FISHER COUNTY HOSPITAL DISTRICT

Administration: Infection Control/Employee Health	Policy #ICVAC01
Subject: Employee- Vaccine-Preventable Diseases Previously named "Employee-Required Vaccinations and Immunizations"	Reviewed/Revised: 9/2026
Written: Unknown Last Revised: 9/07, 11/09, 10/18, 2/19, 10/22, 1/23, 9/23	Approved by Medical Staff: Date: 9/16/26
	Approved by Governing Board: Date: 9/28/26

Purpose: To protect patients, employees, contractors, students, volunteers, and the community from vaccine-preventable diseases and occupationally acquired infection through a risk-based employee health program consistent with applicable federal and Texas requirements and current CDC/ACIP recommendations.

Policy: Fisher County Hospital District (FCHD) will maintain an employee vaccine-preventable disease program based on job duties, occupational exposure, routine and direct patient contact, risk to vulnerable patients, applicable law, and current CDC/Advisory Committee on Immunization Practices (ACIP) recommendations. Requirements may differ by disease and exposure category.

Compliance with required screening, documentation, vaccination, declination, education, work restriction, and infection-prevention measures is a condition of assignment where applicable. Medical contraindications and precautions will be evaluated using current CDC/ACIP guidance. FCHD may apply additional work restrictions, personal protective equipment (PPE), reassignment, or exclusion from duty when necessary to protect patients and personnel.

Scope: This policy applies to FCHD employees and, as applicable to their duties and contractual relationship, individuals providing direct patient care under contract, privileged practitioners, students, and volunteers. Agency or contracted personnel may satisfy requirements through verified documentation maintained by the responsible credentialing or contracting process.

Exposure and Risk Levels:

- **Level I-** Duties make occupational exposure to blood or other potentially infectious materials (OPIM) highly likely and/or involve frequent direct patient contact.
- **Level II-** Duties may reasonably involve occupational exposure to blood/OPIM or routine patient-care exposure.
- **Level III-** Duties do not reasonably anticipate occupational exposure to blood/OPIM and involve limited or no direct patient care.

Employee Health/Infection Control may assign or revise the risk level based on the employee's actual duties. OSHA Hepatitis B requirements are determined by occupational exposure to blood/OPIM rather than the risk-level label alone.

Responsibilities: Employee Health/Infection Control will review immunization and screening records; identify required or recommended actions; provide or coordinate vaccines, testing, counseling, and follow-up; maintain confidential employee health records; and coordinate exposure/outbreak management.

Department supervisors are responsible for ensuring employees complete required Employee Health follow-up and comply with work restrictions or infection-prevention measures. Employees are responsible for providing accurate records, attending required follow-up, promptly reporting exposures and symptoms of potentially communicable disease, and complying with assigned precautions.

General New-Hire Review:

- Employee Health will review available vaccine and immunity documentation before or at the start of employment/clinical assignment.
- When documentation is unavailable, Employee Health will determine whether vaccination, serologic testing, additional records retrieval, or another action is appropriate for the specific disease.
- Vaccination records should include vaccine type and administration date(s). Laboratory evidence must be from an acceptable test and interpreted according to current guidance.
- Live vaccines, including MMR and varicella, will be screened for contraindications and precautions before administration.
- Vaccines provided by FCHD will be administered under applicable standing orders, protocols, or authorized provider orders.

Tuberculosis (TB) Screening:

TB screening is included in the FCHD Employee Health Program as part of the facility's infection prevention and occupational health practices. FCHD uses QuantiFERON-TB Gold Plus (QFT-Plus), an interferon-gamma release assay (IGRA), as its standard baseline TB test.

Baseline/New-Hire Screening

- All new employees will complete a baseline individual TB risk assessment and TB symptom assessment. A QFT-Plus blood test will be obtained as the facility's standard baseline TB test unless the employee has documentation of a prior positive TB test.
- Employees with a documented prior positive TST or IGRA will not undergo repeat QFT-Plus testing. They will complete a baseline TB risk assessment and symptom assessment and must have documentation of an appropriate chest radiograph or undergo chest radiography/evaluation as indicated. Repeating chest radiographs are not routinely required unless signs or symptoms of TB disease develop or a clinician otherwise recommends repeat imaging.
- A chest radiograph is not a substitute for baseline testing for TB infection in an employee without a documented prior positive TB test.
- A newly positive QFT-Plus result will be interpreted together with the employee's individual TB risk assessment and symptom assessment. An asymptomatic employee who is unlikely to be infected and is at low risk for progression to TB disease will receive a second TB test to confirm the result before being considered infected. FCHD will use a repeat QFT-Plus as the confirmatory test. The employee will be considered infected only

when both tests are positive. Employees considered infected will receive appropriate medical evaluation, including chest radiography, to exclude active TB disease.

- Employees diagnosed with latent TB infection (LTBI) will be educated regarding treatment and referred for appropriate medical evaluation and management. TB infection, suspected TB disease, and TB disease will be reported to public health authorities when required.

Annual and After-Hire Screening:

- As an FCHD Employee Health practice, all employees will complete an annual TB risk assessment and TB symptom assessment. This annual assessment does not mean that annual IGRA testing is required.
- Routine annual QFT-Plus testing is not required after a negative baseline test unless indicated by a known or suspected TB exposure, evidence of ongoing transmission, significant occupational risk identified by Infection Control/Employee Health, signs or symptoms concerning for TB disease, or other circumstances identified by public health authorities.
- Employees with untreated LTBI will receive at least annual TB symptom screening and education regarding the benefits of treatment.
- All employees will receive periodic TB education addressing TB risk factors, signs and symptoms, exposure reporting, and FCHD TB infection-control practices. FCHD will provide this education annually as part of its Employee Health program.

TB Exposure or Symptoms:

- Employees must promptly report a known or suspected occupational TB exposure or signs or symptoms concerning for TB disease to Employee Health/Infection Control.
- Following a recognized exposure, Employee Health/Infection Control will perform symptom evaluation and arrange QFT-Plus testing and follow-up at the appropriate interval in accordance with current CDC and Texas DSHS guidance.
- Employees with signs or symptoms concerning for active TB disease will be referred promptly for medical evaluation and will be restricted from applicable work duties until active TB disease is excluded or return to work is otherwise authorized in accordance with FCHD infection-control procedures and applicable public-health guidance.

Measles, Mumps, and Rubella (MMR):

FCHD will ensure healthcare personnel have appropriate presumptive evidence of immunity to measles, mumps, and rubella consistent with current CDC/ACIP recommendations.

Acceptable Evidence of Immunity:

For measles and mumps, acceptable presumptive evidence of immunity for healthcare personnel includes:

- Written documentation of 2 appropriately administered doses of live measles- or mumps-containing vaccine, with doses separated by at least 28 days;
- Laboratory evidence of immunity;
- Laboratory confirmation of disease; or
- Birth before 1957 in routine circumstances. FCHD should consider vaccination of healthcare personnel born before 1957 who lack laboratory evidence of immunity or

laboratory confirmation of disease, particularly when indicated by current CDC/ACIP guidance.

For rubella, acceptable evidence includes at least 1 documented dose of rubella-containing vaccine, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957 in routine circumstances, subject to current CDC/ACIP guidance.

Vaccination and Serologic Testing:

- Healthcare personnel without presumptive evidence of immunity to measles or mumps should receive 2 doses of MMR vaccine at least 28 days apart unless contraindicated.
- Pre-vaccination serologic testing is not routinely required before vaccinating a person who lacks acceptable evidence of immunity; FCHD may use serologic testing when clinically appropriate or cost-effective.
- Healthcare personnel with 2 documented, appropriately administered MMR doses should not routinely undergo serologic testing for measles or mumps immunity. If subsequent measles or mumps serology is negative or equivocal, additional MMR is not routinely recommended solely because of that result; documented age-appropriate vaccination supersedes subsequent serologic testing.
- For rubella, healthcare personnel other than women who could become pregnant who have at least 1 documented dose of rubella-containing vaccine do not routinely need an additional MMR dose solely because a subsequent rubella titer is negative or equivocal. Women who could become pregnant and have negative or equivocal rubella IgG after 1 or 2 documented rubella-containing doses should receive 1 additional MMR dose (maximum of 3 total doses) and do not need repeat serologic testing after that dose, consistent with current CDC/ACIP guidance.
- MMR is contraindicated during pregnancy. Temporary and permanent contraindications and precautions will be managed according to current CDC/ACIP guidance.

Varicella (Chickenpox):

FCHD will ensure healthcare personnel have evidence of immunity to varicella. Birth in the United States before 1980 is not accepted as evidence of immunity for healthcare personnel. Acceptable evidence of immunity includes:

- Written documentation of 2 doses of varicella vaccine;
- Laboratory evidence of immunity or laboratory confirmation of disease; or
- Diagnosis or verification of a history of varicella or herpes zoster by a healthcare provider.
- Healthcare personnel without evidence of immunity should receive 2 doses of varicella vaccine 4-8 weeks apart; if 1 prior dose is documented, give the second dose at least 4 weeks after the first.
- Serologic screening before vaccination may be used when appropriate. Routine post-vaccination serologic testing after 2 documented doses is not recommended because commercial assays may not reliably detect vaccine-induced immunity. Two documented doses supersede subsequent negative serology.
- Varicella vaccine is contraindicated during pregnancy. Other contraindications and precautions will be evaluated according to current CDC/ACIP guidance.

Tetanus, Diphtheria, and Pertussis (Tdap/Td):

- Personnel who have never received Tdap or whose Tdap history is unknown should receive 1 dose of Tdap, followed by Td or Tdap boosters according to the current adult immunization schedule.
- Tdap or Td will be provided for wound management after a work-related injury when indicated by current CDC/ACIP guidance.
- No post-vaccination serologic testing is routinely required.
- Employees who decline an offered vaccine will complete applicable FCHD declination documentation when required by facility policy.

Hepatitis B Vaccination Program:
FCHD will follow OSHA 29 CFR §1910.1030 and current CDC/ACIP recommendations for employees with occupational exposure to blood or other potentially infectious materials (OPIM).
Vaccination:
Hepatitis B vaccination will be offered at no cost to employees with occupational exposure within 10 working days of initial assignment unless the employee has completed an appropriate Hepatitis B vaccine series, has documented immunity, or vaccination is medically contraindicated. Pre-vaccination antibody testing is not required before an employee is offered Hepatitis B vaccination. **Employees who decline Hepatitis B vaccination will sign the required Hepatitis B Vaccine Declination Statement.** Employees who initially decline may request vaccination at a later date at no cost while occupational exposure continues. Vaccination will follow the current CDC/ACIP recommended schedule.

Documentation of Vaccination and Immunity:
- **Employees who provide documentation of a complete Hepatitis B vaccine series and documentation of a previous protective anti-HBs result of ≥10 mIU/mL following the series will be considered immune. No additional Hepatitis B vaccination or routine repeat anti-HBs testing is required for immunocompetent employees. Employees who provide documentation of a complete Hepatitis B vaccine series but do not have documentation of a previous protective anti-HBs result may have quantitative anti-HBs testing performed when occupational exposure is reasonably anticipated.**
- If an immunocompetent employee previously had a documented protective anti-HBs result but a later titer is <10 mIU/mL or reported as nonreactive, the employee will continue to be considered immune. Declining antibody levels over time do not, by themselves, indicate loss of protection.

Anti-HBs Testing and Revaccination:
For applicable healthcare personnel, quantitative anti-HBs testing should be performed 1-2 months after completion of the Hepatitis B vaccine series when post-vaccination testing is indicated.
An anti-HBs result of ≥10 mIU/mL following a documented complete vaccine series is considered protective.
For an employee with a documented complete Hepatitis B vaccine series but no previous documented protective anti-HBs result:
- If anti-HBs is ≥10 mIU/mL, the employee is considered immune. No additional vaccination or routine repeat titers are required.

- If anti-HBs is <10 mIU/mL or nonreactive, the employee will receive 1 additional dose of Hepatitis B vaccine.
- Quantitative anti-HBs will be repeated 1–2 months after the additional dose.
- If the repeat anti-HBs is ≥10 mIU/mL, the employee is considered immune and no additional vaccination is required.
- If the repeat anti-HBs remains <10 mIU/mL, the employee will receive the remaining dose(s) necessary to complete a second Hepatitis B vaccine series according to the vaccine product and current CDC/ACIP recommendations.
- Quantitative anti-HBs will be repeated 1–2 months after the final dose of the second series.

Vaccine Nonresponders:
An employee whose anti-HBs remains <10 mIU/mL after 2 complete Hepatitis B vaccine series will be considered a vaccine nonresponder and will receive appropriate evaluation and counseling according to current CDC recommendations. Nonresponder status alone does not prevent an employee from working or providing patient care. The employee will be counseled that occupational exposures to blood or OPIM must be reported immediately because Hepatitis B immune globulin (HBIG) may be indicated depending on the exposure and source patient's Hepatitis B status.

Pregnancy: Pregnancy alone is not a contraindication to Hepatitis B vaccination. Vaccination will be provided when indicated in accordance with current CDC/ACIP recommendations and vaccine-specific precautions.

Influenza:
- Seasonal influenza vaccine will be offered annually to eligible personnel at no charge in accordance with current CDC/ACIP recommendations.
- Personnel who decline influenza vaccination will complete the applicable declination and comply with FCHD infection-prevention measures, including PPE or masking requirements established by current facility policy.
- Refer to Policy #ICVAC02, Influenza Vaccination Program for Healthcare Personnel.

COVID-19:
FCHD will follow current federal and Texas law and applicable public-health requirements regarding COVID-19 vaccination. COVID-19 vaccination is not required under the former CMS healthcare staff vaccination rule, which was withdrawn in 2023. FCHD may provide education and access to vaccination consistent with current CDC/ACIP recommendations and facility policy.

Exemptions, Contraindications, and Declinations:
- Medical contraindications and precautions will be evaluated according to current CDC/ACIP guidance and documented in the confidential Employee Health record.
- When a contraindication is temporary, Employee Health will reassess when the condition resolves.

- Where vaccination is required by FCHD policy, requests for exemption or accommodation will be handled in accordance with applicable law and FCHD Human Resources procedures.
- A person who is not immune, is unvaccinated, or cannot be vaccinated may be subject to additional PPE, masking, reassignment, restriction from selected patient-care areas, symptom monitoring, or temporary work exclusion when indicated by disease-specific guidance or outbreak conditions.

Exposure, Outbreak, and Communicable-Disease Management:

- Employees must promptly report occupational exposures and symptoms or diagnoses of potentially communicable diseases to Employee Health/Infection Control and their supervisor.
- Employee Health/Infection Control will determine necessary testing, prophylaxis, vaccination, symptom monitoring, work restriction, isolation/precautions, and return-to-work criteria using current CDC/ACIP and public-health guidance.
- FCHD will coordinate with local or state public-health authorities when reporting, outbreak investigation, or additional control measures are required.
- During outbreaks, disease-specific recommendations may be more stringent than routine requirements and may include additional vaccine doses or work exclusions.

Documentation and Confidentiality:

- Employee vaccination, immunity, screening, exposure, and follow-up records will be maintained as confidential Employee Health records with access limited to authorized personnel.
- Records required under OSHA's Bloodborne Pathogens Standard will be maintained in accordance with 29 CFR 1910.1030 and 29 CFR 1910.1020.
- Agency/contracted practitioner documentation may be maintained in the applicable credentialing or contract file when appropriate, with Employee Health verification as required.
- Supervisors may be informed of work status, restrictions, or required precautions but will not routinely receive confidential medical details.

Quality Review:

Employee Health/Infection Control will periodically review compliance, vaccine-preventable disease exposures, declinations, outbreaks, and identified trends. This policy will be reviewed and revised as necessary when CDC/ACIP recommendations, OSHA requirements, Texas law, or FCHD practices change.

References:

Texas Health & Safety Code, Chapter 224 - Policy on Vaccine Preventable Diseases.
Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1030 - Bloodborne Pathogens; 29 CFR 1910.1020 - Access to Employee Exposure and Medical Records.
Centers for Disease Control and Prevention (CDC) / Advisory Committee on Immunization Practices (ACIP), current Adult Immunization Schedule and disease-specific vaccine recommendations.
CDC, Immunization of Health-Care Personnel: Recommendations of ACIP.

CDC, Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings.
CDC, Varicella vaccination and Infection Control in Healthcare Personnel guidance.
CDC, Responding to HBV Exposures in Health Care Settings.
CDC / National Tuberculosis Controllers Association, Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel.
CDC, Clinical Guidance and ACIP Recommendations for Seasonal Influenza Vaccination.
FCHD Policy #ICVAC02 - Influenza Vaccination Program for Healthcare Personnel.
Texas Department of State Health Services (DSHS), Tuberculosis Screening for Health Care Personnel guidance and current TB forms/resources.