



Key Elements of a Model Workplace Safety and Health COVID-19 Vaccination Program



The effectiveness of a workplace vaccination program is dependent upon time and resources to plan, promote, and deliver the program. This resource is designed to assist those responsible for building and implementing a workplace vaccination program. Below, we outline five key components to establish a vaccination program.

1. Establish a Vaccination Planning Committee

The committee should:

- a. **Involve all stakeholders.** Include key workplace stakeholders including those involved in operational management, safety and health, human resources, and purchasing, as well as frontline employees and union representatives (when present).
- b. **Plan, document, and review.** Plan all aspects of the vaccination program and document the plan in writing. Review the plan, update it as needed, and make it accessible to workers across all shifts. Another part of the plan includes outlining how to deal with workers who may experience adverse side-effects to the vaccine. Issues to consider may include time-off, medical referrals, staff responsible for contact or questions.
- c. **Communicate benefits.** Clearly communicate the benefits to workers for participating in the vaccination program.
- d. **Identify barriers.** Identify obstacles and concerns that may cause workers to be hesitant to getting the vaccine.
- e. **Consider program logistics.** Address logistical issues with scheduling workers for vaccination and consistency with state and federal guidelines. Also address logistical issues with plans for receiving, storing, and administration of the vaccine across the company or organization.

2. Collaboration and Education

- a. **Develop an education plan.** Employers, unions, and community organizations should work together to develop an education plan for the vaccination program. This plan should outline steps to educate and provide information to workers so they can make informed choices about getting the vaccine.
- b. **Provide opportunities for questions.** The education plan should include an opportunity for workers to be transparent and readily raise questions, share concerns, and provide input on how to best build confidence about receiving the vaccine.
- c. **Address workers' questions and concerns.** A qualified person should be available to listen and respond to all questions and concerns, in real time. Additionally, the person should be prepared to handle questions that are currently not known, such as the long-term effectiveness of the vaccine in protecting against COVID-19 infection.
- d. **The education plan should address the following topics about the COVID-19 vaccine:**
 - i. How the vaccine works.
 - ii. The training and qualifications of those administering the vaccine.
 - iii. That it does not cause a person to be infected with SARS CoV-2.
 - iv. It does not contain live virus.
 - v. Overview of vaccine safety and effectiveness.
 - vi. Potential side effects and how they are treated.
 - vii. Contraindications for receiving the vaccine.
 - viii. The role of the vaccine in combatting the pandemic.
 - ix. The importance of continuing other important protective measures, such as mask wearing, physical distancing, use of barriers, ventilation, and personal protective equipment.
 - x. Addressing and dispelling myths.



Reporting Adverse Events Following the Vaccine

The Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in vaccines used in the U.S. <https://vaers.hhs.gov/reportevent.html> VAERS accepts and analyzes reports of adverse events after a person has received a vaccination. Anyone can report an adverse event to VAERS. Health care professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.





Can Vaccination Programs be Mandatory?

Under the Food and Drug Administration Emergency Use Authorization (EUA), the decision to vaccinate is voluntary. However, legal experts have indicated that under employment and some state health laws, mandatory vaccination has been upheld in past vaccination campaigns. There is more information available from the Equal Employment Opportunity Commission website:

<https://www.eeoc.gov/coronavirus>.

The bottom line is that educating workers, answering their concerns, and providing a supportive and convenient vaccination program is the current approach recommended by most public health experts and many employers. Currently, an ideal approach may include having a policy in place where COVID-19 vaccines are voluntary and time off is provided for workers who experience serious side effects.

3. Open Communication and Information Dissemination

- a. **Visibility of leaders.** Workplace leaders should be visible. They should hold meetings and educational campaigns, including emails, posters, and other promotional activity, and group discussions. There should be opportunities for workers to ask questions and receive answers in real time from qualified personnel.
- b. **Some specific actions that may be taken:**
 - i. Workplace leaders become vaccination champions. Ask them to lead by example by getting a COVID-19 vaccine and sharing pictures.
 - ii. Develop an internal publicity campaign well in advance of the actual vaccination delivery that includes:
 1. Testimonials
 2. Meetings
 3. Staff presentations
 4. Short videos
 5. Factsheets, posters, stickers
 6. Email blasts, social media, blogs, or web articles. NIH offers vaccine resources that can be shared with workers and recommendations for social media on their website: <https://covid19community.nih.gov/resources/learning-about-vaccines>

4. Establish Time and Location for Delivery of Vaccine

- a. **Convenience is key.** The vaccine should be provided at a time and location that is convenient to workers. Increasing accessibility and convenience increases participation in the vaccination program.
- b. **Time.** Pick a time that is convenient to workers. Provide the vaccine during work hours, for all shifts.
- c. **Location.** Pick a location at or near the worksite. The location needs to consider elements such as refrigeration and storage of supplies, as well as the disposal of needles and syringes. Some COVID-19 vaccines require cold storage. This may have specific implications when using contractors or volunteers from other organizations (e.g., retail drug stores or occupational health clinics) in delivering vaccines.

I GOT
MY COVID-19
VACCINE!



I GOT
MY COVID-19
VACCINE!



5. Safety and Transparency

- a. **Communicate risks.** Programs must ensure vaccination sites are prepared to communicate the risks of the vaccine and treat any reactions. This includes having a rapid response for workers who have severe reactions to the vaccine. It also includes providing vaccine recipients with the Centers for Disease Control and Prevention (CDC) COVID-19 EUA Fact Sheets for the type they received.
<https://www.cdc.gov/vaccines/covid-19/eua/index.html>
- b. **Protocol and document.** Have a written safety protocol in place at each work site or vaccination location. Ensure that vaccines are being given with devices with sharps injury prevention features, like retracting or sheathed needles. Document any sharps injuries or exposures that occur in the Sharps Injury Log in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens and Recordkeeping Standards. Anyone hired to help at the vaccination clinic who has experienced a sharps injury or exposure should be included on the log. Also document how medical emergencies such as a severe allergic reaction (anaphylaxis) will be managed following vaccinations.
- c. **Safety and medical needs.** Ensure that appropriately trained staff and correct medical response equipment and medications are available, which may include Epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and stethoscope and timing device to assess pulse.
- d. **Observation period.** Establish an observation period that is monitored in a safe location for workers who are vaccinated (at least 15 minutes). Also, establish an observation period for workers who have a history of anaphylaxis due to any cause (at least 30 minutes).
- e. **Medical leave time.** A model vaccination program should allow appropriate medical leave time for workers experiencing side effects. Typically, the majority of acute side effects will not interfere with work-related activities and should subside within a few days. Plans should also include identified points-of-contact for questions or concerns, and to help with medical referrals, if indicated.



Resources

- **CDC COVID-19 Vaccination Communication Toolkit for Medical Centers, Pharmacies, and Clinicians:**
<https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>
- **CDC COVID-19 Vaccine Communication Toolkit for Essential Workers, Getting Started:**
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html>
- **CDC COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheets for Recipients and Caregivers:**
<https://www.cdc.gov/vaccines/covid-19/eua/index.html>
- **CDC Poster, Getting 'Back to Normal' is Going to Take All of Our Tools:**
<https://www.cdc.gov/vaccines/covid-19/downloads/all-of-our-tools.pdf>
- **NIEHS Worker Training Program COVID-19:** <https://tools.niehs.nih.gov/wetp/covid19worker/index.cfm>
- **NIH Community Engagement Alliance, Learning About Vaccines:**
<https://covid19community.nih.gov/resources/learning-about-vaccines>
- **OSHA Coronavirus Disease (COVID-19):** <https://www.osha.gov/coronavirus>