The Joint Commission

2025 PolicySource™ Hospital and Critical Access Hospital

Policy Source™

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ISBN: 978-1-63585-427-5

Published by Joint Commission Resources
Oakbrook Terrace, Illinois 60181 USA
https://www.jcrinc.com

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- Some items in the Table of Contents are indicated as “updated” or “new.” This means that these policies and procedures (P&Ps) have been updated or created since the previous edition of *PolicySource*. These changes reflect updates in the Joint Commission standards and elements of performance for hospital and critical access hospital accreditation. **Note:** All P&Ps have been updated to improve accessibility.
- Those items with a paper clip icon 📎 are not P&Ps themselves but supplementary materials or attachments for a particular P&P. Not every P&P has such attachments, but that does not prohibit someone using *PolicySource* to create their own ancillary materials for any of their own P&Ps.

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Staff Vaccination Policy

[Logo]	**TITLE** Staff Vaccination Policy		**IDENTIFICATION NUMBER**
ORGANIZATION(S)	**LEVEL** ☐ System ☐ Organization ☐ Division ☐ Department	**CATEGORY** ☐ Clinical ☐ Management ☐ Regulatory	**POSTING DATE** **EFFECTIVE DATE**
REVIEW CYCLE ☐ 1 year ☐ 3 years **LAST REVIEW DATE:**		**REPLACES** **TITLE:** Staff Vaccination Policy **EFFECTIVE DATE(S):**	

APPLICABILITY

This policy is applicable to hospitals and critical access hospitals and correlates to Joint Commission standards that require written documentation.

POLICY STATEMENT

All staff members are encouraged to remain current in vaccination against vaccine-preventable diseases, in accordance with law and regulation, unless medically contraindicated or there is a declared vaccine shortage.

PURPOSE

To establish a staff vaccination program to minimize the transmission of infectious disease among staff members, patients, visitors, and others.

SCOPE

Applies to all staff members who work in areas of the hospital in which patient care, treatment, and services are provided.

Applies to all on-site areas of the hospital in which patient care is provided.
Note: Does not apply to staff members who provide care, treatment, or services from a remote location off site, such as those who provide telehealth services or telephone consultations from off-site locations.

Applies to all vaccine-preventable diseases, which may include but is not limited to the following:

- Influenza
- COVID-19
- Varicella (chickenpox)
- Hepatitis B
- Meningococcal
- Measles
- Mumps
- Rubella

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- Tetanus
- Diphtheria
- Pertussis (whooping cough)
- Human papillomavirus (HPV)
- Zoster (shingles)

DEFINITIONS

Licensed practitioner – An individual who is licensed and qualified to direct or provide care, treatment, and services in accordance with state law and regulation, applicable federal law and regulation, and organizational policy.

Staff – As appropriate to their roles and responsibilities, all people who provide care, treatment, or services in the hospital, including those receiving pay (for example, permanent, temporary, part-time personnel, as well as contract employees), volunteers, and health profession students. The definition of staff does not include licensed practitioners who are not paid staff members or who are not contract employees.

RESPONSIBILITIES

The individual(s) with clinical authority over the infection prevention and control (IC) program is responsible for the following:

- Overseeing, reviewing, revising, maintaining, and implementing this policy
- Identifying an individual(s) to be responsible for the staff vaccination program
- Ensuring that this policy and related policies and procedures comply with applicable state law and regulation

Participating in the staff vaccination program is the responsibility of all staff members who work in areas of the hospital in which patient care, treatment, and services are provided.

Hospital leaders are responsible for providing the resources necessary to effectively implement this policy.

PROCEDURES

The individual(s) with clinical authority over the infection prevention and control (IC) program, employee/occupational health leader(s), or other designated individual does the following:

1. Designates an individual(s) to be responsible for the staff vaccination program, including managing clinics and monitoring activities.
2. Collaborates with hospital leaders to ensure availability of resources necessary to implement this policy.
3. Performs risk assessments to identify vaccine-preventable diseases that might affect staff, patients, others in the hospital, and the community.
4. Prioritize vaccine-preventable diseases for inclusion in the hospital's staff vaccination program.
5. Identifies additional vaccinations that will be included for staff at increased risk due to their job duties or responsibilities or other factors (such as age or personal health status).
6. Works with the Human Resources (HR) department to create educational materials about vaccination and vaccine-preventable diseases.
7. Uses data on vaccination declinations to inform improvement activities, if applicable under state law and regulation.
8. Ensures that all information and procedures in this document are included in, and consistent with, the hospital's IC Plan and applicable law and regulation.
9. Includes this policy in all review, evaluation, and assessment activities related to the IC Plan.

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Staff members do the following:

1. Read and understand this policy and its requirements.
2. Read and understand applicable educational materials about vaccination(s) and vaccine-preventable disease(s), as provided by the hospital.
3. Sign and return the Acknowledgment of Receipt of Vaccination Materials to HR department.
4. Consent to receive the applicable vaccination(s).

   OR

   Decline to receive one or more of the applicable vaccination(s).
5. Perform all actions required by this policy each year, required by this policy and not completed prior to December 1 of each year.*

Individuals who consent to receive the vaccine(s) do the following:

1. Complete and sign the "Consent" section of the Staff Vaccination Statement.
2. Participate in one of the hospital's vaccination clinics, as applicable.

   OR

   Arrange alternate plans to receive the applicable vaccination(s), such as visiting another health care facility or vaccination clinic.
3. Receive the applicable vaccination(s), as appropriate based on evidence-based clinical guidelines.
4. Obtain the appropriate documentation of the vaccination(s), which includes the following:
   - Individual's name
   - Name of individual or organization that provided the vaccination(s)
   - Type of vaccination(s) provided
   - Date vaccination(s) was received
5. Provide vaccination documentation to their department manager or other supervisor.

Individuals who decline to receive the vaccine do the following, if applicable under state law and regulation:

1. Complete and sign the "Decline" section of the Staff Vaccination Statement, including the following:
   - Individual's name
   - Reason for declining vaccination(s):
     - Medical contraindication (must provide appropriate documentation)
     - Inability to obtain vaccine(s) due to declared shortage (must provide appropriate documentation)
     - Personal reasons
   - Date vaccination(s) was declined
2. Individuals who decline due to personal reasons may be subject to appropriate disciplinary procedures, up to and including termination of employment, according to applicable law and regulation.*

Department managers/supervisors do the following:

1. Allow staff members time to attend a vaccination clinic or otherwise receive their applicable vaccine(s).
2. Ensure that all relevant documentation provided by staff members is complete, including the following:
   - Staff Vaccine Statement
   - Vaccination documentation
   - Documentation of medical contraindication
   - Documentation of declared shortage
3. Initiate and follow disciplinary procedures for individuals who do the following, as applicable

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under state law and regulation:

- Indicate "personal reasons" for declining vaccination.*
- Do not provide valid documentation regarding vaccination, medical contraindication, or declared shortage.
- Do not complete all actions required in this policy prior to December 1 of each year.*

The HR department does the following:

1. Provides all staff members with the following:
    - Copy of this policy
    - Educational materials related to vaccination and vaccine-preventable diseases
    - Acknowledgment of Receipt of Vaccination Materials
2. Collects signed Acknowledgment of Receipt of Vaccination Materials.
3. Maintains copies of signed Acknowledgment of Receipt of Vaccination Materials in personnel files.
4. Notifies department managers or supervisors regarding any individuals who are not in compliance with this policy.
5. Collaborates with department managers or supervisors to initiate and follow appropriate disciplinary procedures.

The designated individual responsible for the staff vaccination program does the following:

1. Operates periodic staff vaccination clinics at the hospital.
2. Schedules the staff vaccination clinics to accommodate the highest possible number of individuals, considering factors such as the following:
    - Day/night shifts
    - Weekday/weekend shifts
    - Convenient locations (for example, cafeteria, near lobby entrance)
3. Provides vaccinations at these clinics free of charge* to staff members.
4. Provides incentives, as appropriate, to encourage participation in staff vaccination clinics.
5. Refers individuals to alternative sources of vaccination in cases of declared shortage, or implements appropriate alternative IC processes, as applicable.
6. Maintains electronic records to track the following data:
    - Number of individuals who consent to receive applicable vaccination(s)
    - Number of individuals who receive their applicable vaccination(s) through one of the hospital's vaccination clinics
    - Number of individuals who receive their applicable vaccination(s) elsewhere
    - Number of individuals who decline to receive their applicable vaccination(s)
    - Number of individuals who decline due to medical contraindication
    - Number of individuals who decline due to declared vaccine shortage
    - Number of individuals who decline due to personal reasons
    - Number of individuals who fail to complete the actions required by this policy prior to December 1*
    - Number of individuals who are terminated due to failure to comply with this policy
7. Uses standard statistical methodologies to determine rates of vaccination among staff members.

REFERENCES

Joint Commission Standard IC.04.01.01, EP 3. The [hospital]'s infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections within the [hospital] and between the [hospital] and other institutions and settings. The policies and procedures are in accordance with the following hierarchy

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of references:

a. Applicable law and regulation.
b. Manufacturers' instructions for use.
c. Nationally recognized evidence-based guidelines and standards of practice, including The Centers for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, or, in the absence of such guidelines, expert consensus or best practices. The guidelines are documented within the policies and procedures.

Joint Commission Standard IC.06.01.01, EP 5. The [hospital] implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:

— Screening and medical evaluations for infectious diseases
— Immunizations
— Staff education and training
— Management of staff with potentially infectious exposures or communicable illnesses

Centers for Disease Control and Prevention. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* (MMWR). November 25, 2011.

Centers for Disease Control and Prevention. Advisory Council on Immunization Policy (ACIP) Recommendations. Updated Aug 29, 2024. https://www.cdc.gov/acip/vaccine-recommendations/index.html

ATTACHMENTS

Acknowledgment of Receipt of Vaccination Materials
Staff Vaccine Statement

APPROVAL

NAME AND CREDENTIALS **TITLE**	**NAME AND CREDENTIALS** **TITLE**	
SIGNATURE		**DATE**
SIGNATURE		**DATE**

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