

Model Letter Requesting Information About the Smallpox Vaccination Program from Employers*

***This document is intended to serve as a template for obtaining information related to the employers' smallpox vaccination program. This information may then be used for bargaining with employers. The Local Union and relevant negotiating committee may modify the content according to specific needs and contractual agreements.**

[Date]

[Employer Address]

RE: Federal and State Smallpox Vaccination Program & Demand to Bargain

As the Teamster representative for health care workers [and/or first responders] for [Local Union Number], I have some serious concerns about the Bush Administration's voluntary smallpox vaccination program for frontline workers and first responders. The Union believes that the gaps in the federal program must be addressed before volunteers are solicited to participate in the program. The following is a request for information regarding the [Employer Name]'s preparedness to implement the vaccination program.

As the representative of your employees, the Union has the right to information necessary to fulfill its duties. The Union requests the following information in order to provide adequate representation to our members with regard to the Federal and State Smallpox Vaccination Program:

1) Bioterrorism (Smallpox) Emergency Preparedness and Response Plan: Please provide a copy of [Employer Name]'s bioterrorism (smallpox) emergency response plan, including

- job titles and numbers of employees from each title that will be on the team;
- identification of response coordinator and incident command structure;
- training and education for team members including but not limited to smallpox preparedness, transmission and treatment (training delivered before administration of vaccine);
- vaccination program for team members (see item 2);

- plans for staffing to allow for intensive care treatment of smallpox patients;
- how the plan fits in with the community response plan or other public health initiatives;
- methods of decontamination/sterilization for environmental (work surface, ambulance) exposures to smallpox;
- plan for isolating smallpox patients; and
- plan for protecting non-vaccinated employees from exposure.

2) Vaccination Plan: Please provide a copy of the plan for administering and medical follow up for vaccine which addresses:

- screening process for healthcare workers with risk factors for adverse effects of vaccine to themselves or their families (i.e., contraindications for HIV infected individuals);
- medical treatment/follow up plan for potential adverse health effects from the vaccination, without expense to the employee for treatment or lost time;
- how family members will be protected from the vaccinated employee;
- (If applicable, compliance with New Jersey (NJ) needle safety law for the administration of vaccine);
- how will workers who suffer common reactions be compensated – such as missed work time or medical expenses that may be incurred;
- how workers who suffer severe, long-term or life threatening health effects from the vaccine will be compensated;
- procedures for informed consent;
- procedures which allow a worker to refuse without recrimination, loss of position, etc.; and
- procedures to assure that immuno-compromised patients are not put at risk by exposure to vaccinated employees.

3) Forms: Please provide a copy of all forms to be used in this process including, but not limited to the Informed Consent and Declination Form.

4) Education and Training Program: Please provide a copy of training programs including:

- for all health care workers regarding the voluntary nature of the program, risks and benefits of participation, risks and benefits of being vaccinated; and
- for Emergency Response team members including but not limited to smallpox preparedness, transmission and treatment (training to be delivered before administration of vaccine).

Given that the vaccination program began nationally on January 24th, we require the information and a date for bargaining as soon as possible. Please let me know which of the following dates would be suitable for you: [Insert Dates].

This request is made without prejudice to the Union's right to file subsequent requests. Please provide the information by [Date]. If any of the requested material is unavailable, please provide the remaining items by the above date, which the Union will accept without prejudice to its position that it is entitled to all documents and information called for in the request.

Sincerely yours,

[_____]
[_____]

cc: International Brotherhood of Teamsters
Safety and Health Department
25 Louisiana Avenue, N.W., Washington, D.C. 20001