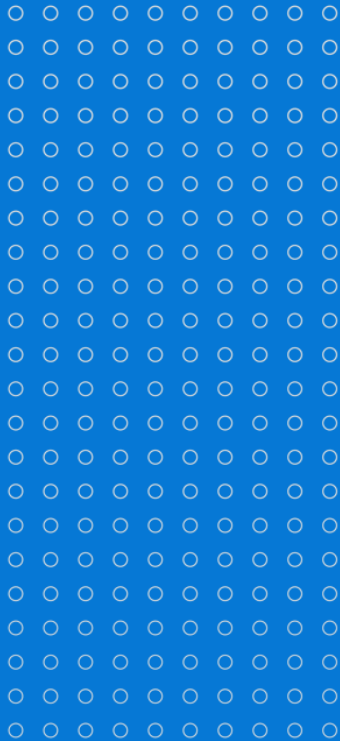


Beyond COVID-19: Vaccines and the Workplace

Developing a COVID-19 Vaccination Program

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Developing a COVID-19 Vaccine Program

Since the start of the pandemic, pharmaceutical companies have been working to make a COVID-19 vaccine available as soon as possible. This timeline is unprecedented, raising concern about the safety and efficacy of the vaccine. Successful vaccination programs combine marketing with education to reduce fears and misconceptions. As the vaccines become more widely available, employers have a responsibility to address employee concerns.

This paper reviews what to consider when developing a COVID-19 vaccination program for your organization and includes an FAQ section to guide communication with your employees.

Components of a Successful COVID-19 Vaccination Plan Implementation

The primary goal of a COVID-19 vaccination program is to vaccinate as many workers as possible during the expected timeframe established by the company.

Employers may develop a vaccination plan that includes:

- Strategies for overcoming risk
- Tactics that reduce barriers to access the vaccine
- Comprehensive communication campaign to educate workers
- Ongoing measurement of worker vaccination rates by facility area or by occupational group
- Vaccination rates as a company quality and risk management measure.

Organizations can compare COVID-19 vaccination program development to mandated influenza vaccination programs for healthcare workers. Since 1984, the CDC has recommended that all healthcare workers be immunized against influenza. Vaccination rates of at least 80% are needed to prevent infection.

While many cases of serious illness and death from COVID-19 occur primarily in older, high-risk individuals, people of any age who have underlying medical conditions are at increased risk.

How to Improve Vaccination Rates Among Workers

- Launch an ongoing education campaign.
- Remove cost barriers.
- Provide the vaccine at convenient times and places.
- Make the vaccination available outside of typical business hours.
- Use vaccination clinics.
- Ensure access to vaccinations for all work shifts.
- Have company leaders be among the first to be vaccinated.
- Require signed declinations from workers who have non-medical reasons for declining the vaccine. Do not ask prohibited medical questions and have HR work with those who have medical or religious reasons for declining the vaccine.

Leadership Support of vaccination programs and campaigns is extremely important to program success. An organization's leaders can ensure policies are in place, reduce or eliminate barriers to access and implement a culture in which the vaccination is an expected safety and risk mitigation measure.

Declination Forms can help organizations identify who may need more education or other interventions to overcome barriers to vaccination. Declinations also help identify what proportion of workers you're reaching and offering the vaccine. Be careful not to ask prohibited medical questions on the declination form (see the [Employment Law and Vaccines eBook](#)).

Voluntary Versus Mandated Immunization Programs

Despite national and international medical recommendations for vaccinating workers, voluntary efforts to vaccinate in healthcare settings have historically been poor, reaching only about 40% of workers in the United States.

For this reason, some employers may consider requiring their workers to be vaccinated, so long as the requirement accounts for employee protections under federal law.

Mandating vaccinations can have the following negative effects on your organization:

- Liability risk arising from possible vaccine side effects (given a history of successful court challenges to mandatory influenza vaccination programs).
- Employee resentment resulting from the coercive and invasive nature of vaccination programs, especially if connected to potential job loss.
- Potential damage to workplace relationships and diminished trust in the company.
- A false sense of security leading to a reduced focus on important infection prevention measures, such as hand hygiene and self-isolation.
- A risk of violating various federal laws, including the Americans With Disabilities Act, Title VII of the Civil Rights Act of 1964 – Religion and the Genetic Information Non-discrimination Act (see our [Employment Law and Vaccines eBook](#))

Due to the potential and possible negative effects of a vaccination program, organizations may conclude that a voluntary COVID-19 vaccination program is preferable to a mandated program. Requiring workers to actively decline the vaccination and restricting areas in which non-vaccinated employees may work to reduce exposure may be justified from a risk perspective.

For example, voluntary hepatitis B vaccination programs can serve as a model for non-required vaccination programs. Hepatitis B programs have reached an acceptance rate of over 70% among healthcare workers, accomplished through education, free vaccine and a written declination requirement.

Industry Perspective on Requiring Vaccinations

Each year, close to half of U.S. healthcare workers receive a flu vaccine under a workplace requirement, but COVID-19 vaccinations are expected to be different.

The FDA requires anyone provided the vaccine under an emergency use authorization to receive information about the risk and benefits, and to have the option to decline. Organizations will have to rely on education as they offer a novel vaccine.

Mandated vaccination programs have usually only been associated with the healthcare industry. For example, if healthcare workers do not accept the influenza vaccine during the influenza season, the worker who decline will usually be required to wear a medical-grade facial mask and observe other safety measures within the healthcare facility.

The expectation is that the COVID-19 vaccine will be strongly encouraged — and perhaps mandated — in healthcare and many other industries, such as food service and hospitality.

Factors Influencing COVID-19 Vaccination

Medical literature provides numerous reasons why workers accept or decline vaccinations.

Reasons workers have accepted the influenza vaccination include:

- Desire for self-protection
- Desire to protect patients
- Desire to protect family members
- Previous receipt of influenza vaccine
- Perceived effectiveness of the vaccine
- Desire to avoid missing work
- Peer recommendation
- Personal physician recommendation
- Strong worksite recommendation
- Had influenza previously
- Belief that receiving the vaccine is a professional responsibility
- Convenient access to the vaccination
- Vaccinations provided free of charge
- Belief that benefit of the vaccination outweighs the risk of the side effects

Reasons workers have declined the influenza vaccination:

- Fear of getting influenza or an influenza like illness
- Fear of vaccine side effects
- Perceived ineffectiveness of the vaccine
- Perceived likelihood of developing influenza is low or non
- Fear of needles

- Insufficient time, inconvenience, or forgetting to get the vaccination
- Reliance on homeopathic medications
- Belief that other preventative measures would minimize or eliminate the risk
- Lack of physician recommendation
- Belief that influenza is not a severe disease

Developing a Vaccination Communication Campaign

In general, multifaceted vaccination campaigns are more successful than those employing a single approach. Vaccination campaigns do not have to be complex or expensive to implement. Vaccination campaign tactics include:

- Deploying “train-the-trainer” programs for employee education
- Reporting vaccine acceptance rates to leadership and Board of Trustees or Directors
- Visible support from leadership encouraging employees to get vaccinated
- Offering the vaccine to all eligible workers free of charge
- Making vaccination available outside of typical business hours
- Requiring signed declinations from workers who have non-medical reasons for declining the vaccine
- Using vaccination levels as a measure of a risk management program

Employers should conduct vaccination campaigns at least annually. Like the influenza vaccine, industry observers and medical experts are expecting COVID-19 antibody levels may last up to one year.

Worker Education: FAQs

An employee education program and campaign may require more extensive planning and time to implement than any other vaccination program component. The first step is to understand employee concerns and expectations.

The following list of frequently asked questions from employees and possible responses to their questions can help communicate the risks and benefits to your workforce so they can become comfortable with the idea of getting vaccinated.

QUESTION: How do we really know if COVID-19 vaccines are safe?

ANSWER: Refer to the following talking points:

- The vaccine was tested in large clinical trials, and here’s what is currently known about its safety and effectiveness.
- The Food and Drug Administration (FDA) carefully reviews all safety data from clinical trials and authorizes emergency vaccine use **only** when the expected benefits outweigh potential risks.
- FDA and the Centers for Disease Control (CDC) will continue to monitor the safety of COVID-19 vaccines, to ensure they identify even extremely rare side effects.

QUESTION: Does getting COVID-19 give you better and longer immunity than protection from a vaccine? Can a vaccine make my illness worse if I do end up getting COVID-19?

ANSWER: We don't know how long protection lasts for those who get infected or those who are vaccinated. We **do know** that COVID-19 can cause serious illness and death; those who recover may face long-term health complications. If you get COVID-19, you also risk giving it to loved ones who may get very sick. We believe getting a COVID-19 vaccine is a safer choice.

Refer to the following talking points:

- There is a serious risk of contracting the virus and spreading it to others.
- There is potential for long-term health issues after recovery from COVID-19.
- Scientists are still learning about the virus that causes COVID-19, and it is not yet known whether getting COVID-19 protects against getting it again, or how long that protection might last for those who do recover.
- The vaccine is not a perfect fix. Other precautions will still be necessary: It's still important to wear a mask, socially distance, be diligent in washing your hands and adhere to prescribed hygiene measures until public health officials say otherwise.

QUESTION: What are the known side effects of the vaccine?

ANSWER: Some COVID-19 vaccines may have more side effects than other vaccines you know about or might have taken previously; information about specific side effects of COVID-19 vaccines will be available when they are approved.

QUESTION: What are the immediate side effects of the vaccine, and can it cause you to get very sick?

ANSWER: Most people do not have serious problems after being vaccinated. After the vaccination, your arm may be sore, red, or warm to the touch. These symptoms usually go away on their own within a week.

Some people report getting a headache or fever when getting a vaccine. These side effects are a sign that your immune system is doing exactly what it is supposed to do: It is working and building up protection to disease.

Refer to the following talking points:

- Explain the most common side effects from vaccination, and their possible severity.
- Provide a comparison if it is appropriate (for example, pain after receiving influenza vaccination).
- Make sure workers know one potential side effect of a vaccination is a fever; let them know the conditions under which they should seek medical care.
- Explain that side effect symptoms typically go away naturally within a week, but they should seek medical care if they persist.

- Explain that the vaccine **cannot** give someone COVID-19.

QUESTION: How do we know that these new vaccines are safe when they are so new — can't they cause problems that we don't know about yet, or long-term problems?

ANSWER: The FDA and CDC are continuing to monitor safety and identify immediate and long-term side effects.

Refer to the following talking points

- COVID-19 vaccines will be continuously monitored for safety after authorization.
- Compare the potential serious risk of COVID-19 infection to what is currently known about the safety of the new COVID-19 vaccines.

QUESTION: How many shots am I going to need?

ANSWER: Nearly all COVID-19 vaccines being studied in the U.S. require two shots. The first shot starts building protection, but everyone must return three to four weeks later for a second shot to get the most protection the vaccine can offer. The first shot primes the immune system, helping it recognize the virus. The second strengthens the immune response.

The COVID-19 pandemic has taken an incalculable toll on individuals, families, and organizations across North America. The emergence of vaccines provides badly needed optimism that a return to something resembling pre-pandemic life is possible. Part of that hope stems from the assumption that enough people will take the vaccine and enable safe workspaces.

Employers have a huge role to play in supporting the acceptance of the COVID-19 vaccination. But in the end, just offering vaccines or mandating them won't be enough: Only carefully considered and executed programs with strong communications that acknowledge employee concerns will succeed.

Get the latest information, guidance and resources on Coronavirus (COVID-19) to help you protect what matters most at hubinternational.com/coronavirus. For additional support, please reach out to your local HUB office.