



**GUIDELINES FOR  
HEALTHCARE WORKER  
VACCINATION  
AIIMS KALYANI  
[Standard Operating Procedure]**



**Prepared by HICC - AIIMS Kalyani**



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## **TABLE OF CONTENTS**

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<b>I.</b>	<b>BACKGROUND</b>
<b>II.</b>	<b>BENEFITS OF HEALTH WORKER VACCINATION</b>
<b>III.</b>	<b>WHO–ILO (INTERNATIONAL LABOUR ORGANIZATION) GLOBAL FRAMEWORK FOR NATIONAL OCCUPATIONAL HEALTH PROGRAMMES FOR HEALTH WORKERS</b>
<b>IV.</b>	<b>RECOMMENDATIONS FOR VACCINES OF PARTICULAR IMPORTANCE FOR HEALTHCARE WORKERS</b>
<b>V.</b>	<b>CONSIDERATIONS FOR HEALTH WORKERS WHO CANNOT BE VACCINATED</b>
<b>VI.</b>	<b>RECOMMENDATIONS FOR ETHICALLY IMPLEMENTING MANDATORY VACCINATION POLICIES</b>
<b>VII.</b>	<b>DECLARATION FORM</b>
<b>VIII.</b>	<b>ANNEXURE</b>



## **I. BACKGROUND**

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World Health Organization (WHO) defines health workers as all people engaged in work actions whose primary aim is improving health.

This includes health service providers such as doctors, nurses, midwives, public health professionals, lab, health, medical, and non-medical technicians; personal care workers; community health workers; healers and practitioners of traditional medicine; and pre-service providers (e.g., students, trainees, and volunteers). It also includes health management and support workers such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities.

Health workers are at greater risk of exposure to some communicable diseases than the general population because of their contact with patients or infective material in their working environment. There is also a risk that infected health workers could contribute to nosocomial transmission of disease to vulnerable patients at higher risk for severe illness, complications, and death. Protection of health workers through vaccination is, therefore, an important part of patient safety and IPC programs in healthcare settings.

## **II. BENEFITS OF HEALTH WORKER VACCINATION**

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- |                                                                                       |                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Health worker safety</li></ul>                | <p>➔ Vaccinated health workers are protected against occupational exposure to vaccine preventable diseases. This reduces risks to health workers themselves, their families and communities.</p> |
| <ul style="list-style-type: none"><li>• Patient safety</li></ul>                      | <p>➔ Represents an essential contribution to Infection prevention control of nosocomial infections.</p>                                                                                          |
| <ul style="list-style-type: none"><li>• Health system strengthening</li></ul>         | <p>➔ Adds resiliency to health systems by protecting the workforce, especially in the context of outbreaks or epidemics.</p>                                                                     |
| <ul style="list-style-type: none"><li>• Positive health behaviour modelling</li></ul> | <p>➔ Vaccinated health workers are more likely to recommend vaccination to patients and caregivers and advocates for immunization issues.</p>                                                    |



### III. WHO-ILO (INTERNATIONAL LABOUR ORGANIZATION) GLOBAL FRAMEWORK FOR NATIONAL OCCUPATIONAL HEALTH PROGRAMMES FOR HEALTH WORKERS

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The framework puts the onus on employers to ensure the availability of vaccines for health workers at risk of exposure to blood or other infectious materials including cleaners, waste handlers.

### IV. RECOMMENDATIONS FOR VACCINES OF PARTICULAR IMPORTANCE FOR HEALTHCARE WORKERS

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Vaccine	Recommendations
Hepatitis B	All healthcare workers at risk of acquiring infection (exposed to blood and blood products at work) and have not been vaccinated previously. All three doses are to be received.
Influenza	Annual immunization with a single dose is recommended. (month of vaccination April-May)
SARS-CoV-2	Highest priority group for vaccination against COVID-19. Two doses of vaccine with one booster dose.
Varicella	Potentially susceptible health workers (i.e. unvaccinated and with no history of varicella) with two doses of varicella vaccine.
Meningococcal	HCWs considered at continued risk of exposure - One booster dose 3–5 years after the primary dose.
Measles	All HCWs should be immune to measles and have proof/documentation of immunity or immunization. All health workers with no history of measles should be vaccinated.



## Guidelines for Healthcare Worker vaccination - AIIMS Kalyani HICC

Mumps	In countries with a well-established, effective childhood vaccination program and the capacity to maintain high-level vaccination coverage, HCWs are not indicated as a group at increased risk.
Rubella	all HCWs should be immune to rubella and have proof/documentation of immunity or immunization.
Polio	All health workers should have completed a full primary vaccination course against polio.
Diphtheria	All health-care workers should be up to date with immunization as recommended in national immunization schedules.  Vaccination is considered in HCWs who may have occupational exposure to <i>C. diphtheriae</i> .
Pertussis	HWCs should be prioritized as a group to receive the pertussis vaccine.
Tetanus	There is currently no recommendation regarding HCWs by WHO
Rabies	PrEP is considered for medical professionals who regularly provide care to persons with rabies.
Hepatitis A	HCWs are not indicated as a group at increased risk of hepatitis A infection.
JE	Recommended for workers at high risk in endemic areas, particularly those involved in vector control.
BCG	Recommended for unvaccinated TST- or IGRA-negative persons at risk of occupational exposure in low and high TB incidence areas.
Cholera	There is currently no recommendation regarding HCWs by WHO
Typhoid	There is currently no recommendation regarding HCWs by WHO
<b>Dengue</b>	HCWs are not at increased risk of dengue.
Malaria	HCWs are not at increased risk of malaria.
HPV	HCWs are not at increased risk of HPV.
<b>Pneumococcal</b>	Immunocompetent HCWs are not indicated as a group at increased risk of pneumococcal disease.
Rotavirus	Adults including HCWs are not at increased risk of severe disease.
<b><i>Haemophilus influenzae</i> type b</b>	There is currently no recommendation regarding HCWs.



## **V. CONSIDERATIONS FOR HEALTH WORKERS WHO CANNOT BE VACCINATED**

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Applicable only in case of valid medical contraindication to vaccination and temporarily unable to receive certain vaccinations (e.g. pregnancy or lactation).

Health facilities should offer alternative means for achieving transmission control, e.g.

- I. Mandatory mask-wearing (where applicable)
- II. Reassignment to non-clinical areas e.g. areas of less likely encounter with high-risk patients (if feasible)
- III. Temporary leave during peak transmission seasons (e.g. influenza) or an outbreak.

Systems should be in place to ensure confidentiality regarding any medical contraindications or pregnancy status.

Health workers who refuse or opt out of vaccination for non-medical reasons should sign the declaration form, and the administration should have some policies, including repercussions such as mandatory unpaid leave during an outbreak or periods of peak transmission or even requirements to appear before a committee to explain reasons for not following the policy.



## **VI. RECOMMENDATIONS FOR ETHICALLY IMPLEMENTING MANDATORY VACCINATION POLICIES**

(Implementation guide for vaccination of health workers. Geneva: World Health Organization; 2022.)

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- ➔ There must be a compelling employee and patient safety problem that is clearly communicated to employees.
- ➔ Institutions should support health workers by implementing vaccination procedures that are free, easy to access and include comprehensive coverage of adverse events.
- ➔ The process for policy and Programme development should be transparent, with a broad range of health worker perspectives involved.
- ➔ There should be clear opt-out criteria for medical reasons. Any other exemptions, if allowed, should be made in a transparent and objective manner.
- ➔ For those who do not meet medical or other exclusion criteria, health facilities should offer alternative means for achieving transmission control, including mandatory mask wearing (where applicable), reassignment to non-clinical areas (if feasible), temporary leave during peak transmission seasons (e.g. influenza) or during an outbreak.
- ➔ Consequences for those who refuse vaccination should be clearly articulated, as above (e.g. reassignment, unpaid leave/suspension or termination).
- ➔ Prospective employees should be notified of the mandatory policy and the consequences for not complying.





## VII. DECLARATION FORM

### Health Care Professional Declination of ----- Vaccination

My employer or affiliated health facility has recommended that I receive vaccination to protect myself, my patients, and my coworkers in the hospital. I acknowledge that I am aware of the following facts:

- \_\_\_\_\_ is a serious disease with serious consequences to health.
- \_\_\_\_\_ vaccination is recommended for me and all other healthcare workers to protect this facility's patients and personnel from----- health complications and, in some instances, from death.
- If I contract the disease, there are serious possibilities I may spread ----- to patients, my coworkers, and my family.
- I understand that I cannot get----- from the \_\_\_\_\_ vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening implications to my health and the health of those with whom I have contact, including
  - all patients in this healthcare facility
  - my co-workers
  - my family and community

Despite these facts, I am choosing to decline \_\_\_\_\_ vaccination right now for the following reasons:

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I understand that I can change my mind at any time and accept \_\_\_\_\_ vaccination if the vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_



## VIII. MANDATED LIST OF VACCINATION FOR HCW OF AIIMS KALYANI

Vaccine	Recommendations
<b>Hepatitis B</b>	All healthcare workers at risk of acquiring infection (exposed to blood and blood products at work) and have not been vaccinated previously. All three doses are to be received.
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<b>Varicella</b>	Potentially susceptible health workers (i.e. unvaccinated and with no history of varicella) with two doses of varicella vaccine.
<b>Rubella</b>	All HCWs should be immune to rubella and have proof/documentation of immunity or immunization.
<b>Rabies</b>	PrEP is considered for medical professionals who regularly provide care to persons with rabies.



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<b>Mumps</b>	In countries with a well-established, effective childhood vaccination program and the capacity to maintain high-level vaccination coverage, HCWs are not indicated as a group at increased risk.
<b>Polio</b>	All health workers should have completed a full primary vaccination course against polio.
<b>Diphtheria</b>	All health-care workers should be up to date with immunization as recommended in national immunization schedules.  Vaccination is considered in HCWs who may have occupational exposure to <i>C. diphtheriae</i> .
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