



Infection Control: Employee Health Employee Infection and Vaccination Status

Policy Statement

Prior to or upon an employee's duty assignment, the facility will assess the status of an employees' vaccination against infectious conditions, screening or tuberculosis, and recent history of communicable diseases. History of infectious diseases will be documented in the employee's health record and vaccinations will be documented on the *Employee Record of Vaccination*.

Policy Interpretation and Implementation

Reportable Conditions

1. Employees must report the following conditions to the Infection Preventionist (or designee):
 - a. Temperature greater than 100°F;
 - b. Nausea/vomiting;
 - c. Head or body lice (pediculosis);
 - d. Skin rashes, poison ivy/oak;
 - e. Acute diarrheal illness with other symptoms (i.e., fever, abdominal cramps, bleeding, etc.) or diarrhea lasting longer than twenty-four (24) hours;
 - f. Oro-facial herpes simplex virus or herpetic whitlow;
 - g. Diagnosed Streptococcal (Group A) sore throat;
 - h. Skin lesions which are infected, especially on exposed body parts, including impetigo and other staphylococcal infection;
 - i. Acute Upper Respiratory Infection (URI) or influenza; and/or
 - j. Active infection with/or exposure to:
 1. Hepatitis (jaundice);
 2. Human Immunodeficiency Virus (HIV) (if HIV antibody positive);
 3. Measles (if the employee is not immune);
 4. Mumps (if the employee is not immune);
 5. Rubella (if the employee is not immune);
 6. Herpes varicella zoster (chickenpox/shingles) virus (if the employee is not immune);
 7. Tuberculosis (symptoms including fever, fatigue, weight loss, cough, coughing blood, or night sweats); or
 8. Pertussis.
2. The Medical Director and Infection Preventionist will collaborate to determine the significance of any employee health condition in relation to job responsibility and the employees' restrictions regarding direct resident contact.
3. Staff must report any exposure to a resident's blood or body fluids to the Infection Preventionist or designee as soon as practical after the exposure.

Vaccinations

1. Employees will be current with mandated vaccinations (i.e., TST) prior to performing direct resident care.
2. Employees will also be offered vaccinations per state or local agency policies/regulations. Employees will be provided with educational materials to make informed decisions for non-mandated vaccinations. If declined, a declination form will be completed and placed in the employee's health record.
3. The facility will obtain and/or administer vaccinations required for pre- and post-exposure to infectious diseases in the workplace. Vaccinations may also be provided by the employee's personal physician or healthcare provider.
4. Documentation of vaccinations will include the signature of a licensed healthcare provider and employee when being administered. Vaccinations that are declined by the employee will be documented on the applicable declination form and placed in the employee's health record.
5. Employees who are HIV antibody positive may be exempt from routine vaccination mandates, consistent with their condition. (Note: MMR vaccination is indicated in asymptomatic HIV infection in those who are susceptible.)
6. Inquiries concerning employee vaccination evaluations should be referred to the Infection Preventionist (or designee).

References	
References	Centers for Disease Control and Prevention's immunization website at: http://www.cdc.gov/vaccines
Related Documents	Immunization of Healthcare Personnel – Summary of Recommendations of the Advisory Committee on Immunization Practices Tuberculosis, Employee Screening for Employee's Notice of Reportable Conditions Sharps Injury Record Associate/Employee TB Screening Record (CP1807) Employee Record of Vaccination
Generations Revision	January 2020
Version	1.2 (H5MAPL0265)

