

**Port Gamble S'Klallam Tribe
POLICIES/PROCEDURES**

Employee Immunity Assessment and Immunization Policy

Applies To:

All Employees subject to the PGST Employee Handbook

Purpose

The purpose of this policy is to protect the Port Gamble S'Klallam Tribal community by reducing the transmission of vaccine preventable diseases and tuberculosis from employees to the tribal community. This will be done by conducting immunization assessments, tuberculosis assessments, and lab verification of immune status, ultimately providing immunizations when indicated for all employees.

Philosophy

The Port Gamble S'Klallam Tribe (PGST) believes that its employees, patients, clients, and community members should be protected against transmission of vaccine preventable diseases and tuberculosis in accordance with accepted federal guidelines and as part of good public health practice. It is the intent of PGST to comply with Centers for Disease Control (CDC) recommendations and any applicable laws and regulations regarding communicable disease risk and exposure.

Policy

Each employee will require assessment for immunity and/or immunization against Measles, Mumps, Rubella, Influenza, Varicella (chickenpox), Diphtheria, and Pertussis. Additional requirements for Tetanus, Hepatitis A, and Hepatitis B will be required for specific job descriptions as outlined in this policy.

Requirements for the assessment of immunity and/or immunizations against specified diseases, and tuberculosis infection status are as follows:

- 1) Complete the Employee Immunization & Tuberculosis Screening Record (Appendix 1).
- 2) Fulfill the immunization requirements and tuberculosis screening requirements.

The Screening Record (Appendix 1) will be completed by qualified nursing personnel and reviewed by the Public Health Officer or the Medical Director as part of the pre-employment process. Records will be kept in the private patient file at the Medical Clinic. Medical staff will certify in writing an employees compliance with the policy and route to

Human Resources. Employees who are not in compliance with this policy will not be allowed to start orientation or work.

Any employee with a medical contraindication to a required immunization will be exempt from the immunization requirement(s) upon receipt of a physician's statement. Employees will have the option to sign a Declination of Immunization for medical, personal, or religious reasons for any required immunization contained in this policy (Appendix 2).

An employee who signs the Declination of Immunization or who has a medical contraindication will be excluded from work during any disease outbreak that he/she is considered susceptible to. The Tribal Public Health Officer or Medical Director will advise tribal council of the start and stop of any outbreak of infectious diseases included within this policy. Ultimately, the tribal council would declare a public health outbreak or emergency. Once the outbreak is declared, employees who signed the Declination of Immunization would be excluded from work and may use annual or sick leave to cover their absence. The unique circumstance is influenza which occurs seasonally each year. The start and stop of the influenza season can be informed by the Washington State Department of Health influenza coordinator, who advises all health jurisdictions and hospital infection control programs around Washington State. Alternatively, the tribal council may elect to enact the influenza requirement for the influenza season only with new or novel influenza strains (swine flu, H1N1, etc) as advised by the tribal Public Health Officer or Medical Director.

Responsibilities/Implementation

- 1) All employees will follow this policy as written under direction of the Human Resources Department.
- 2) The PGST Clinic will keep a secure data file indicating the status of each employee.
- 3) Employees of PGST who are required to have **assessments for immunity** and/or immunizations, will be offered the following immunizations as recommend in this policy following current CDC Guidelines:

Hepatitis A	Measles, mumps, rubella (MMR)
Hepatitis B	Tetanus/diphtheria/pertussis (Tdap)
Influenza	Varicella

- 4) Employees of PGST are required to have an assessment for **tuberculosis** infection and will be offered the following diagnostic tests:
 - a. Tuberculin skin test **OR**
 - b. Interferon gamma release assay (Quantiferon blood test)
 - c. Chest radiograph if indicated
 - d. Additional lab tests such as sputum samples, liver enzyme testing and other baseline testing if indicated.

IMMUNIZATION REQUIREMENTS & RECOMMENDATIONS

The following list outlines the documentation that will be accepted as proof of immunity and/or proof of immunization. This documentation must be presented upon hire or prior to starting work.

Measles, Mumps, and Rubella (MMR)

1) Employees born in or after 1957 must provide documentation of the following:

- Two doses of live measles virus immunization (exclude immunizations received prior to 1968) administered on or after the 1st birthday, **AND**
- One dose of mumps immunization administered on or after the 1st birthday, **AND**
- One dose of rubella immunization administered on or after the 1st birthday, **OR**
- Laboratory evidence of measles, mumps, rubella immunity, **OR**
- Signed Declination of Immunization (Appendix 2).

2) Employees born before 1957 must provide documentation of the following:

- One dose of live measles virus immunization (exclude immunization received prior to 1968) administered on or after the 1st birthday, **AND**
- One dose of mumps immunization administered on or after the 1st birthday, **AND**
- One dose of rubella immunization administered on or after the 1st birthday, **OR**
- Laboratory evidence of measles, mumps, rubella immunity, **OR**
- Signed Declination of Immunization (Appendix 2).

Varicella

1) Employees are required to have documentation of one of the following:

- Documented history of varicella disease by a health care provider, **OR**
- Serologic evidence of immunity, **OR**
- Two doses of varicella immunization administered at least 4-8 weeks apart, **OR**
- Signed Declination of Immunization (Appendix 2).

Influenza

- 1) Annual influenza immunization is recommended for all employees of the PGST, **OR**
- 2) Signed Declination of Immunization (Appendix 2).

Tetanus/Diphtheria/Pertussis

- 1) Employees are recommended to have documentation of the following:
 - Completion of a primary series of pertussis-diphtheria containing immunization (Tdap or Dtap) After primary immunization, a dose of Tetanus, Diphtheria and Pertussis immunization (Tdap) is strongly recommended as a booster dose for all adolescents and adults per current CDC guidelines.
 - For subsequent boosters, Tetanus-diphtheria (Td) booster is recommended for all persons every 10 years, **OR**
 - Signed Declination of Immunization (Appendix 2).

ADDITIONAL IMMUNIZATION REQUIREMENTS FOR SELECT JOB CLASSIFICATIONS

Hepatitis B

Hepatitis B immunization is required and provided to all employees in the following job classifications or work groups because they are designated as having a reasonable expectation of being exposed to blood or blood-contaminated body fluids during the performance of their duties. These employees are included in the Port Gamble S'Klallam Tribe Blood Borne Pathogen protocol.

Job Classifications

Dentist, Dental Assistant and Dental Hygienist
Physician
Registered Nurse/Community Health Nurse
Physician Assistant
License Practical Nurse
Medical Assistant
Nurse Practitioner
Community Health Representatives

Work Groups

Health Services
Early Childhood Program
Safety Officers/Correctional Facilities
Janitorial
Solid and Hazardous Waste

The employees listed in the above job classifications/work groups are required to have documentation of one of the following:

- Serologic immunity to hepatitis B (presence of anti-HBs or HBsAg), **OR**
- Completion of a 3-dose Hepatitis B immunization series or satisfactory progress toward completion in the case of a new employee, **OR**
- A signed Declination of Immunization (Appendix 2).

Hepatitis A

Hepatitis A immunization is strongly recommended for the following job classifications.

Job Classifications

Dentist, Dental Assistant
and Dental Hygienist

Physician
Registered
Nurse/Community
Health Nurse
Physician Assistant
License Practical Nurse
Medical Assistant

Nurse Practitioner
Community Health
Representatives

Work Groups

Health Services
Early Childhood Program
Safety
Officers/Correctional
Facilities
Janitorial
Solid and Hazardous
Waste
Food Handlers

The employees listed in the above job classifications/work groups are required to have documentation of one of the following:

- Serologic immunity to hepatitis A (presence of HAV IgG), **OR**
- Completion of a 2-dose Hepatitis A immunization series or satisfactory progress toward completion in the case of a new employee, **OR**
- A signed Declination of Immunization (Appendix 2).

TUBERCULOSIS REQUIREMENTS & RECOMMENDATIONS

Tuberculosis Screening

An assessment for tuberculosis is required for all employees upon initial hire. An annual facility TB risk assessment will be completed and if low risk, only two step testing or interferon gamma release assay upon hire will occur unless an active TB case occurs in the community or there is a change in the risk assessment. Employees are required to have documentation of one of the following:

- A current negative tuberculin skin test (TST) is required prior to starting employment (If the employee does not have documentation of a previous negative TST he/she will be required to complete 2 TST's 1 week apart – Also known as a “2 step TST”), **OR**
- A negative result on a Interferon Gamma Release Assay (IGRA-Quantiferon-) test within 3 months prior to beginning employment, **OR**
- A Chest x-ray within 12 months of beginning employment for employees providing written documentation of 1) a prior positive TST recorded in millimeters, 2) positive IGRA test 3) completion of treatment for Latent Tuberculosis Infection (LTBI) or TB disease, **OR**
- Any employee who has a new positive tuberculosis test will be immediately referred to a medical provider for further assessment (e.g. may need chest x-ray &/or IGRA testing to confirm the positive test).