

DESCRIPTOR TERM: Personnel and Employment	Millard District Policy File Code: 4110 Approved: 06-11-20
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IMMUNIZATIONS OF EMPLOYEES

Purpose

Utah law provides the local health department, in the event of a case or an outbreak of a vaccine-preventable disease among district students or employees, with the authority to exclude from school and the workplace all susceptible persons, including students and employees, to prevent the spread of communicable disease and to protect the public's health.

Educational institutions are potential high-risk areas for transmission of vaccine-preventable diseases. While immunization is an important health requirement for students in Utah schools, it is equally important for staff in these setting to be protected against vaccine-preventable diseases. Employee immunization can decrease the number of days teachers, staff, and students miss due to illness. Absence due to sickness causes disruption in class schedules resulting in missed educational learning opportunities. More importantly, teachers, staff, and students who come to school sick can spread disease. Additionally, vaccine-preventable disease outbreaks in school can result in enormous costs for staff, students, parents, employers, and public health.

A. Record of Immunization

All employees are encouraged to maintain and provide to the district a record of immunization or immunity against measles, mumps, rubella, tetanus, diphtheria, pertussis, varicella (chicken pox), hepatitis A, and hepatitis B for ready access in the event of an outbreak. A record on file of employee immunizations will allow the school administrators and local health department officials to readily identify employees who may remain at work during the outbreak. Employees with no record on file, or whose record does not indicate immunization against the disease identified in an outbreak, may be excluded from the school or workplace without pay until authorized by the local health department to return.

B. Recommended Vaccinations

In accordance with the recommendation of the Utah Department of Health, all employees are encouraged to be vaccinated against the following: measles, mumps, rubella, tetanus, diphtheria, pertussis, varicella (chicken pox), hepatitis A, and hepatitis B.

Following recommendations from the Utah Department of Health, Centers for Disease Control and Prevention (CDC), and the Advisory Committee on Immunization Practices (ACIP), the following procedures will be followed to benefit the health and well-being of students, employees, and the community of Millard School District.

1. All Millard School District employees
 - a. Must provide proof of immunization or opt out.

Required immunizations for all Millard School District employees, temporary employees, substitutes, and student teachers/interns		
Vaccine	Persons Born Before 1957	Persons Born In Or After 1957
MMR*-(Measles, Mumps, Rubella)	No immunization needed	2 doses of MMR, at least 1 month apart
Td/Tdap [Tetanus, Diptheria, Pertussis (whooping cough)]	1 dose of Tdap, then Td booster every 10 years	
Varicella (chickenpox)	2 doses	
Hepatitis A	2 doses	
Hepatitis B	3 doses	

- b. Opt out. The employee may opt out by signing the Millard School District Declination Form.

In the event of a disease outbreak, any employee who opts out would be sent home and remain at home as directed by Millard School District in consultation with the health department. The employee could take personal leave, vacation leave (if applicable), or leave without pay with prior approval of the administrator. The employee may not use sick leave.

Millard School District Employee Vaccination Summary

Employee's Name _____ Date of Birth _____

School _____

The following immunizations are recommended by the Central Utah Public Health Department. You are missing the following doses indicated with a check mark. You may complete the vaccinations and return this form to the school nurse. The school nurse will keep this record and record the information when the program is developed.

Hepatitis A Dose 1 _____
 Dose 2 _____
 Immunity confirmed by titer date: _____

Hepatitis B Dose 1 _____
 Dose 2 _____
 Dose 3 _____
 Immunity confirmed by titer date: _____

MMR Dose 1 _____
 Dose 2 _____
 Immunity confirmed by titer date: _____

Tdap Dose 1 _____

Td Dose 1 _____

Varicella Dose 1 _____
 Dose 2 _____

I have history of the chickenpox disease, and therefore, do not need the varicella vaccine.
Age at time of disease: _____

Employee meets all vaccination requirements.

Millard School District Vaccine Declination Form

Employee's Name (print): _____

School Name: _____

I understand that because I work in an environment with possible exposure to vaccine-preventable illnesses, I may be at risk of acquiring a vaccine-preventable illness from an unvaccinated student or staff member at school.

However, I decline vaccination at this time. I understand that by declining vaccination, I continue to be at risk of acquiring a vaccine-preventable illness.

In the event of a disease outbreak, I understand that I may be sent home and remain at home as directed by Millard School District in consultation with the health department. I understand that I can take personal leave, vacation leave (if applicable), or leave without pay with prior approval of my administrator. I understand that I may not use sick leave.

<u>Medical</u>	<u>Personal</u>	<u>Vaccination</u>
_____	_____	Hepatitis A
_____	_____	Hepatitis B
_____	_____	Measles, Mumps, and Rubella
_____	_____	Tdap
_____	_____	Td
_____	_____	Varicella

Employee's Signature

Date

Witness

Date