



MASSACHUSETTS DPH SMALLPOX PRE-EVENT VACCINATION PLAN

This statement was updated at the MNA Board of Directors meeting on 3.20.2003.

The Massachusetts Nurses Association (MNA) has been actively involved in the collaboration with the Massachusetts Department of Public Health (DPH) and other agencies to plan and make preparations for an act of bioterrorism involving the smallpox virus. Clearly, registered nurses who function in all areas and venues of health care delivery, be it in the school system, public health departments, acute, community, home and long term care settings, will and must play an integral role in the provision of effective health service in the event of a bioterrorist attack. Consistent with this, nurses represent the majority of those health care workers slated to be vaccinated as part of the plan proposed by the DPH.

As to the plan that has been developed, we recognize the great efforts that have gone into its creation and we strongly support the decision to make participation by health care workers in the vaccination plan completely voluntary. However, there are a number of areas of this plan that have and continue to raise concerns within the MNA, among our members and in the broader nursing community. In light of the fact that the state is proposing to move towards rapid implementation of this plan, we wanted to take this opportunity to formalize these concerns by putting them in writing, as well as to make clear our position on these issues.

Concerns raised are as follows:

Need for Information and Education: The implementation plan for this program is moving at a rapid pace, allowing little or no time for appropriate and comprehensive education of the workforce about the plan. A first step, prior to any vaccination, must be the introduction of a mandatory education program on the smallpox vaccine for all potential smallpox responders, their household contacts and co-workers who may be exposed to the vaccine virus.

Safety of Needles to Deliver Vaccination: The needles proposed to be used are unsafe and fail to comply with the Needlestick Safety and Prevention Act of 2000 designed to protect health care workers and patients from accidental needlesticks. The MNA's position is that the state should only implement a vaccination plan using the safest needle technology. In addition, it should be assured that the stoppers used on the vaccine vials are not made of latex, which

would present an inherent danger of serious complications due to allergies to latex experienced by up to 17% of health care workers. No needles or syringes should be used that contain latex material.

Furloughing of Volunteers: The absence of a provision for furloughing (providing leave rights) volunteers presents the most serious problem, not only for those vaccinated, but also as it relates to the increase in risk for exposure to others, including patients and co-workers. Given that experts project that as many as one in three people who are vaccinated will feel too sick to work or to provide proper care for one or more days, and given that those vaccinated are at risk for exposing another person up until the time the vaccination scab dries and falls off (between seven and 14 days), we believe the safest and only prudent course of action is to provide paid furloughs to those who volunteer for the vaccine. The MNA believes it is unreasonable to expect any volunteer to suffer any loss of pay or accrued benefit time as a result of participating in this voluntary program. Without furloughing provisions, and given the current malpractice liability for nurses who participate (see item on malpractice below) taking such an unnecessary risk is unacceptable.

Liability: There are a number of components here. 1) There is no malpractice protection for vaccinated nurses in the event a patient is exposed. In fact, we have queried our malpractice insurer and they made it clear that they will not cover such a claim nor will they underwrite a rider to cover this on their policy – *in large part because the plan does not mandate the furloughing of those vaccinated.* 2) There is no malpractice protection in the event of inadvertent exposure of a colleague who may have expressly not volunteered for health or other reasons. We do not believe the Homeland Security Act provides necessary clarity in these matters to move forward.

Workers' Compensation: In the event an individual vaccinated is symptomatic or an exposed colleague of the vaccinated individual becomes symptomatic, there is a lack of clarity on what coverage shall exist under the state's Workers' Compensation law. A clear and direct answer on this issue has yet to be offered. We strongly urge that a definitive answer to this question be given and the information shared with volunteers before the plan is implemented. The MNA's position is that Workers' Compensation should be guaranteed, and that no worker should suffer financially for time lost due to illness or injury related to this plan.

Conclusion

This position statement identifies the outstanding concerns and issues of the MNA. Let us be clear: we agree that as a society we must prepare for the event of a bioterrorist attack, including, but not limited to smallpox. However, the timetable and the process proposed under this particular plan is fraught with problems at

this time. If the ultimate goal is to generate broad-based participation among nurses and other health care workers, to allay their fears and to protect the public health, the current timetable and process may not succeed. We, therefore, urge the state to take the time and effort to address the concerns outlined, as well as those raised by other key participants in this process, to develop a plan that will protect the personal, financial and legal interests of the volunteer participants.

Again, the MNA remains committed to working with the DPH and all other interested parties to ensure that an effective preparedness plan is developed to protect the public's safety and health. Pending adequate resolution of the important issues we have raised, the MNA cannot encourage participation by our members in the smallpox immunization plan.