:

Exemption review and: accepted denied Reason for denial:_____

Date: _____ Reviewer signature: _____

Vaccination Declination Form

Healthcare Worker (HCW) Demographics: (Please list your job title)

Job title: _____ N/A Contract staff: _____ N/A

Other: _____

HCW name: (Print) Last_____ First_____

HCW 3/4 ID: N/A - Student Work location: HCA Conroe ER

Phone contact: _____ Email contact: _____

HCW Statement:

I am declining to receive the _____ vaccine. I understand that due to my occupational exposure, I may be at risk of acquiring _____ infection. In addition, I may spread infection to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection particularly in persons at high risk for complications. In the care of an exposure or an outbreak, I will be asked to stay off work for the incubation period. Accordingly, I understand that for infection control purposes, I may be unable to work with certain designated units.

HCW Signature: _____ Date: _____