



"Striving Toward a Healthier Community."

Stark County Health Department Employee Vaccination Policy

- For the purpose of this policy "employee" includes all full-time, part-time, temporary, contract, and intermittent/seasonal employees in all service areas.
- Employees must turn in a copy of their vaccination record to the Immunization Program Coordinator located in Nursing Services within the first two weeks of job orientation at the Stark County Health Department.
- A copy of all employee vaccination records will be kept in Nursing Services with other vaccination records along with a copy of any signed declination forms, excluding COVID-19 vaccine(s). Original declination forms will be made a permanent part of the employee's personnel file at the Stark County Health Department.
- The Health Commissioner may at any time amend these policies to add additional at risk employees or recommended vaccinations.

All Stark County Health Department Employees

The following vaccinations are recommended for all employees. The employee may decline the vaccination by signing a declination form(s).

- Influenza
 - All employees of the Stark County Health Department are eligible to and encouraged to receive a yearly influenza vaccination as early as possible during the influenza season (October 1st through April 30th) regardless of their job classification. This policy also includes all students who are working at the department during the influenza season.
 - Supervisors will allow staff time during work hours to attend an SCHED sponsored vaccination program clinic to receive the seasonal influenza vaccine. If a staff member chooses to obtain the influenza vaccine at a private health care provider, pharmacy, or other venue during work hours he or she will be required to take sick or other paid leave time.
 - Employees may receive influenza vaccine provided by SCHED Nursing Services or provide written proof of receipt of influenza vaccine(s) from another source. Immunization or proof of immunization must be

completed annually and provided to Nursing Services Immunization Program Coordinator prior to November 15th each year. This documentation will be filed in employee vaccination records.

- During an endemic occurrence of influenza (defined as influenza activity estimated at a local level or higher for our area and an increase above baseline for emergency department and urgent care visits), unvaccinated employees will be required to wear a mask through the remainder of the influenza season which is April 30th while working in the following areas:
 - Health care facilities - including but not limited to: SCHED Nursing Services Area which includes WIC; long term care facilities (nursing homes, skilled nursing, and nursing facilities); urgent care centers; hospitals; physician's offices.
 - Child care facilities and schools
 - Private homes

This reasonable alternative is in place to best protect the community or health department employees from the spread of this disease by unvaccinated employees.

➤ MMR

- All employees of the Stark County Health Department are eligible to receive an MMR vaccination if he/she does not have documentation of adequate vaccination or immunity. Documentation of adequate vaccination/immunity includes:
 - 2 doses of vaccine
 - Serologic evidence of immunity

➤ Tdap

- All employees of the Stark County Health Department are eligible to receive the Tdap vaccination as long as he/she has not previously received the Tdap vaccination.
- An employee is eligible to receive a Td vaccination if employee is not eligible for/ or does not wish to receive the Tdap vaccination (even after receiving education regarding pertussis) and it has been a minimum of 7 to 10 years since his/her last Tdap or Td vaccination.
- Unvaccinated employees (not vaccinated with Tdap) will be required to wear a mask when providing direct service to pregnant mothers and infants (including SCHED Nursing Services home visiting staff while in private homes) and/or while working in the SCHED Nursing Services Area which includes WIC.

➤ COVID-19

- Students and interns, prior to any clinical experience or scheduled internships, and all employees of the Stark County Health Department are required to have received a complete primary vaccination series* against COVID-19, or will within 45 days of hire date.
- All employees of the Stark County Health Department are recommended to be up to date on vaccinations against COVID-19, as recommended by the CDC, ODH, and ACIP regardless of their classification within 45 days of hire date.
- An employee is considered up to date on COVID-19 vaccinations when they have received all dose(s) in the primary series of their choice and one booster dose when eligible.
- Employees, students, and interns that choose to forgo the recommended booster dose(s) and new employees who have not completed the primary vaccination series, must wear a facial covering, a surgical grade mask or better, at all times while in the building and/or performing any duties, internally

or externally, on behalf of the Stark County Health Department, unless they are alone in their own workspace or vehicle.

- Supervisors will allow staff time during work hours to attend a SCHED sponsored vaccination clinic to receive the COVID-19 vaccination(s). If a staff member chooses to obtain the COVID-19 vaccination at a private health care provider, pharmacy, or other facility during work hours, he or she will be required to take sick or other paid leave time.
- Employees shall receive COVID-19 vaccination(s) provided by SCHED Nursing services or provide written proof of COVID-19 immunization from an outside source to the Nursing Services Immunization Program Coordinator upon vaccination, including initial and additional or booster doses.
- Any employee requesting a medical exemption due to anaphylaxis to COVID-19 vaccination(s) must have a medical exemption of anaphylaxis to COVID-19 vaccination(s) documentation submitted, new employees have 45 days from date of hire to have medical exemption documentation submitted. All medical exemptions are required to be updated annually and will be kept in the personnel file. Medical Exemption form is found below.
- All employees that are unvaccinated due to a medical exemption due to anaphylaxis to the COVID-19 vaccine(s) or new employees that are not yet fully vaccinated are required to obtain an FDA approved COVID-19 test and provide documented results to HR every 5 to 7 days. Tests will not be supplied by SCHED for surveillance purposes.

Environmental Health (high risk employees)

The following vaccinations are recommended for the listed at risk employees. The employee may decline the vaccination by signing a declination form(s).

- *Sanitarian (RS & SIT)- Sewage district sanitarians*
- *Sanitarian (RS & SIT)-Solid Waste*
- *Plumbing Inspectors*

VACCINES ELIGIBLE TO RECEIVE

- Twinrix series (Hepatitis A &/or Hepatitis B)
 - If employee has not already had the Twinrix, Hepatitis A or Hepatitis B vaccination series or the employee is determined to not be immune, by titer level.
 - Employee is eligible for Hepatitis B vaccination series if employee has already had the Hepatitis A vaccination series.
 - Employee is eligible for Hepatitis A vaccination series if employee has already had the Hepatitis B vaccination series.

The following vaccinations are recommended for the listed at risk employees. The employee may decline the vaccination by signing a declination form.

- *Sanitarian (RS & SIT)- Rabies Program*

VACCINES ELIGIBLE TO RECEIVE

- Rabies vaccination series
 - The employee is eligible to receive the initial Rabies vaccination series.
 - The employee is recommended to receive a Rabies titer level every 2 years after completion of the Rabies series.
 - The employee is eligible to receive a Rabies booster if the Rabies titer level drawn is inadequate.

Nursing Services (all employees high risk)

The following vaccinations are recommended for the listed at risk employees. The employee may decline the vaccination by signing a declination form.

VACCINES ELIGIBLE TO RECEIVE

- Hepatitis B series
 - If employee has not already had the vaccination series or the employee is determined to not be immune, by titer level.

The following vaccinations are recommended for the listed at risk employees. The employee may decline the vaccination by signing a declination form.

- *Nurses (RN)- Communicable Disease Program*
- *Epidemiologist*
- Hepatitis A or Twinrix
 - If employee has not already had the vaccination series or the employee is determined to not be immune, by titer level.

FootNote

* 2 doses of Pfizer-BioNTech given 3–8 weeks apart, 2 doses of Moderna given 4–8 weeks apart, or 1 dose of Johnson & Johnson's Janssen

**Stark County Health Department Exemption from COVID-19 Vaccination
Medical Certification Form**

To request a medical exemption from required COVID-19 vaccine(s) due to anaphylaxis, please complete section 1 below and have your medical provider complete section 2 before returning this form to HUMAN RESOURCES.

Section 1

Name (print):	Date:
Service Area:	Job Title:
Supervisor:	Phone:

I am requesting a medical exemption from the Stark County Health Department's mandatory vaccination policy for the COVID-19 vaccination(s) due to anaphylaxis to the vaccine(s).

I verify that the information I am submitting to substantiate my request for exemption due to anaphylaxis to the COVID-19 vaccine(s) from the Stark County Health Department's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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Section 2 Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

The Stark County Health Department requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications due to COVID-19 vaccination anaphylaxis. Please complete this form for the Stark County Health Department's medical exemption process.

The person named above should not receive the COVID-19 vaccine(s) due to anaphylaxis to the following vaccine ingredient(s):
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This exemption should be: <input type="checkbox"/> Temporary, expiring on: _____, or when _____ <input type="checkbox"/> Permanent
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I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination(s) for the above-named individual.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY	
Date of initial request:	Date certification received: