 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	1 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

### **PURPOSE:**

The purpose of this policy is to assist with jurisdictional planning and implementation of satellite, temporary, or off-site vaccination clinics by public and private vaccination organizations. The guidance primarily focuses on clinical considerations for planning a vaccination clinic, including vaccine storage, handling, administration, and documentation. However, large-scale clinics, such as those held in arenas or stadiums, those held over multiple days or those conducted during emergency scenarios, will likely require added logistical and technical considerations (CDC,2021).

### **LEVEL:**

Vaccination Committee and Management Committee


### **DEFINITION OF TERMS:**

**Adverse event-** An undesirable medical condition that occurs following vaccination which might be truly caused by a vaccine, or it might be pure coincidence.

**Adverse reaction-** An undesirable medical condition that has been demonstrated to be caused by a vaccine. Evidence for the causal relation is usually obtained through randomized clinical trials, controlled epidemiologic studies, isolation of the vaccine strain from the pathogenic site, or recurrence of the condition with repeated vaccination (i.e., rechallenge); synonyms include side effect and adverse effect.

**Vaccination and immunization-** The terms vaccine and vaccination are derived from *vacca*, the Latin term for cow. Vaccine was the term used by Edward Jenner to describe material used (i.e., cowpox virus) to produce immunity to smallpox. The term vaccination was used by Louis Pasteur in the 19th century to include the physical act of administering any vaccine or toxoid. Immunization is a more inclusive term, denoting the process of inducing or providing immunity by



 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	2 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

administering an immunobiologic. Immunization can be active or passive. Active immunization is the production of antibody or other immune responses through administration of a vaccine or toxoid. Passive immunization means the provision of temporary immunity by the administration of preformed antibodies. Although persons often use the terms vaccination and immunization interchangeably in reference to active immunization, the terms are not synonymous because the administration of an immunobiologic cannot be equated automatically with development of adequate immunity.

**Vaccine-** A suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses) or fractions thereof administered to induce immunity and prevent infectious disease or its sequelae. Some vaccines contain highly defined antigens (e.g., the polysaccharide of *Haemophilus influenzae* type b or the surface antigen of hepatitis B); others have antigens that are complex or incompletely defined (e.g., *Bordetella pertussis* antigens or live, attenuated viruses).

**Vaccine efficacy-** Is used when a study is carried out under ideal conditions, for example, during a clinical trial.


**Vaccine effectiveness-** Is used when a study is carried out under typical field (that is, less than perfectly controlled) conditions.

## **POLICY:**

### **I. PRE-VACCINATION**

1. **Dr. Pablo O. Torre Memorial Hospital (DPOTMH)** shall form a Vaccination Committee that will spearhead the safe and efficient implementation of vaccine administration following the recommendation from the Department of Health or from any governing body tasked by the government to implement vaccination.
2. In view of the gravity of the current pandemic and the lack of availability of alternative vaccines, the reasons to accept the new vaccines from these vaccines are




 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	3 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

sufficiently serious to justify their use, despite their remote connection to morally compromised cell lines.

3. **Dr. Pablo O. Torre Memorial Hospital (DPOTMH)** employees may in good conscience receive any of these vaccines for the good of others and themselves. In good conscience, one may refuse a particular vaccine but continues to have a duty to protect others from infection.
4. **Dr. Pablo O. Torre Memorial Hospital (DPOTMH)** employees shall receive vaccines that has a high efficacy and effectivity rate based on a reputable and science-based clinical research studies conducted by any pharmaceutical, national and international organizations whose research studies and clinical trials are published and or peer-reviewed by the panel of experts or group on Vaccine Development/Vaccinologists, Immunologists, Infectious Diseases Specialists, and Microbiologists. However, as the situation dictates and or the risk of contracting the disease is high, the employee or employees may opt to receive any vaccines available that has been approved by the Food and Drug Administration Philippines and by the Department of Health (DOH).
5. Access to health information and education for health professionals, decision-makers and the public is crucial for facilitating optimal participation in the health response, the uptake of health measures and well informed decision making. Relevant information on the disease and response should reach all employees, without exception.
6. Any vaccine to be administered has been approved by the Department of Health and certified by the Food and Drug Administration (FDA) of the Philippines.
7. **Dr. Pablo O. Torre Memorial Hospital (DPOTMH)** Management Committee shall determine the cost, and the mode of payment (if applicable) for the employees and their qualified dependents or to some extent the other household members of vaccines not given for free by the Philippine Government (Flu Vaccine,




 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	4 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

Pneumonia, Hepatitis-B vaccine, etc) shall be charged to the employees account and on a salary deduction basis.

8. The employee, who in good conscience refuses or decides to receive a vaccine with low efficacy or effectivity rate or high efficacy and effectivity or both shall be respected and shall in no way be discriminated or shall be protected from any forms of discrimination.
9. **Dr. Pablo O. Torre Memorial Hospital (DPOTMH)** employees who received vaccines against any emerging and reemerging infectious diseases shall be closely monitored based on the experts recommendation for any adverse effects, side effects, and other possible vaccine related complications, receives counseling before and after vaccination. DPOTMH employee's shall also monitor their health conditions within 72 hours post-vaccination.
10. Before a vaccine can be administered, a valid informed written consent shall be obtained from the employee(s). The employee may refuse vaccination anytime without prejudice, any forms of discrimination, penalty, and or sanctions given. Informed decision and consent shall also be taken from the qualified dependents.
11. An Informed consent shall be obtained voluntarily from a competent/capable, knowledgeable recipient of the vaccine, if the dependent or household member(s) is minor or not of legal age, a consent for minors or any legally acceptable means or mode of obtaining a consent shall be employed. Data Privacy, Confidentiality, Anonymity, and the principle of non-maleficence shall be observed at all times.
12. A process flow on vaccination and other information shall be discussed in an appropriate forum or meetings, vaccination related information shall be disseminated through the Communicator or other means of internal communications.



 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	5 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>


13. The vaccination shall in no way disrupt the hospital and other corporate essential operations. Therefore, each department shall ensure that employees are available in their workplace to attend to internal and external clients, while others are undergoing vaccination.
14. The use of Checklist for Best Practices on Vaccination Clinics held at Satellite, Temporary, or Off-Site Locations shall be considered.
15. All vaccines shall be administered at the OPD-ER Complex or at the designated areas by the DPOTMH Vaccination Committee. Vaccines administered outside DPOTMH or by a vaccinator not accredited/authorized/designated by DPOTMH Vaccination Committee shall not make DPOTMH liable from any financial and or legal obligations when adverse effects, side effects, and vaccine-related complications arises.

### **COLD CHAIN MANAGEMENT SYSTEM**

A strong supply chain management team is critical for the vaccine introduction. DPOTMH should assign members of the Vaccination committee and working groups to ensure that there shall be no breach in a Cold Chain System. It will therefore be necessary to widen the committees to include other relevant stakeholders. Under the guidance of the Department of Health, Food and Drug Administration of the Philippines, City Logistics Working Group (CLWG) (or its equivalent body) and DPOTMH should initiate the following activities:

1. Assign receiving and acceptance responsibilities to the right entities such as: – the Medical Services Department, Pharmacy Manager or any authorized clinical pharmacist, and the Corporate Strategic Support Division, secure the system design with the support of the Department of Health, LGU, and other government organization to ensure:
  - temporary storage;
  - transportation from the DOH to DPOTMH Pharmacy;
  - adequate CCE capacity;




 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	6 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

- vehicles to transport vaccines safely; and
  - system design team to distribute vaccines within the vaccination Center.
2. Personnel (e.g. vaccination teams, supervisors, campaign monitors and logistics) directly implementing the deployment and vaccination operation are at risk of exposure to infection. They are key to successfully implementing the vaccination and deployment operations, therefore their health and safety shall be ensured throughout the campaign period. The Infection Prevention and Control Unit shall provide guidance on the safe conduct of vaccination.
  3. Early planning, with regular monitoring and adjustments, is key for success. Obtain accurate estimates of the target populations from reliable sources to facilitate vaccine procurement, allocation of supply and resources, and deployment planning.
  4. The logistical implication of the vaccination strategy within the facility– must be carefully assessed to ensure that both health workers and vaccines will have safe access to the vaccine and risk of disease transmission is minimized. DPOTMH should test its supply chain's ability to receive, store and distribute vaccines and relevant ancillary products to identify and address any bottlenecks, and to inform the deployment plan.
  5. DPOTMH should invest in closely monitoring the quality of vaccines and ancillary products for personnel safety. A reporting system should be in place, together with other mitigation measures, to limit any risks.

## DEPLOYMENT OPERATIONS

Vaccine delivery will not be a one-time event but rather a continuous effort for the duration of the pandemic or vaccination schedule. Most countries may receive large quantities of vaccines in multiple shipments from manufacturers over a period of time. The local health authorities, shall provide the priority sequence by which their populations are to be vaccinated as vaccines arrive in countries.




 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	7 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

## II. DURING AND AFTER VACCINATION

1. Any post-vaccination related complications, side-effects, and adverse effects experienced by the employee and their qualified dependents that requires hospitalization shall be credited to the employee's and their qualified dependents hospitalization benefits and other applicable policies and government mandated health insurance benefits.
2. Basic health protocol shall be observed at all times.
3. The Vaccination Committee shall ensure that enough supplies needed for vaccination shall be made available at the vaccination site.
4. Infection Prevention and Control shall be observed at all times.
5. Directional signs shall be posted to facilitate ease of locating the vaccination site and to prevent delays in vaccination.
6. Cold chain system of the vaccines as per pharmaceutical and government recommendations shall be strictly followed. Monitoring of required temperature and vaccine potency shall be observed before, during, and after vaccination.
7. Only diluent provided by the pharmaceuticals shall be used to dissolve the solid/powder content of any vaccine.
8. Vaccinator shall observe the following when using a Multi-Dose Vial (MDV) System:
  - 8.1 The following infection control measures were encouraged: alcohol-based hand rub, the disinfection of gums, observance of the manufacturer's recommendations, appropriate storing temperatures, marking the opening time, and avoiding the multiple use of medications not containing preserving agents.
  - 8.2 Avoid using non-insulated containers for storing or transporting vaccine.



 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	8 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100


- 8.3 Vaccine temperature needs to be monitored before transport and upon receipt of delivery. Most vaccines in the pipeline are heat sensitive, therefore refrain from frequently opening the transport box to check for temperature.
- 8.4 Record vaccine type, lot numbers, brand names, quantity, date, delivery or arrival time and originating facility on a packing slip.
- 8.5 When transporting vaccine stored at 2 °C to 8 °C, coolant packs should be conditioned at room temperature for 1–2 hours until the edges have defrosted and the packs look like they are sweating. Refer to WHO SOP on How to use passive containers and coolant packs for vaccine transport and outreach operations.
- 8.6 Diluents that are stored at room temperature must be refrigerated at least 24 hours if placed in an insulated cooler with vaccines. If not cooled in a refrigerator, they must be transported separately from vaccines. Room temperature diluents placed in insulated coolers with vaccines may raise the temperature of the cooler.
- 8.7 Never freeze diluents.
- 8.8 Before accepting the vaccines, the recipient should make sure that the temperature limits have not been exceeded by reading the temperature monitoring devices and analyzing the Vaccine Vial Monitor (VVM), if available.

## 9. Production or Purchase of Coolant Packs

For vaccines requiring storage and transportation between 2 °C to 8 °C:

- 9.1 Refrigerated water packs: must be stored between 2 °C to 8 °C; and must be stored in refrigerator a minimum of 24 hours prior to use.
- 9.2 Conditioned ice packs: Coolant packs should be conditioned at room temperature for 1– 2 hours or until the edges have defrosted and the packs look like they are sweating. Refer to WHO SOP on how to use passive containers and coolant packs for vaccine transport and outreach operations.




 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	9 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

10. An ambulance or transport vehicle shall be available within the vicinity of vaccination center before the vaccination starts.
11. Emergency drugs like but not limited to epinephrine, IV diphenhydramine shall be made available for administration in an event where adverse effects, or severe allergic reaction to the vaccine happens. Vaccination Committee shall determine what emergency and other drugs and the number of ampules or vials to be readily available and the materials, and other necessary equipment to be used in cases of emergency.
12. The presence of a medical doctor at the vaccination site shall be considered especially in cases where a new vaccine has to be administered in response to an epidemic and or pandemic caused by a novel microorganism exists.
13. Health Assessment, and Health Education shall be conducted before and after an employee receives the vaccine.
14. Other related Policies, Standard Operating Procedures (SOP's), and Statutory requirements related to vaccination program issued by the Government through the Local Government Units (LGU's), the Department of Health, or its Task Force shall be strictly followed.
15. The employee shall follow the instructions given by the members of the Vaccination Committee. Any negligence by the employee or its dependents and household members resulting to harm or hospitalization shall not make Riverside Medical Center, Inc. liable and is therefore not obliged to shoulder/pay any hospitalization expenses incurred by the employee, its qualified dependents, and or household members.

### III. HEALTH CARE WASTE MANAGEMENT

1. Health care waste management is the process of collection, treatment and disposal of the health care waste produced by vaccination. Management of waste related to



 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	10 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

vaccination requires special attention. Due to the infectious nature of the virus and usage of PPE, large volumes of immunization waste will be generated. Safe collection and final disposal of health care waste will eliminate the potential risk to health workers, the public and protect the environment.

2. Plan additional capacity to collect the increased volumes of health care waste generated by the vaccination campaign. Transport waste to the designated sites, treat it and safely dispose of it.
3. Hazardous or medical waste disposal, during vaccination, should be managed as stipulated on the DPOTMH Waste Segregation, Collection and Disposal Policy based from the Ecological Solid Waste Management Act of 2000, and Healthcare Waste Management Act. If campaigns are done through facilities, and facilities already have a good treatment and disposal system in place, strengthen the current waste management system and plan for the extra quantities expected. WHO and UNICEF have published global guidance on health care waste technologies.

#### **DOCUMENTATION:**

New Policy

#### **DISSEMINATION:**


Communicator's Bulletin Board  
Policies and Procedures Manual

#### **REFERENCES:**



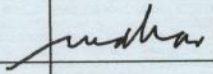
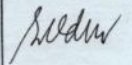
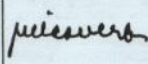


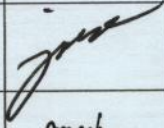

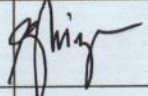
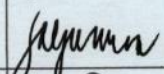
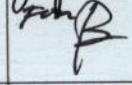
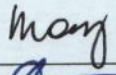

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Principles of epidemiology | Lesson 3 - Section 6. (2019, February 18). Centers for Disease Control and Prevention. <https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section6.html>




 <p><b>DR. PABLO O. TORRE MEMORIAL HOSPITAL</b></p>	Document Code:	DPOTMH-HW-P14
	Effective Date:	05-01-2022
	Document Type:	Policy
	Page Number:	11 of 11
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>DENNIS C. ESCALONA, MN, FPSQua, FPCHA</b> Quality Assurance Supervisor		04-17-2022
Verified:	<b>PETER L. MINGUILLO</b> OIC- Organizational Development Department		04.19.2022
	<b>MIRIAM HOPE D. BRAVO, RPh</b> Inpatient Pharmacy Manager		4/19/2022
	<b>SHALAINE SOCORRO L. DURAN, RN</b> Nurse Manager for Operations		4/26/2022
	<b>CATHY NICAVERA, FPCHA</b> Facilities Management Manager		05.04.2022
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		05/10/2022
Reviewed:	<b>AMY S. MORDEN, RN, MN</b> Accreditation and Documentation Supervisor		5/10/2022
	<b>JOSE PEPITO MALAPITAN, MD, FPCP</b> Assistant Medical Director		05/11/2022
Recommending Approval:	<b>PRINCESS ABELLON, MBA</b> Pharmacy Division Officer - DA		5/17/2022
	<b>NANCY B. HIZON, MS Psych, FPCHA</b> Human Resource Division Head		5/17/2022
	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Director		5/19/2022
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		6/1/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPSS, FPCHA</b> Vice President- Chief Medical Officer		6.6.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		6/15/22



 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P14-S01
	Effective Date:	05-01-2022
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 6
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

### **PURPOSE:**

To outline the procedures involved in implementing the Vaccination Policy of Dr. Pablo O. Torre Memorial Hospital

### **SCOPE:**

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital


### **PERSON RESPONSIBLE:**

Recruitment and Manpower Planning Supervisor/ Staff, Area Supervisor/ Manager, Company Physician, Company Nurse, Pharmacists

### **PROCEDURE:**


1. During the recruitment and process, selected applicants are educated on the importance of the recommended vaccines as they are going to work in a healthcare facility and the risk of getting exposed to the diseases is always possible.
2. Employees have the option to secure their vaccines for free from the government (City Health Office, etc.) or thru the company, subject to the terms and conditions stated on the Vaccination Policy.
3. Review immunization history
  - 3.1. Review and assess the employee's vaccination history to help determine which vaccines may be needed.
4. Assess for needed immunizations
  - 4.1. Use the current Advisory Committee on Immunization Practices (ACIP) immunization schedule to determine what recommended vaccines are needed based on the patient's immunization history or the Recommended Vaccination for Filipino Healthcare Workers.



 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14-S01
	Effective Date:	05-01-2022
	Document Type:	Standard Operating Procedure
	Page Number:	2 of 6
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

- 4.2. Check for recommendation of regulatory bodies (e.g. Department of Health)
5. Screen for contraindications and precautions to prevent adverse events following vaccination.
6. Prepare and administer the vaccine(s).
  - 6.1. Proper preparation is critical for maintaining the integrity of the vaccine during transfer from the vial to the syringe. Pharmacists shall ensure that the vaccine to be given are safe and follows the cold chain management system.
  - 6.2. Administer the vaccine following the correct route of administration, dosage, and other precautionary measures as indicated in the vaccine literature or as recommended by a medical practitioner.
  - 6.3. For monitoring of post-vaccination related reactions or vaccine adverse events, and vital signs, the newly vaccinated employee will have to wait for 15-30 minutes before leaving the vaccination center.
7. If an employee refuses to be vaccinated, the decision shall be respected. However, in cases of possible exposure, the cost of the testing and treatment may be charged to the employees account if not justified by the committee involved in the investigation.
8. Document the Vaccination(s) record of the employees on their 201 file.




 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14-S01
	Effective Date:	05-01-2022
	Document Type:	Standard Operating Procedure
	Page Number:	3 of 6
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>

### **REFERENCE:**

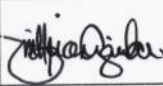
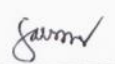


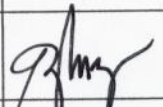
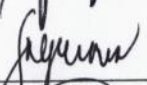

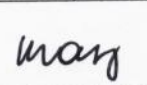
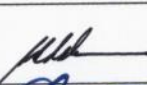

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 <p><b>DR. PABLO O. TORRE MEMORIAL HOSPITAL</b></p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P14-S01
	Effective Date:	05-01-2022
	Document Type:	Standard Operating Procedure
	Page Number:	4 of 6
	Department/Section:	Quality Assurance Section
	Document Title:	<b>VACCINATION POLICY</b>




**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>JOANNA MARIE M. AGUILAR, RN</b> Accreditation Standard Internal Auditor		4-12-2022
Verified by:	<b>AMY E. MORDEN, RN, MN</b> Accreditation and Documentation Manager (DA)		4-12-2022
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		04-12-2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Manager (DA)		4-12-2022
Recommending Approval:	<b>NANCY B. HIZON, MS Psych, FPCHA</b> Human Resource Division Officer		4/12/2022
	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Director		05/05/22
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		6/12/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		6-6-22
	<b>SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA</b> Vice President – Chief Operating Officer		06/10/2022
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		6/15/22



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	Effective Date:	05-01-2022
	Document Type:	Standard Operating Procedure
	Page Number:	5 of 6
	Department/Section:	Quality Assurance Section
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## APPENDIX:

   <b>Recommended Immunization for Filipino Healthcare Workers 2012</b>				
Category	Vaccine Type	Route	Schedule	Contraindications/Precautions
Strongly Recommended	Tetanus, Diphtheria, Acellular Pertussis Vaccine (Tdap)	IM	3 doses in this schedule: 0, 1, 6-12 months (1 Tdap + 2 Td). Booster vaccination every 10 years with Td.	Severe allergic reactions to vaccine components or following prior dose; Moderate to severe illness
	Hepatitis B Vaccine	IM	3 dose series at 0, 1 and 6 months. Alternate: 4 doses at 0, 1, 2 and 12 months. (after anti-HBcAg screening) Booster is not routinely recommended.	Severe allergic reactions to vaccine components or following prior dose
	Influenza Vaccine	IM	1 dose annually (preferably from January to July)	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness; History of severe acute illness; Guillain Barre syndrome
	Varicella Vaccine*	SC	2-doses at 4 weeks interval * Indicated for First line Healthcare Worker	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness; Pregnancy; Immunosuppression; Recently received a blood product; Untreated active Tuberculosis; Adolescents on aspirin therapy
	Measles, Mumps, Rubella Vaccine*	SC	2-doses at 4 weeks interval * Indicated for First line Healthcare Worker	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness; Pregnancy; Immunosuppression; Recently received a blood product; Thrombocytopenia/ITP
Recommended	Pneumococcal Polysaccharide Vaccine	IM	Single dose	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness; Pregnancy (safety is unknown); If indicated give before pregnancy
Recommended for Selected HCW	Rabies Vaccine	IM/ID	Primary: 3-dose series (IM or ID) at Days 0, 7 and 21 or 28. Booster: single dose IM or ID every 5 years	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness
	Meningococcal Vaccine	IM	Single dose	Severe allergic reactions to vaccine components or following prior dose; Moderate or severe acute illness; Guillain Barre syndrome
	Varicella Vaccine*	IM	Single dose. Booster every 2-3 years	Severe allergic reactions to vaccine components or following prior dose; Bleeding disorder
	Varicella Vaccine*	IM	2-dose schedule at 0 and 6-12 months	Severe allergic reactions to vaccine components or following prior dose






DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
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HEALTHCARE WORKERS	Tetanus, Diphtheria, Acellular Pertussis Vaccine (Tdap)	Hepatitis B Vaccine	Influenza Vaccine	Varicella Vaccine	Measles, Mumps, Rubella Vaccine	Pneumococcal Polysaccharide Vaccine	Rabies Vaccine	Meningococcal Vaccine	Hepatitis A Vaccine	Typhoid Vaccine
FIRST LINE	<div><div>STRONGLY RECOMMENDED</div><div>RECOMMENDED</div><div>RECOMMENDED FOR SELECTED HCW</div></div>									
BARANGAY HEALTH WORKERS										
CLINICAL PHARMACIST										
DOCTORS										
NURSES/NURSING AIDES										
MIDWIVES										
PHLEBOTOMIST										
PULMONARY THERAPIST										
PHYSICAL THERAPIST										
RAD TECH (ALL IMAGING)										
STUDENTS ON CLINICAL ROTATION										
SUPPORT SERVICES (HOSPITAL BASED)	<div><div>STRONGLY RECOMMENDED</div><div>RECOMMENDED FOR SELECTED HCW</div></div>									
ADMITTING										
AMBULANCE DRIVER										
CLINIC SECRETARIES										
DIETARY/NUTRITIONISTS										
ENGINEERING										
INFOTECH PERSONNEL										
JANITORIAL SERVICES										
LABORATORY PERSONNEL										
LINEN/LAUNDRY										
MORGUE PERSONNEL										
OFFICE WORKERS										
PHARMACIST										
PUBLIC HEALTH SPECIALIST										
SECURITY PERSONNEL										
SOCIAL WORKERS										
OTHER MEDICAL PERSONNEL										
PRE-EMPLOYMENT REQUIREMENT	* All vaccines for Healthcare workers must be given as pre-employment requirement except for those with documented clinical or laboratory evidence of past infection/immunity									
LEGEND: <div><div>STRONGLY RECOMMENDED</div><div>RECOMMENDED</div><div>RECOMMENDED (SELECTED)</div><div>NO RECOMMENDATION</div></div>										



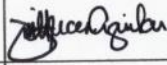



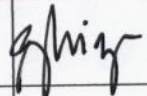
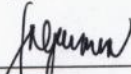
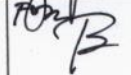
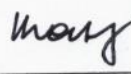

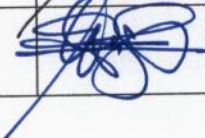
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KEY TASKS	PERSON RESPONSIBLE
1. Educates the selected applicants on the importance of the recommended vaccines as they are going to work in a healthcare facility. Employees have the option to secure their vaccines for free from the government (City Health Office, etc.) thru the company, or private clinics.	Recruitment and Manpower Planning Supervisor/ Staff
2. Reviews immunization history	Company Physician/ Company Nurse
3. Assesses for needed immunizations	Company Physician/ Company Nurse
4. Screens for contraindications and precautions to prevent adverse events following vaccination	Company Physician/ Company Nurse
5. Prepares and administers the vaccine(s)	Pharmacist/ Nurse
6. Documents the vaccination(s) records on their 201 file	Recruitment and Manpower Planning Supervisor/ Staff



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**APPROVAL:**

	Name/Title	Signature	Date
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Verified by:	<b>AMY E. MORDEN, RN, MN</b> Accreditation and Documentation Manager (DA)		4-25-2022
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	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		6/2/2022
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	<b>SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA</b> Vice President – Chief Operating Officer		06/13/2022
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		6/15/22



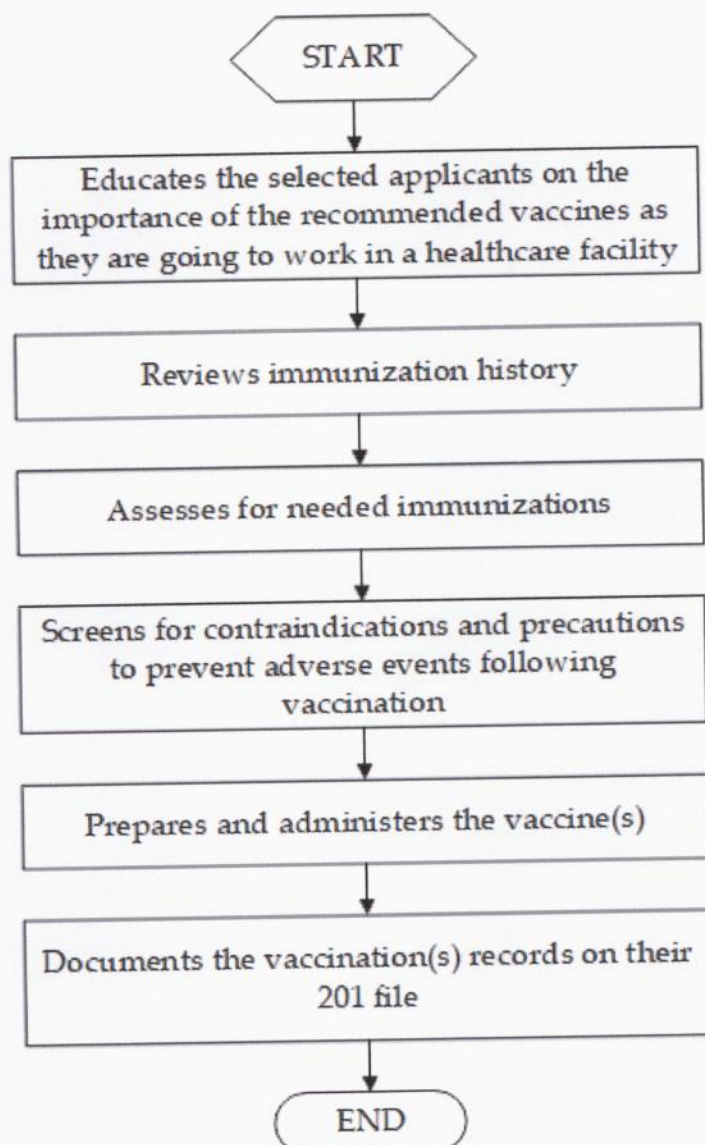


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MEMORIAL HOSPITAL


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Bacolod City,  
Negros Occidental,  
6100

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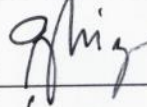
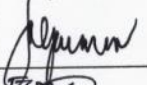
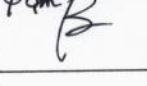
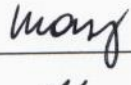


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