



## Vaccination and Testing for Communicable Diseases Policy

### Purpose

The Vaccination and Testing for Communicable Diseases Policy provides requirements and exemptions regarding vaccinations and testing for communicable diseases for those Ohio Department of Agriculture (ODA) employees, contractors, and agents required to have vaccinations and/or testing as specified by the needs of their position. The goal is to protect employees, contractors, other ODA agents, and their family members and the community from infection through regular testing and/or vaccination.

### Scope

The scope of this policy includes employees, contractors, temporary personnel, and other agents of ODA who by virtue of their position and job description are required to have certain vaccinations and/or testing for communicable diseases and infections. Such personnel will sign a letter of acknowledgement that such vaccinations and/or testing are a condition of employment unless otherwise exempted under this policy.

### Background

ODA offers a range of services to the public which may expose its employees, contractors, temporary personnel and other agents (“Personnel”) to certain communicable diseases and infections. To ensure the safety of its employees, contractors, temporary personnel and other agents, as well as their families and the general public, those individuals who may be potentially exposed to such elements may be required by virtue of their position with the State to have certain vaccinations and/or testing. This policy outlines limited circumstances under which some exceptions to such mandatory testing or vaccination may be acceptable. In general, employees, contractors, temporary personnel and other agents shall comply with the requirements for such vaccination and/or testing unless the individual can show such vaccination and/or testing is medically contraindicated or prohibited by their religious beliefs. Safety is a top priority for the State of Ohio, and this value should guide the actions of all employees, contractors, temporary personnel and other agents.

Any Personnel who are aware they may be positive or suspect to be positive for a communicable disease should report such a condition to the Office of Human Resources immediately. For the purposes of this policy communicable diseases include, but are not limited to, measles, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), AIDS, AIDS-Related Complex (ARC), leprosy, Severe Acute Respiratory Syndrome (SARS), and tuberculosis. ODA may choose to broaden this definition within its best interest and in accordance with information received through the Centers for Disease Control and Prevention (CDC).

ODA will not discriminate against any job applicant or employee based on the individual having a communicable disease. Applicants and employees shall not be denied access to the workplace solely on the grounds that they have a communicable disease. ODA reserves the right to exclude a person with a communicable disease from the workplace facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace. ODA will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.



## Authority

Ohio Revised Code Section 124.09

## Procedure

Job-required vaccinations and/or testing shall be provided free of charge to all ODA employees required by their position to have such vaccinations and/or testing. Where applicable, contractors, temporary personnel, and other ODA agents shall comply with any such requirement, and payment for such costs shall be determined by the individual's agreement with ODA.

Prior to the initial required testing, vaccination and any other required series of vaccinations thereafter, ODA will inform Personnel about the following:

1. Requirements(s) for testing and/or vaccination;
  2. Dates when testing and/or vaccine(s) are available;
  3. Procedure for receiving testing and/or vaccination;
  4. Procedure for submitting written documentation of testing and/or vaccine obtained outside ODA;
  5. Procedure for declining due to a qualified exemption; and
  6. Risks associated with refusing testing and/or vaccination.
- A. Upon notification to identified Personnel that they are required to have such testing and/or vaccination, such individual must do one of the following:
1. Receive the testing and/or vaccine(s) provided free of charge through ODA or its affiliated entities;
  2. Provide ODA with proof of testing and/or vaccination if the individual is tested or vaccinated through services other than ODA (i.e., private physician office, public clinics). Proof of testing and/or vaccination may include a physician's note or a copy of documentation indicating the testing and/or vaccine was received, and the results of the testing; or
  3. Comply with the designated procedure for obtaining a permissible exemption, as described in this policy.
- B. All candidates for employment applying for positions requiring testing and/or vaccination are notified by Human Resources regarding any mandatory testing and/or vaccines and the policy will be reviewed with the candidates. A signature of understanding is obtained at that time. (See Appendix 4.)
- C. Exemptions
1. Medical
    - a. Exemptions to required testing or vaccinations may be granted for certain medical contraindications. Standard criteria will be established and shall include:
      - i. Documentation of severe allergy to the testing, vaccine, or components as defined by the most current recommendations of the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP).
      - ii. For vaccines only, documentation of Guillain-Barre within six (6) weeks of a prior vaccine.



- b. Personnel requesting an exemption must submit a declination form (Appendix 1) and provide documentation of a medical contraindication (Appendix 2) to ODA at least thirty (30) business days within notice of hiring or after notification of a required testing and/or vaccination(s) to be valid;
- c. A request for medical exemption will be evaluated individually by ODA with clinical expert consultation within thirty (30) business days after presenting a request for exemption to ODA. If the exemption is for allergy to eggs, the most current CDC's ACIP recommendations will be followed; and
- d. If the exemption is granted for a temporary condition, the employee must submit a request for exemption each year. If an exemption is granted for a permanent condition, (i.e., significant vaccine allergy or history of Guillain-Barre after a previous vaccine), the exemption does not need to be requested each year unless testing or vaccine technology would change to eliminate the issue regarding the demonstrated allergies.

## 2. Religious

If a candidate declines testing and/or vaccination because it conflicts with sincerely held religious beliefs, they must complete and submit a declination form and a request for religious exemption form (Appendix 3) to Human Resources. This request must be received within thirty (30) business days of hiring or after notification of the required testing and/or vaccine(s) to be valid. All religious exemption requests will be reviewed by Human Resources, with consultation as necessary for a religious accommodation request.

## 3. Requirements upon Receiving Exemption

If the exemption is granted, the staff member will sign documentation attesting that he/she acknowledges the risk and potential liability of exposure to the identified communicable diseases which the testing and/or vaccination is to prevent and/or protect against as provided in Appendix 1.

## Penalties

### A. Beginning with the 2013-2014 fiscal year:

1. Any employee or temporary employee who fails to comply with the testing and/or vaccination requirement may be disciplined, including placement of up to one (1) week on unpaid administrative leave. If at the end of the administrative leave the employee has not met the testing and/or vaccination requirement (except bargaining unit employees), they will be considered to have voluntarily resigned. Bargaining unit employees will be subject to the discipline grid as provided in ODA disciplinary policy. Continued failure to comply with the testing and/or vaccination requirement and this policy shall result in termination.
2. Contractors and agents who fail to comply with the requirement of this policy will become ineligible to continue in their respective contracts or programs. When applicable, these personnel are also included under the provisions of this Penalties section.
3. Human Resources will evaluate testing and vaccination rates, frequency and reasons for testing or vaccine declinations. This information will be reported to the Director of ODA.



## **Vaccine Shortage Contingency**

In the event of a vaccine shortage, Human Resources and/or the Director will determine an appropriate distribution plan for the resources available. ODA Administration and Human Resources will conduct the evaluation with other departments across all entities included as needed when vaccine shortages occur. Vaccines will be offered to personnel based on job function, risk of exposure to the communicable disease and risk to the employee as well as the general population. Priority will be given to those who provide hands-on inspection and/or handling with prolonged in-person contact with animals or individuals and/or have highest risk of exposure to those individuals or animals with the communicable disease. Those who are prioritized to receive vaccine will be held to the mandatory standard for the duration of the vaccine shortage period, and recommendations will be provided to those who do not receive the vaccine by ODA.

## **Contacts**

The Human Resources Director is available for consultation regarding this policy:

## **Revision History**

<b>Date</b>	<b>Description of Change</b>
6/2013	Initial Policy Issued
8/2014	Policy Reviewed
11/2014	Policy Reviewed
01/23/2015	Policy Reviewed





**Appendix 1 – Testing/Vaccine Declination Form**

**TESTING/VACCINE DECLINATION STATEMENT**

Please print information below:

Employee Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Title/Position \_\_\_\_\_

Dept/Division \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

**Please circle one:** Employee Temporary Employee Contractor Intern

**Testing/Vaccination Involved (Please circle each as applicable):** Rabies Rabies Titer Influenza  
Tuberculosis

**Declination of Vaccination:**

- I understand that due to my occupational exposure, I may be at risk of acquiring an infection. In addition, depending on the communicable disease, I may spread the infection to other staff and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for complications.
- I have been given and read the Testing or Vaccine Information Statement regarding the testing or vaccine(s) that is/are required by my position with ODA and the benefits and risks of the testing or vaccination(s). I have had a chance to ask questions which were answered to my satisfaction. I know that ODA can provide a reference to a physician to consult or I can consult my private physician before declining this testing and/or vaccination.
- I have also been given the opportunity to be tested or vaccinated with required vaccine(s) or titer(s) drawn as applicable, at no charge to myself. However, I decline the testing or vaccination(s) at this time. I understand that by declining this/these testing or vaccine(s), I continue to be at risk of acquiring the infection, potentially resulting in transmission to my co-workers or my family. If in the future I want to be tested or vaccinated with the testing or vaccine(s) circled above, I can receive the testing or vaccine(s) at no charge to me.

**Reason for declining: (Please check all that apply.)**

- I received the testing or vaccine(s) from another facility (Documentation must be provided to Human Resources.)
- I request a medical exemption (The Medical Exception Form must be completed and returned to Human Resources.)
- I request a religious accommodation (The Religious Accommodation Form must be completed and returned to Human Resources.)

I decline the testing or vaccine(s) / titer(s) at this time.

\_\_\_\_\_  
Signature of person declining testing or vaccine

\_\_\_\_\_  
Date

Please send this form to **Human Resources, Ohio Department of Agriculture, 8995 East Main Street, Reynoldsburg, Ohio 43338; Telephone No. (614) 466-5339.**





Appendix 2 – Testing/Vaccine Medical Exemption Form

**Request for Medical Exemption from Testing or Vaccination**

Please print information below:

Employee Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Title/Position \_\_\_\_\_

Dept/Division \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

Employee Email \_\_\_\_\_ Testing/Vaccination to be exempted from \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dear Physician:

Ohio Department of Agriculture (ODA) requires certain testing for communicable diseases or vaccinations as a requirement for specified positions within ODA. These vaccinations or testing are required as they have been recommended for workers within these positions who are likely to be exposed to certain communicable diseases, and because they have been shown to be effective in reducing the incidence of infection in individuals. The above named employee is requesting an exemption from this testing and/or vaccination requirement. A medical exemption from the testing or vaccination is allowed for certain recognized contraindications, including history of a severe allergy to the testing, vaccination, pregnancy in certain situations, and immunocompromised individuals. Please complete the form below. Should you have any questions, please contact ODA, Office of Human Resources, at (614) 466-5339. Thank you.

The above employee should not be tested for the listed communicable disease, or immunized for the above vaccination for the following reason:

- History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the testing, vaccine or a component of the testing ingredients or vaccine (including egg allergies).
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide a detailed narrative that describes the event.
- Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that \_\_\_\_\_ has the above contraindication and request a medical exception from the above identified testing or vaccination.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Medical License Number: \_\_\_\_\_

DESIGNATED OFFICE USE ONLY: Medical Exemption Approved On: \_\_\_/\_\_\_/\_\_\_

Approving Staff Signature: \_\_\_\_\_





**Appendix 3: Testing/Vaccine Religious Exemption Form**

**Request for Religious Accommodation Related to Testing or Vaccination**

Ohio Department of Agriculture (ODA) is committed to diversity and inclusiveness of all our employees. To consider your request for a religious workplace accommodation, please provide the following information:

**Part 1 - To Be Completed by Employee** (additional sheets may be used, if necessary)

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested reasonable accommodation to meet your requirements or limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded, and the outcome of the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religion Tenet(s) Documentation**

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Verification and Accuracy**



**I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.**

**I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.**

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

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

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

**Summary of Next Steps**

1. This request will be completed by the employee requesting a religious accommodation.
2. You will submit your request to the Director of Human Resources no later than thirty (30) days of being notified of the requirement of the testing or vaccination.
3. You will be notified of the decision and/or the proposed accommodation within thirty (30) days.
4. If you disagree with the decision or proposed accommodation, please contact the Office of Human Resources, Ohio Department of Agriculture for assistance at **(614) 466-5339**.





**Part 2 – To be completed by HR Representative**

**Interactive Discussion Date:**

\_\_\_\_\_

**Employee’s Suggested Accommodation:**

\_\_\_\_\_  
\_\_\_\_\_

**Results of Interactive Discussion:**

\_\_\_\_\_  
\_\_\_\_\_

**Evaluation of Impact (if any):**

\_\_\_\_\_  
\_\_\_\_\_

**Accepted:** \_\_\_\_\_ **Not Accepted:** \_\_\_\_\_

**If Not Accepted, Why:**

\_\_\_\_\_  
\_\_\_\_\_

**Alternative Accommodations (list in order of preference):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Effective Date of Accommodation:** \_\_\_\_\_

**Duration Period of Accommodation:** \_\_\_\_\_

**Document reason denying request for a reasonable accommodation:**

\_\_\_\_\_  
\_\_\_\_\_

**Department Head’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

cc: Employee  
Employee’s Supervisor / Director  
Office of Human Resources, Ohio Department of Agriculture





Appendix 4: Employee Candidate Acknowledgement

**Acknowledgement of Testing/Vaccination Requirement**

The Ohio Department of Agriculture requires \_\_\_\_\_ testing or vaccination as a condition of employment for the position or job for which you are applying. This requirement is applicable to all employees, volunteers, professional staff, and contracted staff who work in this job description.

Acknowledgement

I have received and read a copy of the job requirements requiring testing and/or vaccination for this position. I agree and acknowledge that if I have a medical exemption or religious accommodation that may affect receiving the testing and/or vaccination, I will notify ODA immediately of such issue upon receipt of notice of a job offer or acceptance of such job offer.

\_\_\_\_\_  
Candidate Name (Print)

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

